THE IMPACT OF GAMBLING IN LOUISIANA

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THE IMPACT OF GAMBLING IN LOUISIANA:
2016 STUDY OF PROBLEM GAMBLING

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EXECUTIVE SUMMARY

INTRODUCTION

The gaming landscape in the state of Louisiana changed in the early 1990s with the legalization of three forms of gambling: a state lottery, video poker (1991), and riverboat casinos (1993). In 1995, at the request of the state legislature, the Louisiana Compulsive Gambling Committee was established to examine the state's gaming infrastructure and problem and compulsive gambling. Based on initial findings the committee recommended resources be dedicated to helping individuals with gambling problems. In 1996, the Louisiana Association on Compulsive Gambling (LACG) was established to provide assistance to individuals directly or indirectly affected by problem gambling. By the end of the decade, the Louisiana Problem Gamblers Helpline opened along with the Center of Recovery (CORE), an inpatient treatment facility exclusively for individuals with gambling related problems.

Among the recommendations of the Louisiana Compulsive Gambling Committee (1995) was periodic review of Louisiana gambling, in particular, the prevalence of problem and pathological gambling, utilization of interventions and resources, and information about the state's gambling infrastructure. Since the 1995 recommendation, four studies have been conducted. Aside from the present study, the most recent was conducted in 2008, in which the authors reinforced the recommendation for frequent, comprehensive regularly scheduled studies of problem gambling and its prevalence. However, until 2016, no comprehensive studies have been conducted.

PROJECT GOAL

Similar to previous studies, the 2016 study focuses on ascertaining prevalence rates for problem and pathological gambling. Additional multiple years of data from the Helpline and Center of Recovery allow the authors to expand the focus towards treatment resources, capacity and awareness of services offered to individuals suffering from gambling related problems. As in previous studies, data are interpreted and reported primarily at the state and Health Services District or Authority levels. Additionally, depending on the quality and level of data, some parish level reporting also is included. Specifically, the primary goal of the study is *to examine the prevalence of legalized gambling, its patterns in Louisiana, the demographic or sociocultural characteristics of potential problem or pathological gamblers, and the State's capacity to meet the needs of problem and pathological gamblers.*

Information objectives responsive to the study goal:

1. Descriptive data on legalized gambling, including number and density of gaming establishments and devices.
2. Prevalence of potential problem and potential pathological gamblers.
3. Trends in utilization and knowledge of the State's available resources by individuals directly or indirectly affected by gambling problems.
4. The State's capacity to provide direct services (treatment) to the suffering gambler.

DATA SOURCES

In order to produce the information objectives, numerous data sources were accessed, the majority of which were also used to generate the findings of the 2008 report. These sources include: identification

of establishment and gaming devices from the Louisiana State Police, 2102-2016 Louisiana Problem Gambler Helpline data, youth gambling data from the 2014 Caring Communities Youth Survey, 2010-2016 treatment data from the Center of Recovery residential facility, and 2016 telephone survey and interview data from 2,402 Louisiana residents. Phone survey data were used to calculate potential problem and pathological gambling rates, attitudes about gambling and knowledge of services available for individuals with gambling related problems.

FINDINGS/CONCLUSIONS

Analysis of gaming establishment and device prevalence from Louisiana State Police indicates that number of establishments declined by 820 since 2008. Jefferson and Orleans parish, both located in the Metropolitan Human Services District, continue to have the most establishments in the state. The number of devices declined by 1,150 since 2008. Not surprisingly, parishes with riverboat casinos have the highest number of gaming devices. It appears that the establishments "surviving" or "thriving" are larger venues with more devices; while establishments with only a few gaming devices (restaurant and bars) are on the decline and far fewer in number than in previous years.

Helpline data focused on intake calls made between 2012 and 2016 across which a declining trend in calls is observed. Although a decline may suggest fewer citizens require Helpline services, a rise in the prevalence of potential problem and pathological gamblers (described in detail later in this summary) suggests that mediating variables may be contributing to the decline. Similar to 2008 findings, the majority of calls originate in Northwest Louisiana Human Services District (NLHSD), the Capital Area Human Services District (CAHSD) and Metropolitan Human Services District (MHSD), all of which include urban centers and are home to large gaming establishments. Although a slight decline in calls occurred in all human services districts/authorities, a significant decline in calls from the MHSD is reported in the current study. Finally, analysis of Helpline data indicate the vast majority (80%) of intake calls are initiated by the gambler, which is encouraging and a strong indication that individuals suffering from gambling problems primarily use the Helpline.

Data from the 2014 Caring Communities Youth Survey (CCYS) yield similar youth gambling patterns to those reported in 2008. Bingo remained a popular activity among the younger students (6th and 8th graders), while betting on sports and cards was the most popular among older youths (10th and 12th graders). An examination of the prevalence (gambled in the past year) of youth gambling suggests a declining trend for each reporting period and within grade levels.

The telephone survey of 2,402 Louisiana residents aged 21 and older, yields data on habits, attitudes, and behaviors related to gambling. Embedded in the survey are questions from the South Oaks Gambling Scale (SOGS), which serve to identify respondents at-risk for potential problem or pathological gambling. Another focus of the survey is to ascertain gamblers awareness of the various treatment alternatives and resources available to Louisiana residents. The 2016 statewide prevalence rate of potential problem gamblers is estimated to be 5.4% (+/- 0.9%), while the statewide prevalence rate of pathological gamblers is estimated at 2.9% (+/- 0.7%). Both exceed the 2008 rates of 1.7% and 1.4% reported respectively.

Treatment information was limited to 2010 to 2016 data from the Center of Recovery (CORE), which includes the number of people admitted to the facility along with certain demographic data. During this period, 696 Louisiana residents were treated CORE. Analysis by geographical location indicates a decline in all but one services district/authority, ImCal. Two interacting factors may explain the decline:

first, the majority of CORE patients reside in northwest Louisiana's Shreveport and Bossier City areas suggesting that proximity may effect selection of in-patient treatment. Second, a thriving CORE in New Orleans, which had a history of serving patients in southeast Louisiana, was not rebuilt after hurricane Katrina (2005). It is likely that proximity continues to play a significant role in election to enter in-patient treatment. Due to the lack of treatment data from other agencies or sources, examining the impact or the full service capacity of the state cannot be provided in this report. Finally, data from the CORE indicates the majority (84.0%) of individuals admitted for treatment self-identified as veterans. Although combat veterans suffer from numerous health issues, the disproportional number seeking treatment from the CORE warrants further investigation.

RECOMMENDATIONS

Based on findings from the current study, the authors suggest consideration of the following recommendations:

1. As three Indian casinos and over 8,000 devices currently operate in the state, it is essential to access accurate data on these venues for inclusion in future reports. In addition to venues and devices, Tribal casinos provide unique supports to Tribal communities, some of which may include services for problem gamblers and other addictive disorders, which should be included in the analysis of treatment services.
2. As indicated in 2008, we recommend that prevalence studies be conducted at five-year intervals to track accurate trends on salient factors of interest to the state. In addition, smaller, biennial studies of stratified samples may be conducted in even years to clearly identify communities requiring rapid intervention related to information, service and treatment centers.
3. As gambling is evolving beyond traditional forms. (e.g., Cyber gambling, fantasy football, online poker, video gaming), inclusion of these games is likely warranted in future reports of a separate study of the topic may be warranted in which baseline information is generated on gambling by individuals in comfort of home grows in popularity.
4. The majority of gaming establishments, devices and highest problem and pathological gambling rates are along or near the I-10 corridor. Given the findings that suggest proximity plays an important role in determining who seeks treatment from the CORE, the state may consider re-opening the New Orleans facility or supporting one in the southern part of the state.
5. In order to fully understand the state's treatment capacity, developing and enforcing a uniform system for collecting treatment data from OBH providers should be implemented. This is particularly important for individuals referred to or transition to outpatient or aftercare programs.
6. Given that the majority of CORE patients are veterans, further investigation is warranted to determine the origin of the behavior, the existence of co-morbid conditions, and services available through the Veteran's Administration system.
7. In order to fully understand the state's treatment capacity, developing and enforcing a uniform system for collecting treatment data from OBH providers should be implemented. This is particularly important for individuals who are referred or transition to outpatient or aftercare programs.

8. More emphasis should be placed not only on the social and economic consequences of gambling, but also on the public health consequences of gambling and gambling addiction. Framing gambling and gambling addiction as a public health issue is not only an accurate practice but might lead to the development of new prevention and treatment strategies.

CHAPTER 1

INTRODUCTION

History of Gambling in the South

Early American legalized gambling predated the formation of the Union as evidenced in the archives of the Jamestown colony (Virginia) as early as 1612. Louisiana's history prior to statehood in 1812 prominently included games of chance as acceptable forms of entertainment (Vogel & Ardoin, 2002; Volberg, 1995; Volberg & Moore, 1999). By 1718, New Orleans, Louisiana, anchored by the largest port on the Mississippi River, was a bustling hub of activity, and epicenter of gambling as a major form of entertainment. By 1803, New Orleans had more gambling than New York, Philadelphia, and Boston combined and was considered the gambling capital of the United States (Pretch, 2011).

Chartered in 1868 and nicknamed "the Serpent," the Louisiana State Lottery initially was enacted to generate funds for post-Civil War reconstruction of the southern infrastructure. However, as purchase of lottery tickets expanded to nationwide sales, its immense popularity spawned powerful financial and political forces. At one point, nearly 50% of the state's lottery revenue was generated from areas outside of the state (McGowan, 1999). While sales contributed to Louisiana's revenue, other states increasingly viewed the Serpent as a drain on their local economies and began outlawing the sale of Louisiana Lottery tickets. As a result of a growing morally-charged political climate, Louisiana rescinded its lottery charter in 1879, but reinstated it within the same year to flourishing success (Sullivan, 1972). Over the next 15 years, the lottery was plagued by scandals, including bribery of state officials. Federal laws were enacted which put an end to legalized gambling in Louisiana until horseracing was legalized in 1935 (Westphal, et. al., 2000). With the emergence of railroads and the 1840 California gold rush, gambling expanded west. Soon, San Francisco replaced New Orleans as the capital of gaming in the United States. Thereafter, licensed gambling establishments began to emerge as a mechanism to generate money for municipalities and states (Dunstan, 1997).

Fast forward to 2000, at which point every southern state had some form of legalized gambling (Westphal, Johnson, Stodghill & Stevens, 2000). Although forms of gambling (i.e., lotteries, poker, slots, and dice) remain relatively unchanged, some of the fastest growing areas in the gaming industry today are fantasy sports leagues, resulting in much debate over the legality of these fee-based gaming industries. Considered games of skill, Federal law views these games as forms of legalized gaming. However, eight states, including Louisiana, do not allow residents to participate in fantasy sports leagues that charge fees to join.

Regardless, growth in the fantasy sports industry is staggering. Between 1998 and 2015, the Fantasy Sports Trade Association estimated that participation grew from 500,000 players to 56.8 million players, generating $15 billion for the industry, $11 billion attributable to football alone (2016). With conventional advertising and promotion by the National Football League, these numbers will likely continue to increase substantially.

As previously indicated, most states have some type of legalized gambling (state lotteries, bingo, video poker, etc.); however, vague laws and regulatory guidelines differentiating legal from illegal forms of online gambling have created controversy confounded by the increasing number of states with commercial or Tribal casinos. Today, only two states (Hawaii and Utah) restrict all forms of gambling. A

recent study by the University of Nevada, Las Vegas (UNLV) found the number of states with commercial casinos has increased from six to 23 over the past twenty years, with more states exploring casino options (UNLV, 2016).

Financial benefits to Louisiana and its municipalities have catalyzed the development and opening of casinos, especially during tough economic times. A 2015 report by the Louisiana Gaming Control Board (LGCB) indicates that gaming revenue contributed $675,503,230 to the State economy in 2014. Currently, Louisiana has four federally-approved Indian casinos owned and operated by the Chitimacha Tribe, Coushatta Tribe, Tunica-Biloxi Indian Tribe and Jena Band of Choctaw Indians. Additionally, 15 riverboat casinos operate across the state as well as one land-based and located in south and central Louisiana (500 Nations).

Although the majority of riverboat casinos are located in the Shreveport-Bossier City and Lake Charles areas, nearly half of the state's parishes (31 of 66) allow the operation of gaming establishments. As of June 2014, 1,945 video poker outlets offered gaming throughout the state. Video poker machines are located in bars, restaurants, truck stops, hotels and off-track betting parlors. Franchise fees from these video poker machines generated $175,867,760 in state revenue in fiscal year 2013-14, albeit, a decline of $6,183,819 from the previous fiscal year.

Although legalized gambling plays an integral role in the state's economy, the associated social and public health problems including crime, bankruptcy, divorce, child abuse, addiction, and mental health problems cannot be overlooked. According to a recent survey of U.S. residents, conducted by the National Council on Problem Gambling (Marotta, Bahan, Reynolds, Vander, Linder & White, 2014):

- In 2012, approximately 5.77 million gamblers needed gambling addiction treatment.
- Individuals with gambling addiction have higher rates of bankruptcy, domestic violence, and suicide as well as extensive co-occurring substance abuse and mental health disorders.
- Teen rates of problem gambling exceed those of adults. Between 4-8% of adolescents ages 12-17 meet the criteria for problem gambling.

At the time of this publication, gaming has been broadened to include video games, specifically targeting youth who are uniquely vulnerable to digital media (Baer, Saran, & Green, 2012). The absence of regulatory laws could lead to even greater increases in youth mental health problems or problem or pathological gambling rates.

Goals of the Present Study

Since the early 1990s, the Louisiana Office of Behavioral Health (formally Office for Addictive Disorders) has commissioned a series of studies to describe the prevalence, attitudes toward, and impacts of gambling in Louisiana. Previous studies sought to provide comprehensive pictures of Louisiana gambling, in all regions of the state, and its effects on citizens, including problem gambling. The present and fifth study in this series provides updated information and expands on some areas of interest developed by the earlier studies. The primary goal of the study is *to examine the prevalence of legalized gambling, its patterns in Louisiana, and the demographic or sociocultural characteristics of potential problem or pathological gamblers.*

Responsive to this goal, this study informs the understanding of the current magnitude of problem and pathological-gambling in Louisiana, availability of services, and the state's current capacity to meet the needs of the at-risk population. The findings can serve as a baseline for future studies by which trends related to gaming and gambling in the state of Louisiana can be examined. Specifically, the study seeks to address the following questions:

1. What are Louisiana's "gaming hotspot" establishments and devices?
    - 1.1 Louisiana Gambling Control data - Location and density of gambling devices, by geographical region.
2. What are the current prevalence rates of gambling in Louisiana as well as prevalence rates for problem and pathological gamblers?
    - 2.1 Population of problem gamblers, including regions of residence, gambling frequency, and methods of gambling, services sought and received other data pertinent.
3. What are the current trends towards accessing or using services related to problem gambling in Louisiana?
    - 3.1 Attitudes toward gambling among a sample of adults across the OBH regions of the state.
    - 3.2 Attitudes toward and trends in youth gambling using data from the Caring Communities Youth Survey (CCYS).
    - 3.3 Gambling attitudes of adults as compared to youth attitudes.
4. Are geographic and demographic gambling patterns discernible in Louisiana?
    - 4.1 Use patterns by region and proximity to gambling venues of the 24-hr. gambling Helpline.
5. Who is requesting services or treatment in Louisiana?
    - 5.1 Population of problem gamblers, including regions of residence, gambling frequency, and methods of gambling, services sought and received other data pertinent.
6. Are there discernible demographic trends residents seeking inpatient treatment for gambling addiction from the Center of Recovery?
    - 6.1 Louisiana's prevention and treatment capacity to effectively serve problem and pathological gamblers.
7. Are Louisiana residents aware of services for gambling problems?
    - 7.1 Louisiana's prevention and treatment capacity to effectively serve problem and pathological gamblers.
8. Are residents identified as risk for problem or pathological gambling aware of services provided by the state?
    - 8.1 Louisiana's prevention and treatment capacity to serve effectively problem and pathological gamblers.

GIS mapping of gaming establishments, population dynamics, prevalence rates, and other salient features provide visual representations of data on legalized gambling in Louisiana.

Of note, since the last Louisiana gambling prevalence study, conducted in 2008, the American Psychiatric Association (APA) released the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013), in which syndromal gambling patterns are reported to resemble substance use addictive patterns (e.g., alcohol or other drugs) both behaviorally and neurologically. Thus, pathological gambling was re-defined as a disorder (APA, 2013) and the criteria for gambling disorder is now identified. The classification of gambling as a particular addictive disorder is a significant departure from the DSM-IV, which previously listed gambling as a disorder, requiring further investigation.

The symptoms discussed in Chapter 2 constitute the revised criteria by which an individual is formally diagnosed with the disorder, however, "problem gambling" is defined by the APA as:

> *Problem gambling includes all gambling behavior patterns that compromise, disrupt or damage personal, family or vocational pursuits. The essential features are increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences. In extreme cases, problem gambling can result in financial ruin, legal problems, loss of career and family, or even suicide (APA, 2013).*

Data analyses incorporate multiple years of data from the Helpline and Louisiana Addictive Disorders System (LADDS), along with gaming location and density, provide some information and understanding on who is using services, their geographic region, and the availability of gambling.

CHAPTER 2

LITERATURE REVIEW

Introduction

Gambling revenue varies from state to state due to inflation and deflation rates in corresponding years. According to the Rockefeller Institute's fiscal report (2015), New York has the largest state lottery net revenue followed by Florida. Nevada, the first state to legalize commercial casinos, has the largest number of operational casinos (193), and was the first to legalize commercial casinos in 1931. Additionally, lotteries are the largest revenue generators as compared to other forms of gaming (Dadayan, 2016). Dadayan (2016) reported statistics of state gambling from commercial casinos of which states worldwide received approximately $5.4 billion during fiscal year 2015. Additionally, in 2015, $27.7 billion was been raised for state and local governments.

In Kim, Ahlgren, Byun and Malek's (2016) cross-cultural study of gambling, Americans between the ages of 30-39 display the most problematic gambling behaviors. Men are reported to have higher pathological gambling rates than women. Post-secondary or college graduates rank higher than cohorts who examined in similar categories. When examining problem gamblers' forms of gaming, poker is the game of choice, with problem gamblers reporting engaging in activity once or twice a week for three or four hours at a time (Kim et al., 2016).

Gaming in Louisiana

Current laws legalizing and regulating gambling in Louisiana were enacted by the state legislature in 1991. As previously reported, the LGCB reported (2015) the state currently has 15 riverboats, one land-based casino and three Tribal casinos and several smaller Indian gaming venues. In addition, there are four operating racetracks and approximately 1,900 video poker establishments. The majority of riverboat casinos are located in the western part of the state adjacent to the border with Texas. Four land-based casinos (three Tribal, one commercial) operate in the southern and central regions of the state, but the casino games offered differ by site. The most common available casinos games are slots machines, video poker, poker tables, blackjack, craps, and roulette.

Louisiana's racetracks are located in Bossier City, Opelousas, Vinton, and New Orleans (United States Casino, 2016). Cumulatively, nearly half (31) of Louisiana's 64 parishes have some form of legalized gambling. According to the LGCB, the total gambling revenue for the state in 2015 was $713,858,984. Thus, gaming revenue continues to contribute significantly to state and local economies. For example, the New Orleans land-based casino alone generated state revenue of $ 71,445,751 in 2015. Out of the 31 parishes, Jefferson Parish had the highest number of gaming establishments (424) and number of devices (1,861) resulting in the largest net device revenue of $81,266,087.

Video Gaming Establishments and Devices

Louisiana classifies its video game establishments by:

- Type 1 (bars and lounges),
- Type 2 (restaurants),

- Type 3 (hotels),
- Type 4 (racetracks and OTBs), and
- Type 5 (truck stops).

The Louisiana Gaming Control Board (LGCB) is responsible for issuing permits to establishments for the operation gambling devices. According to the LGCB, the total number of devices operating in the state is 14,171 in 1,911 locations, which generates state revenue of approximately $597,368,187 annually. Truck stops with the largest number of devices (14,171) bring in the highest percentage of franchise fees (32.5%) as compared to other types of gaming establishment.

Gambling Laws (Legal and Illegal Forms of Gambling)

The United States Casino website (2016) reports approximately 85 countries worldwide have legalized internet gaming. However, with the exception, off track betting, internet gambling is currently illegal in Louisiana. In addition to those types already described, other types of legal gambling are horseracing, scratch-offs, and lottery tickets. In Louisiana, 18 year olds may participate in horseracing and bingo, but individuals must be 21 years of age to play the lottery, or enter casinos or establishments that offer video poker.

Innovations in Gambling

One form of online gambling growing in popularity is fantasy football. Specifically, two of the largest sports operators receiving substantial National Football League (NFL) and media support are *Draft Kings* and *Fan Duel*, which brought in $350 million in investments in 2015 (Greene, 2016). Fantasy football is considered legal when the following criteria are met:

1. Prizes and awards are established and made known to participants before the game, and the prize values do not depend on "the number of participants or the amount of any fees paid by those participants;"
2. "All winning outcomes reflect the relative knowledge and skill of the participants and are determined predominantly by accumulated statistical results of the performance of individuals . . . in multiple real-world sporting or other events;" and
3. Winning outcomes are not based "on the score . . . Or, any performance . . . of any single real-world team or . . . an individual athlete in any single real-world sporting or other event" (Greene, 2016). Each state has different methods for enforcing fantasy football laws.

These criteria are foundational to states' determinations of on-line gambling legality. Several states including Louisiana, do not allow residents to participate in fantasy football leagues that charge fees. Currently, several states have filed lawsuits to prevent operation of leagues such as *Fan Duel*.

Prevalence Studies for Problem and Pathological gambling

As the number of states with legalized gambling increases, studies examining the prevalence of problem and pathological gambling are increasing. However, many studies have methodological flaws that lead to over or underestimating the rates of problem or pathological gambling. Williams and Volberg (2012) cite numerous examples of common methodological issues and offer an outline for increasing the reliability

and validity of outcome results in gambling research. Some suggestions include using well-established instruments (e.g. SOGS, NODS) with validated cut scores, use of commercial survey companies with demonstrated high response rates, and conducting initial pilot tests of questionnaires. Although Williams and Volberg offer many suggestions for increasing the quality prevalence studies, the reality is all studies experience methodological limitations. Without a thorough assessment of participant risk factors, including historical information related to individual gambling habits, most studies could only identify "potential or probable" problem and pathological gamblers.

The Louisiana Gaming Control Board (LGCB) is responsible for issuing permits to establishments for the operation gambling devices. According to the LGCB, the total number of devices operating in the state is 14,171 in 1,911is locations, which generates state revenue of approximately $597,368,187 annually. Truck stops have the largest number of devices (14,171), bringing in the highest percentage of franchise fees (32.5%) as compared to other types of gaming establishment.

A comprehensive prevalence study conducted by Williams, Volberg, and Stevens (2012) yielded some interesting results on the prevalence rates of problem gambling. The aggregate average of four studies conducted in Louisiana yielded a problem gambling prevalence rate of 2.9%. When compared to the studies from 32 other states and territories, Louisiana had the 4th highest incidence of problem gambling.

Moreover, the national prevalence rates for severe or pathological gambling are inconsistent. A study by the National Center for Responsible Gaming cites studies that suggest pathological gambling rates range from 0.1-0.9%. However, a 2013 study on problem gambling services estimates the prevalence rate of pathological gambling at around 2.2% (NCPG, 2013). Given the American Psychiatric Association's decision to include gambling disorder in the DSM-5, and increased in amount of services provided to problem gamblers, perhaps the latter prevalence estimate is more congruent with changing trends in gaming. In 2013, 39 states reported providing funding directed for problem gambling. Many states, including Louisiana, have a 24-hour Helpline. However, in most states, the capacity and funding for treatment of severe forms of gambling, like other mental illnesses, are lacking.

Gambling and Changes to the DSM-5

The fifth edition of the Diagnostic Statistical Manual of Mental Disorders (DSM-5) contains substantial changes to the diagnosis of gambling issues (Weinstock & Rash, 2014). Specific changes included altering the name of the disorder from "pathological gambling" to "gambling disorder," changing the classification of gambling from an impulse control disorder to an addiction disorder, decreasing the threshold for diagnosis from five symptoms to four symptoms, and the removal of "illegal acts" as a criterion (Weinstock & Rash, 2014). Others argue the term "pathological" is pejorative and outdated; thus, requisite to changing the way in which gambling disorders are described. "Gambling Disorder" is now classified as an addiction diagnosis as the symptom are more aligned with substance abuse disorders than with impulse control disorders (Mitzner, Whelan, & Meyers, 2011). While there were five symptoms (see below) identified in the DSM-V, several studies suggest that meeting four criteria provides the best diagnostic accuracy (Weinstock & Rash, 2014). A study by Petry, Blanco, Stinchfield, and Volberg (2013), postulates that the inclusion of the criterion "illegal acts" is unnecessary for a diagnosis of gambling disorder; rather, according to the current classification method, it is better suited as a marker of severity than as a criterion for diagnosis.

More specifically, the new DSM-5 (2013) defines "pathological gambling" as persistent and recurrent maladaptive gambling behaviors that lead to significant impairment and/or distress over a 12-month period as evidenced by four or more of the following behaviors:

- Needs to gamble with increasing amounts of money to achieve the desired excitement.
- Is restless or irritable when attempting to cut down or stop gambling.
- Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
- Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
- Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
- After losing money gambling, often returns another day to get even ("chasing" one's losses).
- Lies to conceal the extent of involvement with gambling.
- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
- Relies on others to provide money to relieve desperate financial situations caused by gambling.

At-Risk Populations

In 2015, Welte, Barnes, Tidwell, Hoffman and Wieczorek conducted a telephone study of gambling habits of 2,274 U.S. adolescents and young adults. Results indicate that the older the participant, the more likely they were to gamble. Additionally, men were more likely to gamble than women. The results also found that African Americans were less likely to gamble than the general gambling population. However, those African Americans that gambled did so more frequently than other gamblers. Lastly, problem gamblers are more prevalent among low socioeconomic status (SES) individuals.

Social Learning and Influences

Previous research (Moore & Ohtsuka, 1997) examining social influences and learning on gambling behavior have found young gamblers, ages 14-25, are more likely to have gambled with family members. Gambling addiction is associated with exposure to parental gambling (Delfabbro and Thrupp, 2003); and, that peers influence the initiation of gambling in adolescence (Hardoon and Derevensky, 2001). These studies clearly suggest that early parental and peer influence directly effect future problem or pathological gambling. However, given the increased availability and range of gambling methods, research is needed to understand the determinants of gambling initiation and persistence of these activities. It appears that early engagement with video gaming and gambling may have a significant impact that may lead to other addictive behaviors in a portion of the adolescent population (Baer, Saran, & Green, 2012).

Financial and Social Impacts

Although gambling is beneficial to many state economies, it also contributes to public and mental health problems. Although somewhat dated, National Gambling Impact Study (NORC, 1999), estimated that roughly 3.2 million adults (1.6%) met the criteria for pathological-gambling in the United States and

7.7 million (3.9%) met criteria for problem gamblers. Costs to the U.S. economy associated with problem and pathologic gambles were estimated between $40-$53.7 billion across the lifespans (NORC, 1999). Twenty to thirty percent would declare bankruptcy as compared to low-risk or non-gamblers (NORC, 1999). Ninety percent of problem gamblers gambled their paychecks or family savings. Furthermore, the study determined that the economic impact associated with pathological-gambling was approximately $1,200 per pathological gamble per year and $715 per problem-gambler (NORC, 1999). Estimated costs to employers from gambling related absences was $45 million annually (NORC, 1999). More recently, the rate of divorce among pathological and problem gamblers was estimated to be significantly higher (53.5% and 39.5%, respectively) than the rate among low-risk gamblers (29.8%) and non-gamblers (18.2%) (Schramm, 2006). Finally, pathological and problem gamblers were significantly more likely to suffer from angina, cirrhosis, and other life style diseases than non-pathological gamblers, even when multiple intervening variables are controlled (Morasco et al., 2006). Furthermore, pathological gamblers were 98% more likely to have received emergency room treatment in the past year than non-pathological gamblers (Morasco et al., 2006). Based on the increased access to gambling outlets, the numbers have undoubtedly increased since these studies were conducted.. This rise in prevalence rates for pathological-gambling and associated consequences have facilitated changes in the physical and mental health as well as addiction fields.

Capacity for Prevention and Treatment

On the up side, although pathological gambling is one of the most expensive illnesses to society, it is one of the least expensive to treat and the most "curable." However, despite the increased rate of pathological-gambling, there are few treatment centers in Louisiana or the United States dedicated to treating those suffering from gambling addiction. The Center of Recovery (CORE), established in 1999, and located in Northwest Louisiana, is the state's only residential facility dedicated to treating gambling addictions (Louisiana Association on Compulsive Gambling, 2015). Additional treatment methods can be found in an online platform or in support groups like Gamblers Anonymous. Hing, Russell, Gainsbury, and Blaszczynsk (2015) found that many people with gambling problems prefer to seek treatment on the phone and online as compared to seeking help from facilities. Therefore, helplines and other online platforms may be especially useful for individuals desiring immediate access, who may not be as comfortable with face-to-face interactions for maintaining privacy, or prefer more convenient treatment methods (Rodda, Lubman, & Dowling, 2016). Also, advances in technology now provide individuals with online apps that provide support to addicts. However, the research on the efficacy of this approach is sparse at best..

Implications

Further research is needed to further understand the impact of components of gaming and the concomitant problems they pose for citizens, including gambling rates. In particular, further research is needed regarding the impacts of immediate access to gaming venues, fantasy football, and gambling and social media including accessibility to gambling phone applications, and the impact of video gaming on early onset problem gambling in adolescents. Furthermore, continued research on the impact of how parental and peer beliefs about gambling contribute to early gambling behaviors can inform educators, clinicians and policy makers. Finally, as previously indicated, routine, high quality, rigorous prevalence studies at the state level that emulate the NORC (1999) data are needed to establish state trends by which

public health policy makers track changes, determine efficacy of interventions and treatment, and allocate resources.

CHAPTER 3

METHODOLOGY

Introduction

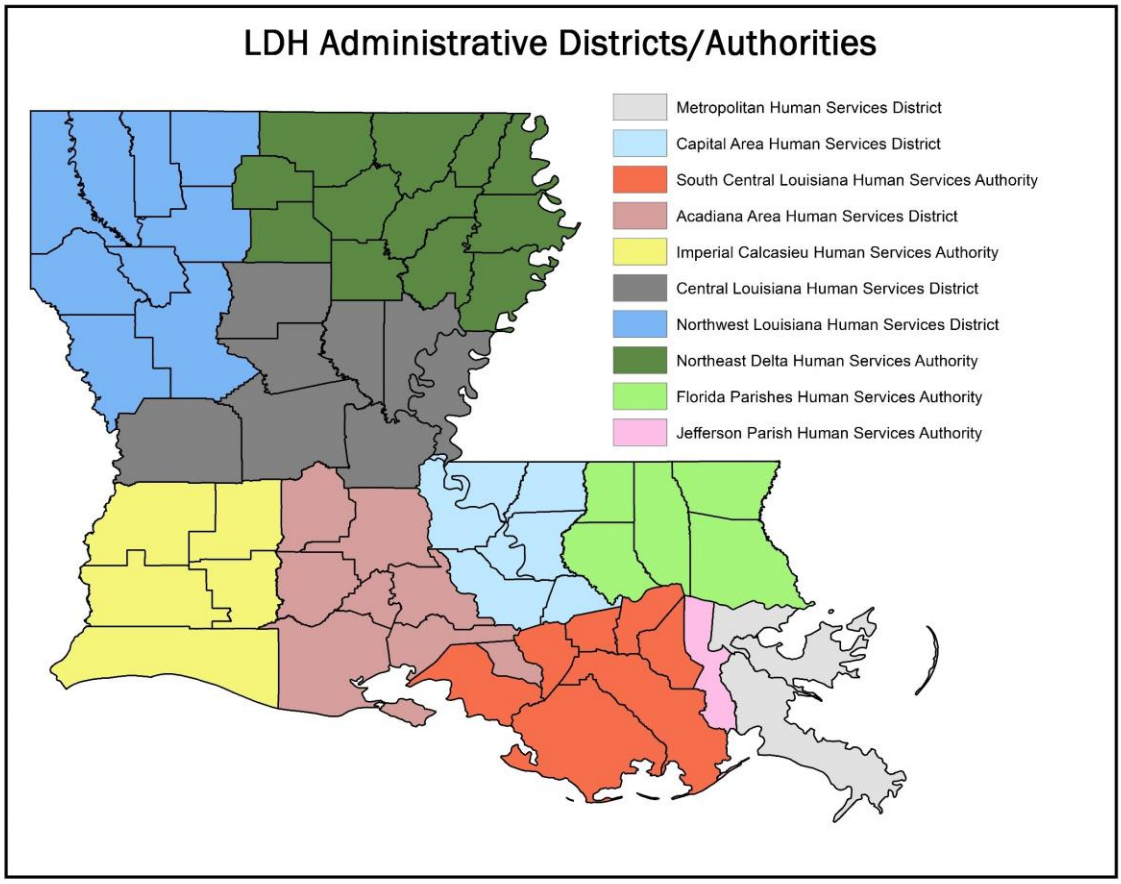


Figure 3.1: LDH Regional Map and Parishes

The following list of the multiple data sources are used to produce the findings, conclusions, and recommendations for this report:

- Video gaming devices, revenue, and establishments.
- Louisiana Problem-Gambler's Helpline
- The Louisiana Caring Communities Youth Survey
- South Oaks Gambling Screen: A new instrument for the identification of pathological gamblers (Lesieur & Blume, 1987) (SOGS)-Telephone Survey
- Louisiana Addictive Disorders Data System (LADDS)

Some data sources are cross-tabulated by other sources to provide more robust information on gambling behaviors and attitudes. For example, youth gambling behaviors are compared with adult attitudes towards gambling collected from the telephone survey. The resources secured for this report provide information on the gambling habits, risks for problem- and pathological-gambling, proximity to gaming, attitudes towards gambling, and, finally, access and utilization of resources for individuals and/or family members experiencing problems with gambling.

Video Gaming Devices, Revenue, and Establishments

The Louisiana State Police (LSP) Gaming Enforcement Division provides 2016 fiscal year data on the number and type devices and establishments by type aggregated at three levels statewide, Louisiana Department of Health (LDH) regions, and parishes within each respective region (which may change by the publication of this report). Physical addresses of each establishment allow for mapping using GIS technology, which provides the reader with spatial information related to the density of establishments at the regional and parish levels.

Archival establishment data from the 2008 study are also used in the report. Census estimates (2015) for each parish establish site and device prevalence per capita for adults age 21 and older, the legal gambling age for the state.

Although the LSP regulates gaming in Louisiana, it does not enable access to data from tribal gaming establishments. Data available from the official "500 Nations" website indicates that there are currently 8,120 devices, 201 gaming tables, and 3 high stakes poker rooms in Louisiana Indian casinos (500 Nations). Therefore, the number of devices may be significantly under-reported in parishes with tribal casinos. The regions and parishes with Indian establishments are noted with an asterisk (*).

Louisiana Problem Gambler's Helpline

The Louisiana Problem Gambler's Helpline is operated by the Louisiana Association for Compulsive Gambling and funded by the Louisiana Office of Behavioral Health. The toll-free helpline provides 24-hour services and referrals to individuals and/or family members impacted by gambling. Data from the Helpline are extracted from intake calls and reported in annual reports from 2011 through 2016. The intake call includes a short assessment of caller information and data from gamblers, family members or friends requesting a direct service, or information from the helpline, such as referral to Gamblers Anonymous.

The information available from the prior annual reports is limited. Indicators from the reports include suicide, mental health, and the top three issues that prompted calls to the Helpline. However, due to very small incidence, several indicators (i.e. suicidal ideation) are not disaggregated below the state level. A trend analysis identifies the month the calls were made, mental and health issues that prompted calls. Raw data extracted from fiscal reports generate regional and parish-level information including demographics, employment status, ethnicity and income range.

Calls to the helpline came from 26 sources, ranging from a mother to a church member. To synthesize the information, call sources are grouped into specific categories:

- **Self** – The gambler

- **Family** – All family members (biological and non-biological) including mother, father, uncle, cousin, etc.
- **Non-Family** – Friend, employer, etc.
- **Unwilling** – No information provided

The Louisiana Communities that Care Youth Survey

The Louisiana Communities that Care Youth Survey (CCYS) is administered biennially to all 6th, 8th, 10th and 12th grade public and private school students in the fall of the school year. For this study, CCYS data from 2008-2016 (even years) provide data on several indicators of adolescent gambling, including:

- Gambling in the past year
- Bet on sports
- Played bingo for money
- Bet on dice
- Bet on games of skill

2016 Gambling Survey Data

To measure gambling attitudes, habits, and prevalence rates of potential problem or pathological gamblers, a telephone survey, including the South Oaks Gambling Screen (SOGS; Lesieur & Blume, 1987), was administered in 2016 to 2,402 adults (240 per LDH region), ages 21 and older. Response data are reported at the state, regional, and parish levels. A description of the survey methodology and the SOGS are provided below.

Reconnaissance Market Research (ReconMR)

Contracted by the University of Louisiana at Lafayette, Reconnaissance Market Research (ReconMR) conducted telephone surveys with a stratified sample of Louisiana residents. The survey instrument included questions regarding respondent's gambling behaviors, attitudes towards gambling, and awareness of resources for problem gambling. Potential respondents were screened to include only adults, 21 years of age or older, currently residing in Louisiana. Sample stratification ensured equal geographic sampling among ten parish-defined geographical regions (n=240 per region). The average time to complete the standardized questionnaire was 11.8 minutes.

Modeled estimates from the 2014 National Health Interview Survey, conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics, indicated that 61.3% of Louisiana adult residents are wireless-only or wireless-mostly, while only 15.3% of adult residents are landline-only, or landline-mostly telephone users, and 20.4% are dual-use telephone users (https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless_state_201602.pdf). Additional guidance for this methodology came from the Pew Research Center's decision to increase the percentage of telephone interviews conducted via cell phone from 65% to 75% in most of its 2016 telephone surveys (http://www.pewresearch.org/fact-tank/2016/01/05/pew-research-center-will-call-75-cellphones-for-surveys-in-2016/).

Three unique sampling frames of Louisiana residents were employed: Wireless RDD, Listed Wireless, and Listed Landline. All three samples were stratified by the ten geographic regions. Telephone numbers were purchased by ReconMR through Scientific Telephone Samples, a reputable sample provider. A total of 13,087 unique landline telephone numbers and 21,825 unique wireless telephone numbers were required to complete the study. To ensure Louisiana residents had an equal probability of selection, it was decided that 65% of interviews were to be completed using wireless telephone sampling frame and 35% using landline frame.

Interviews were conducted using computer-assisted telephone interviewing (CATI) software, which ensured all questions were asked correctly and all logic and skip patterns were implemented properly. The phone sample was also managed by the CATI system, allowing dialing rules and disposition management to be streamlined. To ensure the highest response rate, each telephone number was called up to five times at various times of the day and week. Additionally, respondents were allowed to request a callback at a more convenient time and date. These appointments were called at the appointed time, and up to five additional times if the respondent was not available at the initially requested time.

The final calling results to each telephone number are indicated in the table below:

Table 3.1: Final Calling Results

	Count	Percent
No answer	4,335	12.42%
Answering machine	10,836	31.04%
Phone Busy	1,907	5.46%
Respondent not available	2,583	7.40%
Schedule Callback	51	0.15%
Disconnected	6,392	18.31%
Business / Government	420	1.20%
Language Problems	172	0.49%
Terminate- LL No Male/Female 21+	12	0.03%
Terminate- CELL No one 21+	770	2.21%
Terminate- Not in Louisiana	17	0.05%
Child's Phone Line	16	0.05%
Initial Refusal	4,312	12.35%
Blocked Call	241	0.69%
Computer tone	318	0.91%
Mid-Interview Terminate	104	0.30%
Quotas full	24	0.07%
Completed	**2,402**	**6.88%**
Total Records Dialed	**34,912**	**100.00%**

Incidence of eligibility among contacted households (eligible/[eligibility + ineligible]) = 75.8%

Project supervisors validated 10% of each interviewer's completed surveys by calling back the respondent and verifying specific responses. Additionally, supervisors continually monitored live calls through ReconMR's call monitoring system to ensure proper interviewing procedures were maintained.

South Oaks Gambling Scale (SOGS)

The South Oaks Gambling Screen (Lesieur & Blume, 1987) (SOGS) is a 20-item questionnaire that measures negative behaviors and feelings associated with gambling. The scale was developed originally to screen for pathological-gambling in clinical settings (Slutske, Meier, Zhu & Martin, 2011; Stinchfield, Govoni, & Frisch, 2005). Initially, concern was raised that use of the SOGS outside of clinical settings would lead to the over-identification of problem and pathological-gamblers. To address this issue, in Stinchfield (2002) conducted a study including non-clinical and clinical samples, which yielded adequate coefficient alphas ranging from 0.69 (non) to 0.89 (clinical) populations. Additionally, evidence of construct validity is demonstrated using the DSM-IV criteria for problem- and pathological-gambling. Convergent validity is found in high correlations between the clinical sample and DSM-IV criteria. Low correlations with the non-clinical sample. Furthermore, DSM criteria indicates evidence for discriminant validity.

Although the psychometric properties for the SOGS are fairly robust, critics argue the instrument is too sensitive resulting in potential increased rates of false positives, particularly in the general population (Blasé & Lesieur, 2006). However, studies examining SOGS scoring suggest it may be more reliable than the DSM-IV at correctly identifying problem and pathological-gambling. Cox, Enns and Michaud (2004) compared both assessments and concluded the DSM-IV cut off five criteria might be too conservative when identifying gambling problems in the community. Despite the limitations, the SOGS remains a popular instrument in both clinical and non-clinical settings.

The SOGS is scored on a point system with a score of five or more indicating probable pathological-gambling. A total score ranging from three-to-four indicates probable problem gambling. A separate category (at-risk) was created for individuals that scored a one or two on the survey. Studies examining cut scores using non-Caucasian samples indicate the SOGS may be less accurate for minority populations. For example, a study by Tang, Wu and Tang (2010) adopting the instrument for use with Chinese participants (Chinese SOGS), suggests the cut score for pathological-gambling should be raised to eight. Similar cut scores findings have been found with other ethnic groups. Therefore, care should be exercised when interpreting prevalence studies that include significant numbers non-Caucasians in the sample. Additional questions that are not included in the scoring capture demographic information and forms of gambling (e.g. poker, roulette, etc.).

Although the SOGS remains a viable instrument for prevalence studies, changes in the DSM criteria for pathological gambling, as previously discussed, may prove problematic. The instrument will require updating, or at a minimum re-evaluating current psychometric properties, particularly the cut scores for problem and pathological gamblers. New instruments are being developed that may more compatible with current diagnostic criteria. The National Opinion Research Center (NORC) Diagnostic Screen for Gambling Problems (NODS) appears to possess acceptable psychometric properties in identifying problems. Preliminary studies, although sparse, show the instrument possess good internal consistency (alpha 0.88) and convergent and discriminant validity (Wickwire, Burke, Brown, Parker & May 2008). However, like its predecessor, the norming group needs expanding to non-clinical population to examine its utility in future prevalence studies. Also, using screeners to definitively label a population as problem or pathological

is problematic. Diagnostic labels are generated from numerous assessment sources. Therefore, screeners like the SOGS should be interpreted as risk assessments (e.g. probable or potential) for identifying non-problem, problem and pathological gamblers.

Demographic Measures

Demographic data including parish, sex, age, ethnicity, marital status, employment, household income, and level of education were collected. The categories were collapsed when there were too few responses to provide statistical power. For example, in education, "less than high school" was combined with high school/GED graduates due to the low number of respondents in the "less than high school" category. Additionally, the 2008 age ranges were coded into seven categories, while the 2016 data includes actual reported age. In all cases, data is reported in the most detail possible.

The non-collapsed data adequately represented the diversity of people studied. One exception occurred in household income, in which the top category of "greater than $50,000 per year" accounted for nearly 37% of all respondents, compared to 7% - 10% in other categories. A later study should reconsider household income levels by expanding the distribution at the top end.

Confidence intervals were computed using the following formula:

$$\text{Lower Confidence Limit (LCL): } p - 1.96\sqrt{\frac{p(1-p)}{n}}$$

$$\text{Upper Confidence Limit (UCL): } p + 1.96\sqrt{\frac{p(1-p)}{n}}$$

Where p is the proportion (percent) and n is the available respondents. Projections of possible problem and pathological gamblers were simply the percent found in the sample multiplied by the corollary population (region or state).

Awareness of Help Services

Survey respondents were asked if they were aware of gambling help resources including Gamblers Anonymous 12-Step Program, Louisiana Offce of Behavioral Health, Louisiana's toll-free helpline, and the CORE Center. Responses were converted to percent-aware of the programs. Respondents were further asked how they heard of Louisiana's Problem-Gambler's Helpline and the CORE program. Information sources were analyzed and categorized to create usefully large categories for reporting. Mental health sources were defined as any type of mental health, health, social, and/or religious services. Media services included all television, radio, and news services (excluding advertising). Internet included all web, search engines, and social network sources. Interpersonal channels included friends, family, and aquiantances. Casino sources tended to be described in multiple terms. Any reference to a casino, machines, boats, or truck stop were assumed to be casino sources.

Louisiana Addictive Disorders Data System (LADDS)

Louisiana Addictive Disorders Data System (LADDS) information included de-identified client data from the Center of Recovery (CORE), one of the few facilities in the United States that specifically provides treatment for gambling addiction. The dataset used in this report contains information from Louisiana residents that were admitted to CORE between 2010-2016. Metrics analyzed include

demographic data, parish of residence at admission (aggregated to service district or authority), the length of stay, veteran status, and other variables. Since CORE is the only treatment center specifically for gamblers, understand its current capacity to meet the population of problem and pathological gamblers. Information on CORE was not incuded in the previous study. Findings for the current study are reported as part of the state section only.

Conclusion

By combining data from multiple reliable sources, researchers drew the most accurate picture possible of the state of gambling in Louisiana. When multiple years of data were available, inferences toward trends are suggested. However, the time gaps between the previous and current study limits the researchers when examining trends on indicators related to potential problem and pathological gambling. A more detailed description is provided in the section describing the limitations of this study.

CHAPTER 4

STATE FINDINGS AND RESULTS

Analysis of State-Level Data

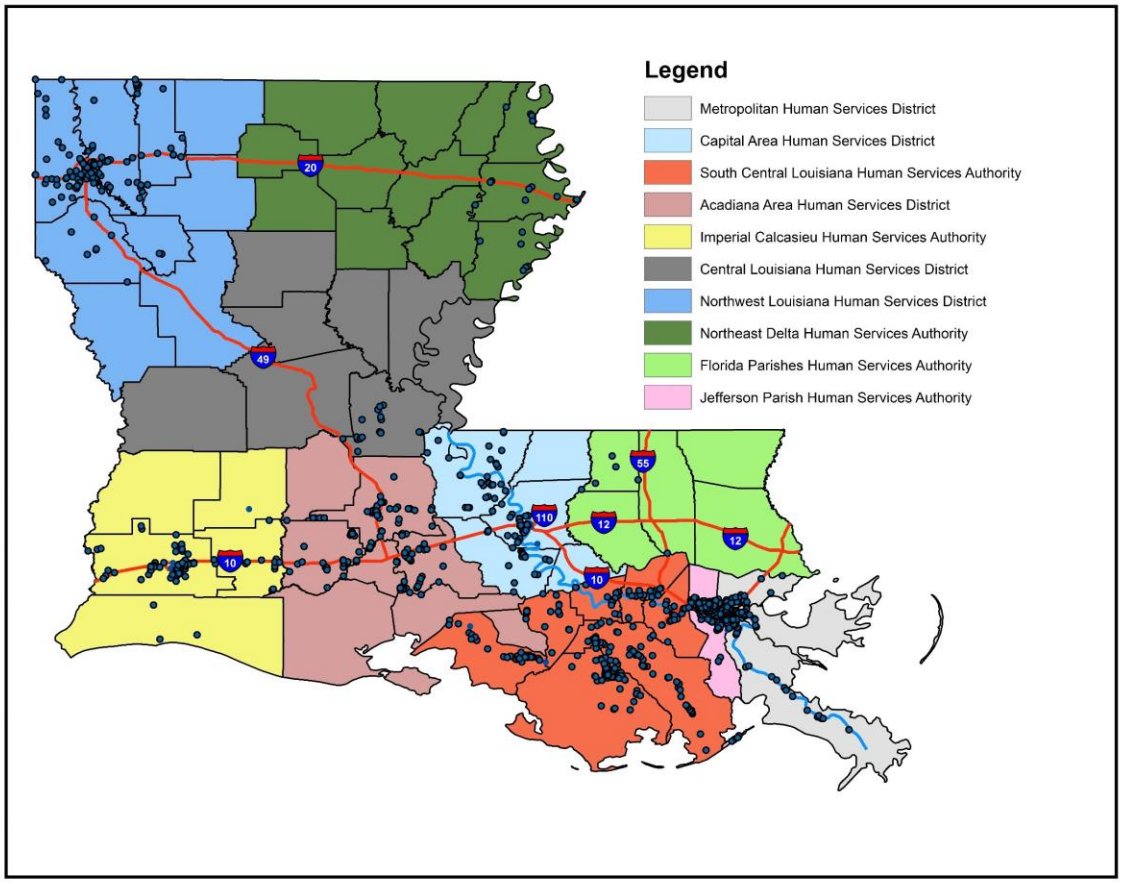


Figure 4.1: State Map of Gaming Establishments

Gaming Data – Establishments and Devices

The number of gambling establishments and gaming devices are presented in Table 4.1 along with an estimate of the number of sites and devices per 1,000 adults. Note that in 2008, adults were defined as 18 and older but in 2016, the definition reflects individuals 21 and older. Thus, direct comparisons of the per capita rates between 2008 and 2016 should not be made.

Table 4.1 illustrates that the number of gambling establishments has declined but the number of gaming devices has not. This trend is most evident in several of the regional-level analyses, presumably due to the closing of small establishments and in some cases, the consolidation of devices in larger establishments such as casinos or OTB venues. The number of gambling establishments in Louisiana in 2016 is just over half of the number of establishments in 2002. The number of gaming devices in 2016

(43,354), while just over 5,000 more than the number recorded in 2002, is only about 1,000 less than the 2008 count.

Table 4.1: State Sites/Establishments per 1,000 Adults

	Adult Population	Gambling Sites	Sites per 1,000 Adults	Gambling Devices	Devices per 1,000 Adults
State Total (2002)	3,233,151	2,898	0.90	41,672	12.89
State Total (2008)	*3,197,667	2,372	0.74	44,504	13.92
State Total (2016)	**3,315,694	1,656	0.50	47,298	14.26

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

A visual inspection of the top number of parish gambling sites indicates that many of the establishments are located in Jefferson and Orleans Parishes (see Table 4.2). Interestingly, the parishes that top the list have not changed much since 2008. However, the rankings have shifted slightly.

Table 4.2: 2016 Top 10 Parishes Ranked by Number of Gaming Establishments

2016 Rank	Parish	Number of Establishments	2008 Rank
1	Jefferson	365	1
2	Orleans	299	2
3	Terrebonne	121	3
4	Lafourche	92	6
5	Caddo	90	4
6	Calcasieu	83	5
7	St. Landry	59	8
8	St. Mary	52	10
9	Bossier	50	9
10	St. Martin	49	7

However, the location of establishments does not tell the complete story about gambling opportunities in the state; as shown in Table 4.3, the top parishes for gaming devices are Calcasieu, Bossier, and Orleans Parishes which are homes to the larger casinos These larger gambling establishments with more gaming devices may supplant smaller venues with limited numbers of devices. These data are similar to 2008 with the most obvious exception being that East Baton Rouge Parish is now in the top five parishes for number of gaming devices. In 2008 EBR was ranked 10th.

Table 4.3: Top 10 Parishes Ranked by Number of Video Gaming Devices

2016 Rank	Parish	Number of Devices	2008 Rank
1	Calcasieu	7,024	2
2	Bossier	6,688	1
3	Orleans	5,435	4
4	Jefferson	4,048	3
5	E. Baton Rouge	3,567	10
6	Caddo	3,280	5
7	Allen	3,200	6
8	Avoyelles	2,572	8
9	St. Mary	2,351	7
10	St. Landry	1,934	9

Figures 4.2 and 4.3 depict the distribution of gambling establishments (sites) per 1,000 adults and the distribution of gaming devices per 1,000 adults. Note that parishes with low populations may be labeled as having a high establishment to population ratio, even if there are only one or two establishments in the parish. An example is Allen Parish, the location of the Coushatta Tribal casino, which has a low establishment to population ratio but a high device-to-population ratio.

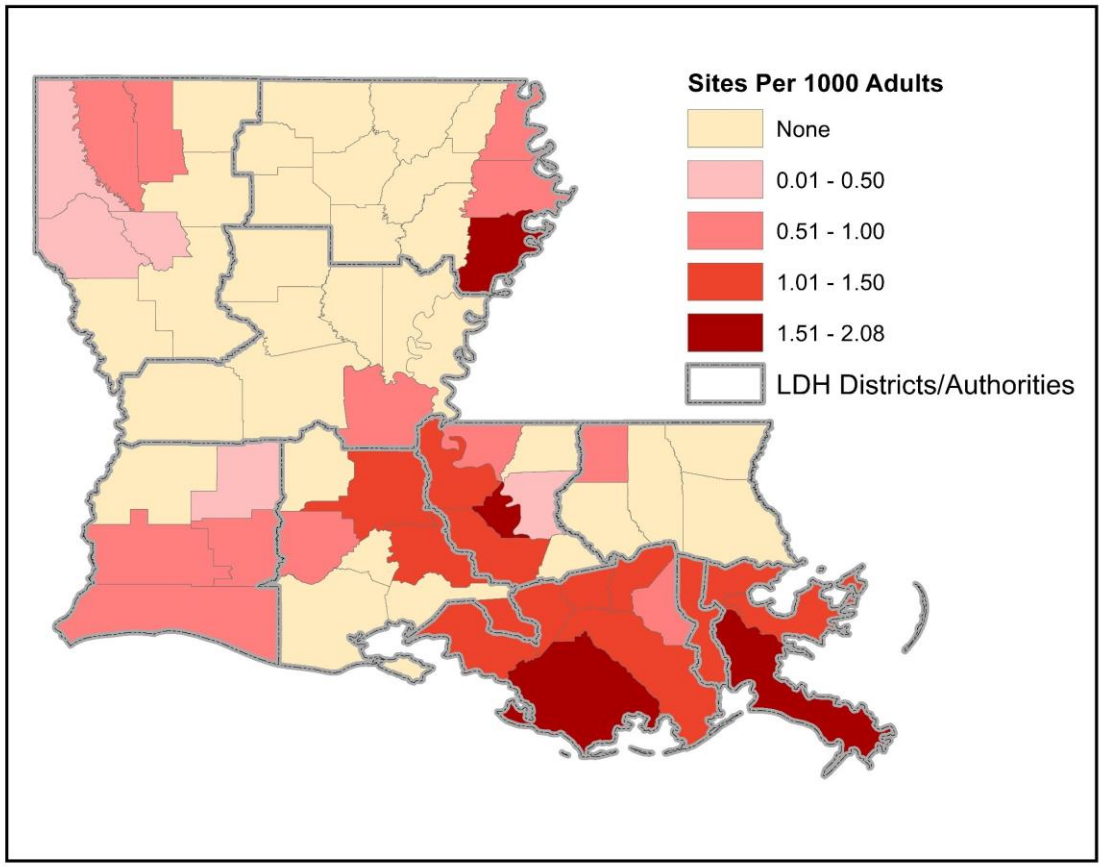


Figure 4.2: 2016 Sites per 1000 Adults

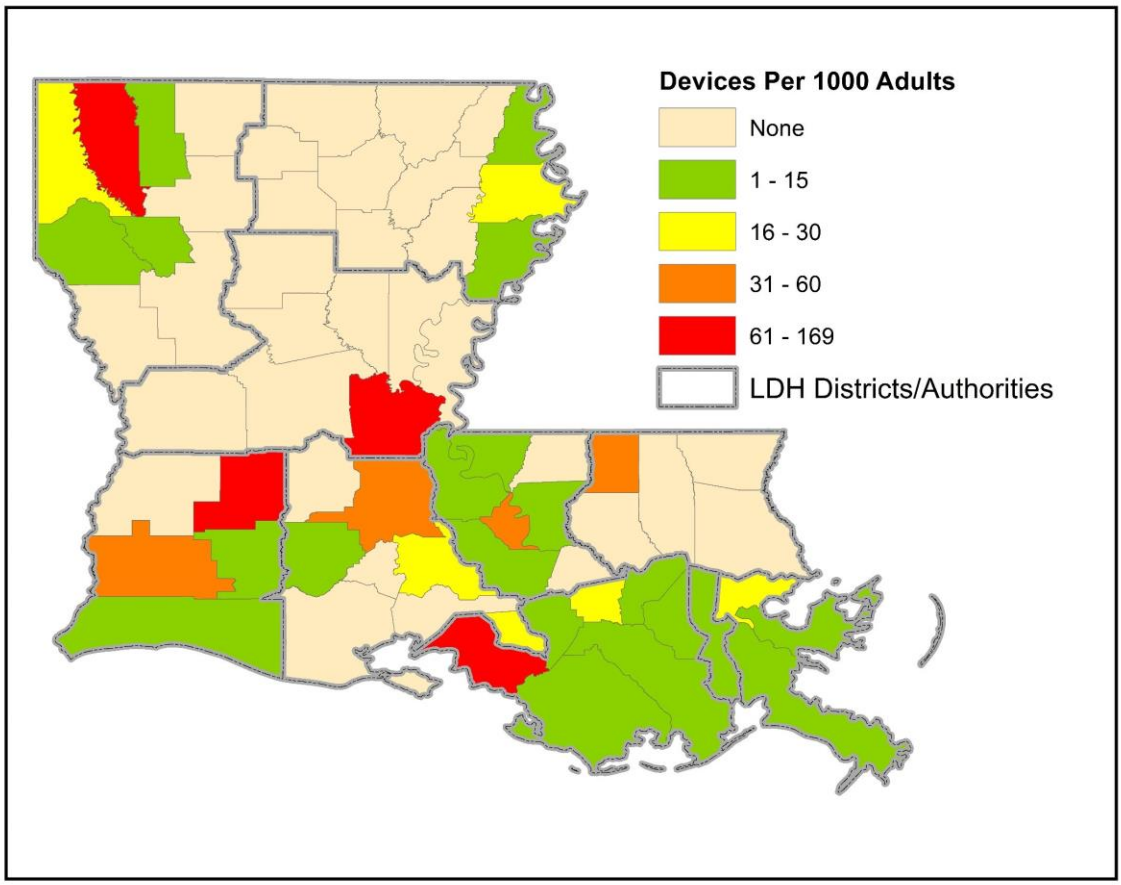


Figure 4.3: 2016 Devices per 1000 Adults

Tables 4.4 and 4.5 illustrate parishes ranked by the number of establishments and devices per 1,000 adults.

Table 4.4: 2016 Top 10 Parishes Number of sites per 1,000 Adults

Rank	Parish	Sites/1,000 Adults
1	W. Baton Rouge	2.08
2	Tensas	1.69
3	Plaquemine	1.53
4	Terrebonne	1.53
5	St. Bernard	1.40
6	Pointe Coupee	1.40
7	St. Mary	1.36
8	Lafourche	1.31
9	St. Martin	1.29
10	St. James	1.22

Table 4.5: 2016 Top 10 Parishes Number of Devices per 1,000 Adults

Rank	Parish	Devices/1,000 Adults
1	Allen	169.07
2	Avoyelles	85.16
3	Bossier	76.04
4	St. Mary	61.46
5	St. Helena	58.85
6	Calcasieu	50.58
7	St. Landry	33.40
8	W. Baton Rouge	33.28
9	Madison	24.89
10	St. Martin	23.78

Helpline Data

The helpline data analyzed in this section reflect intake calls by Louisiana residents. The values were extracted from the raw data provided by helpline staff rather than from the annual reports. The total volume of intake calls appears inflated due to out of state calls. See the methodology section for more information on the definition of an intake call.

The data from the 2007 Louisiana Problem Gambler's Helpline Fiscal Year Report and annual iterations from 2012 through 2016 are presented in Figure 4.1 and Table 4.6. Four thousand eight hundred and two (4,802) intake calls were made to the helpline from 2012-2016. Overall, the data suggest a moderate decline in intake calls from residents of Louisiana. In 2007, one-thousand four hundred and thirty-nine (1,439) calls were taken. In 2012, that number dropped to 1,043. A slight increase occurred from 2013 to 2014, but the overall trend reflects fewer calls since 2007. This may be cause for concern, especially given the increase in estimated problem gambling and pathological gambling prevalence rates illustrated in the present study. With more people experiencing problems associated with gambling, it is logical to assume more would be seeking help but this was not evident in the data.

A breakdown of the frequency of calls per region in 2007 and annually from 2012 through 2016 is presented in Table 4.6. If a total number of calls from 2012 through 2016 is calculated for each region, it becomes evident that the 3 regions registering the most intakes were NLHSD, in the northwest part of the state, CAHSD, the area around Baton Rouge, and MHSD, the New Orleans area, in that order. Those three regions account for 51% of the total intake calls made to the hotline in the state. For the same period (2012-2016), the fewest calls came from NDHSA in northeast Louisiana. It appears that the district/authority that saw the most significant decline in calls was the MHSD, which registered half as many calls in 2016 as they did in 2007.

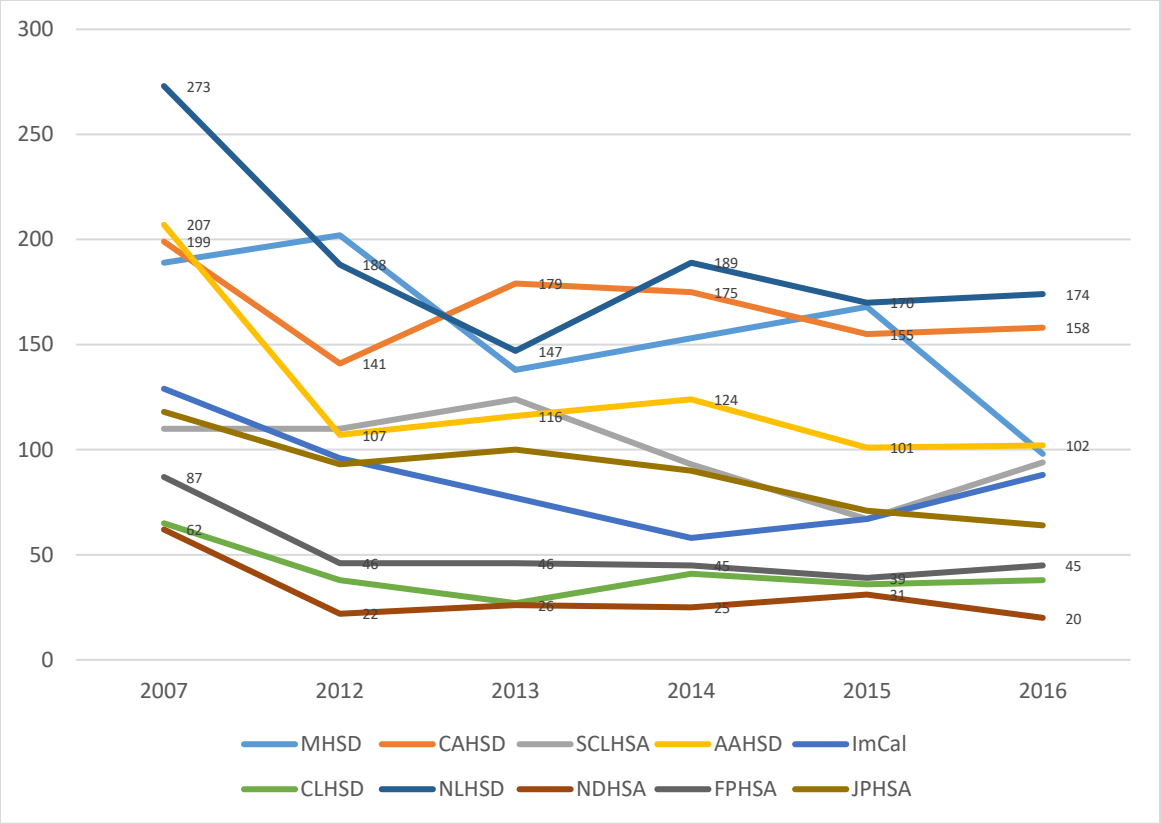


Figure 4.4: Helpline Calls by Region

This information is illustrated in the following table. When examining the regional raw data, the only area in which intake calls consistently declined was the MHSD. When comparing 2007 and 2012 intake calls, all regions experienced a decline, the exception being the SCLHSA, where total calls remained unchanged between reporting periods. It is plausible that 2007 was an outlier year for intake calls to the helpline. However, the absence of numbers from 2006, 2008, 2009, etc. prevents a more definitive inference. Therefore, the true baseline year for year-to-year comparison is 2012.

Table 4.6: Regional Breakdown of Helpline Callers

District/Authority	2007	2012	2013	2014	2015	2016
MHSD	189	202	138	153	168	98
CAHSD	199	141	179	175	155	158
SCLHSA	110	110	124	93	67	94
AAHSD	207	107	116	124	101	102
ImCal	129	96	77	58	67	88
CLHSD	65	38	27	41	36	38
NLHSD	273	188	147	189	170	174
NDHSA	62	22	26	25	31	20
FPHSA	87	46	46	45	39	45
JPHSA	118	93	100	90	71	64
Total	**1,439**	**1,043**	**980**	**993**	**905**	**881**

Calls to the helpline are made by a variety of individuals inquiring about gambling, signs of problems, and services. The majority of intake calls to the helpline are made by the gambler (self), followed by immediate family members (mother, father). This group is generally concerned about a family member and wants information related to services, signs of gambling problems/addiction, etc. Table 4.7 presents the information by year, caller and a cumulative total. The data indicate the gambler is five times more likely to call than a family member, suggesting that individuals call because they recognize or suspect they have a problem associated with gambling. Table 4.8 presents demographic categories, which describe the gambler or "person of concern."

In 2016, females represented 44% of the respondents and males represented 56%. Most of the callers self-identified as either Caucasian (49%) or African American (45%). Callers indicated that 72% of the persons of concern were between the ages of 26 and 64. Thirty-six percent (36%) were between 35 and 54 years of age.

Table 4.7: Helpline Data: Relationship of Gambler to Caller

Categories	2012	2013	2014	2015	2016	Total
Self	817	819	788	713	691	**3,828**
Family	143	121	150	149	154	**717**
Non Family	45	32	46	41	36	**200**
Unwilling	38	8	9	2	0	**57**

Table 4.8: Descriptive Data for Helpline – Persons of Concern

	2012-2016		2016	
Sex	**Frequency**	**Percentage**	**Frequency**	**Percentage**
Male	2,330	49%	489	56%
Female	2,327	48%	392	44%
Unwilling	145	3%	0	0%
Race				
Caucasian	2,373	49%	429	49%
African American	2,166	45%	416	47%
Asian	45	1%	8	0.91%
Hispanic	64	1%	9	1%
Indian	0	0%	0	0%
Multiracial	5	0.10%	2	0.23%
Native American	2	0.04%	0	0%
Unwilling	147	3%	17	2%
Age				
13-17	2	0.04%	0	0%
18-25	289	6%	54	6%
26-34	914	19%	186	21%
35-44	901	19%	154	17%
45-54	1,036	22%	164	19%
55-64	739	15%	133	15%
65+	415	9%	76	9%
Unknown/Unwilling	506	11%	114	13%

The majority of intake calls are about gamblers who are employed. Fourteen percent (14%) are unemployed, but (20%) do not to answer questions about employment status. Eight percent (8%) are retired. This data is summarized in Table 4.9.

Table 4.9: Gambler Employment Status – Helpline Intake Calls

	2012-2016		2016	
Status	**Frequency**	**Percentage**	**Frequency**	**Percentage**
Disabled	5	10%	0	0%
Employed	2,677	56%	478	54%
Other	219	5%	37	4%
Retired	449	9%	74	8%
Unemployed	649	14%	119	14%
Unknown/Unwilling	803	17%	173	20%

Helpline callers indicated that the type of gambling in which they participate in are machine-assisted gambling (Slots and Video Poker; 53%), Blackjack, and Unspecified Casino. This indicates that callers to the helpline primarily gamble in riverboat, land based or Tribal casinos, as the vast majority of slot machines and all blackjack tables are offered in establishments of this type. Games of choice remain the same across previous years' data. These data are reported in Table 4.10.

Table 4.10: Games of Choice – Helpline Intake Calls

	2012-2016		2016	
Game	**Frequency**	**Percentage**	**Frequency**	**Percentage**
Baccarat	20	0.42%	7	1%
Bingo	23	0.48%	4	0.45%
Blackjack	506	11%	125	14%
Cards	96	2%	14	2%
Dice	91	2%	24	3%
Horse Races	30	0.62%	5	1%
Internet	18	0.37%	4	0.45%
Lottery	23	0.48%	5	1%
Poker	143	3%	24	3%
Roulette	48	1%	18	2%
Scratch Offs	41	1%	6	1%
Slots	2,092	44%	334	38%
Sports	15	0.31%	2	0.23%
Unspecified Casino	223	5%	90	10%
Video Poker	519	11%	130	15%
Video Poker- Non Casino	223	5%	14	2%
Unwilling/Unknown	691	14%	75	9%

Figure 4.5 provides information on the primary event that triggered the helpline. Although callers reference issues related to a specific event, they frequently are directly or indirectly related to problem gambling. The information in this section is generated from the helpline annual reports, not the raw data used for previous helpline indicators. Therefore, the information in this section can only be presented by

year at the state level. In order to preserve confidentiality, legal, employment, and physical health problems are omitted due to very small percent of responses. Figure 4.5 clearly indicates financial problems overwhelmingly are the event that precipitates the helpline calls. Marital or family problems rank second, followed by mental health problems. The "other category varies annually, but averages around 10% of calls. There is no information on the problems that comprise this category. Considering the majority of calls to the helpline are made by the gambler, the information presented below suggests financial problems may be "rock bottom" for many gamblers.

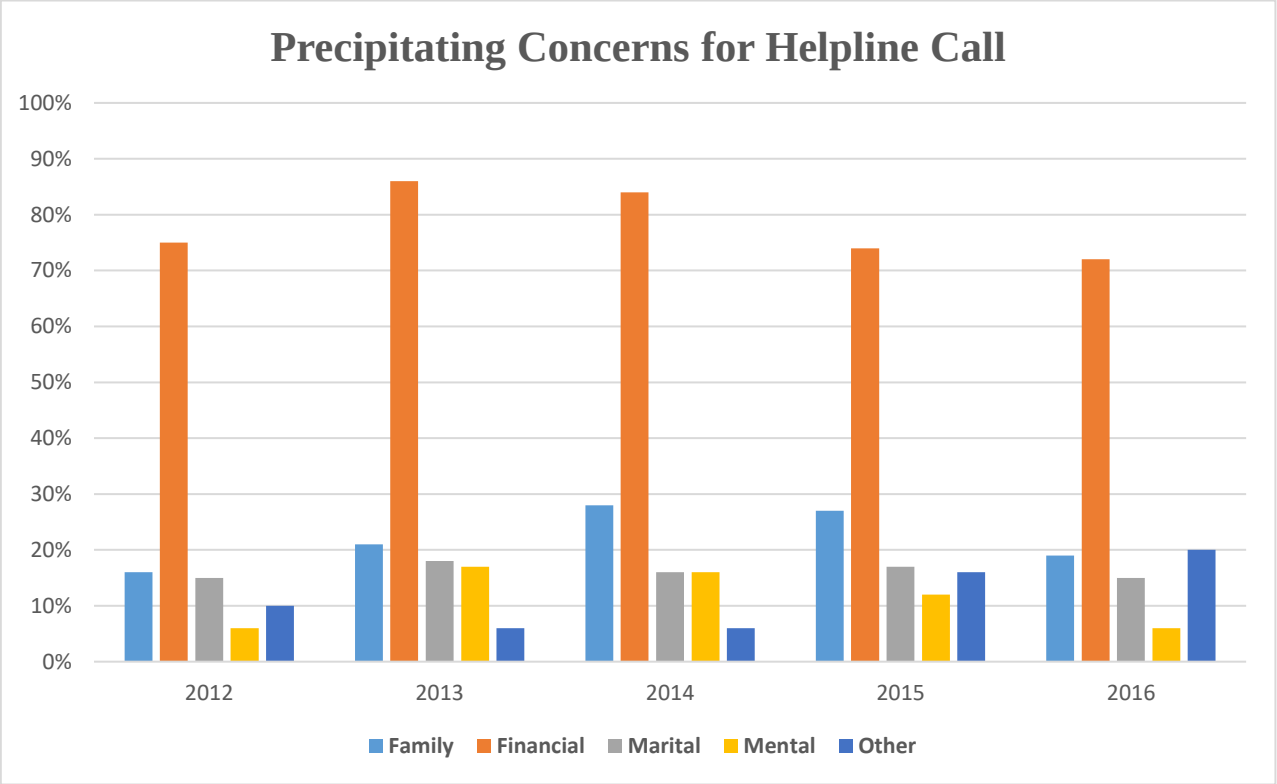


Figure 4.5: Precipitating Event for Call to Helpline

Figure 4.6 presents information on "other problem areas" reported by the caller. Callers are specifically asked if they have experienced other problems (current or past) in addition to gambling. The majority are problems related to mental health including depression, alcoholism and drug abuse. Although eating disorder and sexual addiction are captured, the percentages are too small to include in the table.

As shown in the figure below, depression is the most common problem reported in addition to gambling. It should be noted that depression is measured by simply asking the caller if he/she was depressed; a clinically substantiated diagnosis is not obtained. Based on the previous responses identifying financial problems as the primary reason for the call, depression, on some level, can be expected. However, smoking is the next most frequent problem area reported, followed by over-spending. Interestingly, alcoholism and drug abuse are reported by fewer than 10% of callers, indicating the probable primary addiction (if present) is related to gambling.

Although information is collected on past and present suicidal ideation, the annual numbers are minimal and do not warrant a table of findings. In fact, the numbers are so small, the only year a suicide

indicator accounted for any percentage of intake calls was 2016, when "present suicide" or the caller admitting to currently experiencing suicidal thoughts was 1% of the total number of intake calls.

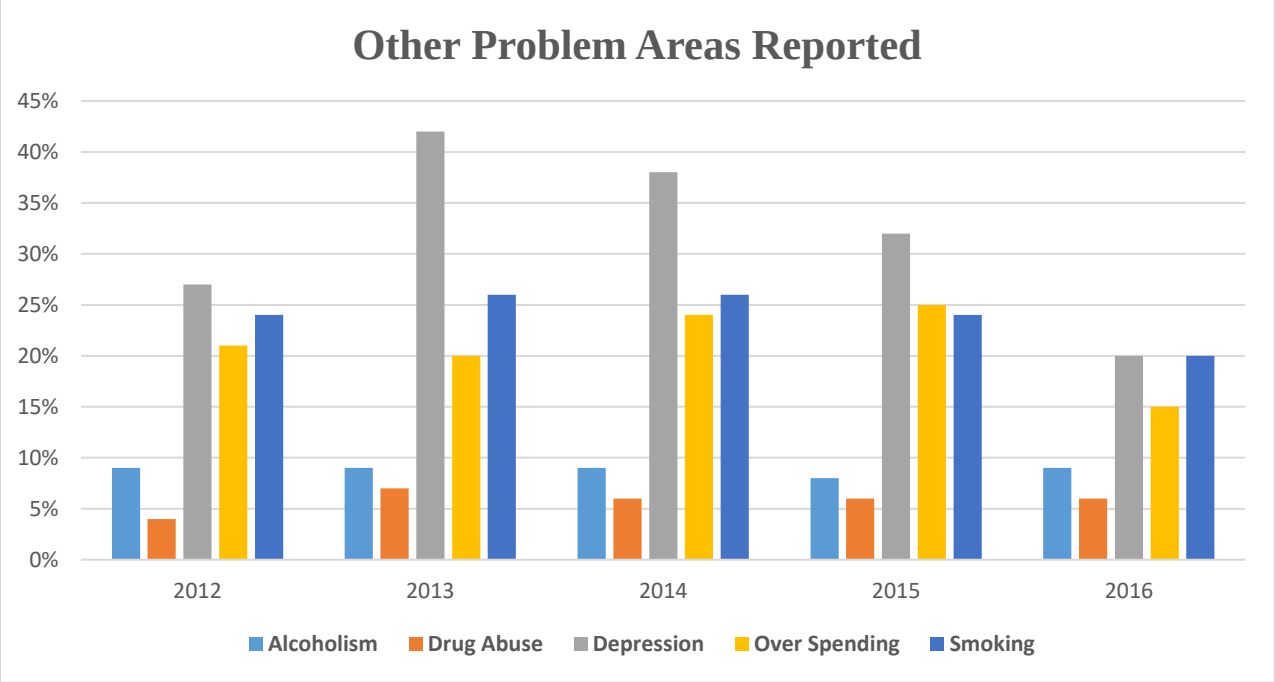


Figure 4.6: Other Problems Reported

Caring Communities Youth Survey Data

The Caring Communities Youth Survey (CCYS) is a biennial survey administered to 6th, 8th, 10th and 12th grade public and private school students in Louisiana. Since 2010, the survey has collected data on youth gaming indicators. Overall, the statewide trend has declined on these indicators for each grade level since 2010.

As summarized on Table 4.11, playing bingo for money and betting on sports are the most popular gambling activities for 6th, 8th, and 10th graders across the state. Louisiana has many bingo parlors throughout the state with no age restrictions. Anecdotally, it is common for parents to take their children to play bingo with them. Betting on sports is the most common form of gambling for 12th grade students and is equally as popular as bingo for 8th grade students. It is assumed that the reported gambling activities are informal and may reflect betting among peers rather than gambling at established gambling sites. Complete information on gambling indicators for region one is presented in Table 4.10 below.

Table 4.11: Caring Communities Youth Survey (CCYS) Gambling Indicators: State

State	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	2012	2014	2010	2012	2014	2010	2012	2014	2010	2012	2014
Bet on Sports	19.3	18.8	17.1	21.8	21.7	19.7	20.4	19.8	18.3	17.5	16.2	15.5
Bet on Cards	13.2	10.9	8.1	19.8	16.3	12.8	19.7	16.0	13.7	19.0	15.3	12.8
Played Bingo for Money	26.2	24.2	20.2	24.3	22.9	19.4	18.8	17.7	15.5	14.5	13.5	11.7
Bet on Dice	3.7	3.1	2.4	6.4	5.0	4.5	6.8	5.8	5.1	6.4	5.6	5.4
Bet on Games of Skill	14.5	13.7	12.4	15.2	15.0	13.3	13.6	13.3	12.6	12.4	11.1	10.7

Table 4.12 reports the percent of youth in grades 6-12 at the state and region levels who reported they had gambled in the past year. Although these rates between state and region fluctuate annually, the SCLHSA and AAHSD regions are consistently higher than the state and other regions. More information can be generated for comparison purposes (including parish) by viewing the CCYS reports (available at: http://picardcenter.louisiana.edu/research-areas/quality-life/caring-communities-youth-survey-ccys). Table 4.13 illustrates the number of students at each grade level included in the sample.

Table 4.12: Reported Participation in Gambling by Year and Grade: State and Regions

Gambled in the Past Year	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	2012	2014	2010	2012	2014	2010	2012	2014	2010	2012	2014
MHSD	33.0	43.8	43.3	44.0	47.3	45.8	49.9	42.7	41.9	36.2	34.9	38.0
CAHSD	42.5	43.8	39.6	45.7	46.7	42.6	44.8	42.1	37.3	38.0	35.6	31.5
SCLHSA	52.2	47.0	47.3	52.5	48.7	42.9	50.3	44.5	39.8	45.5	41.3	35.9
AAHSD	53.6	51.5	46.3	57.1	54.1	50.5	51.2	48.3	45.1	47.0	43.9	38.9
ImCal	46.2	45.6	38.3	49.9	47.9	42.7	44.4	43.3	39.9	39.6	35.6	30.3
CLHSD	46.8	45.0	36.7	46.7	49.0	42.3	44.4	42.7	42.1	38.4	37.8	35.4
NLHSD	45.1	43.5	41.0	49.6	48.1	44.9	46.5	42.6	41.3	40.3	34.9	34.5
NEDHSA	43.4	43.2	39.3	48.6	46.0	42.7	45.8	45.9	42.0	40.7	39.4	36.7
FPHSA	42.5	41.6	38.9	47.3	47.0	44.3	43.5	41.6	41.3	37.0	34.7	33.4
JPHSA	47.0	41.8	39.2	49.0	44.3	39.1	42.6	38.4	33.1	40.6	32.4	29.5
State	47.1	45.3	40.6	50.1	48.6	44.1	46.5	44.0	40.8	41.0	37.8	34.4

Table 4.13: Sample Size by Year and Grade

Sample		Grade 6	Grade 8	Grade 10	Grade 12
2008	109,765	33,080	32,998	24,156	19,531
2010	105,514	33,149	30,316	23,387	18,662
2012	111,135	34,720	31,590	25,144	19,681
2014	92,605	27,132	26,389	22,363	16,721

Figure 4.7 illustrates the distribution of 6th graders who reported gambling in the past year. The highest concentration is in south-central and southeast Louisiana with the lowest percentage observed in central Louisiana. Far northwest Louisiana and far southeast Louisiana had high concentrations as well.

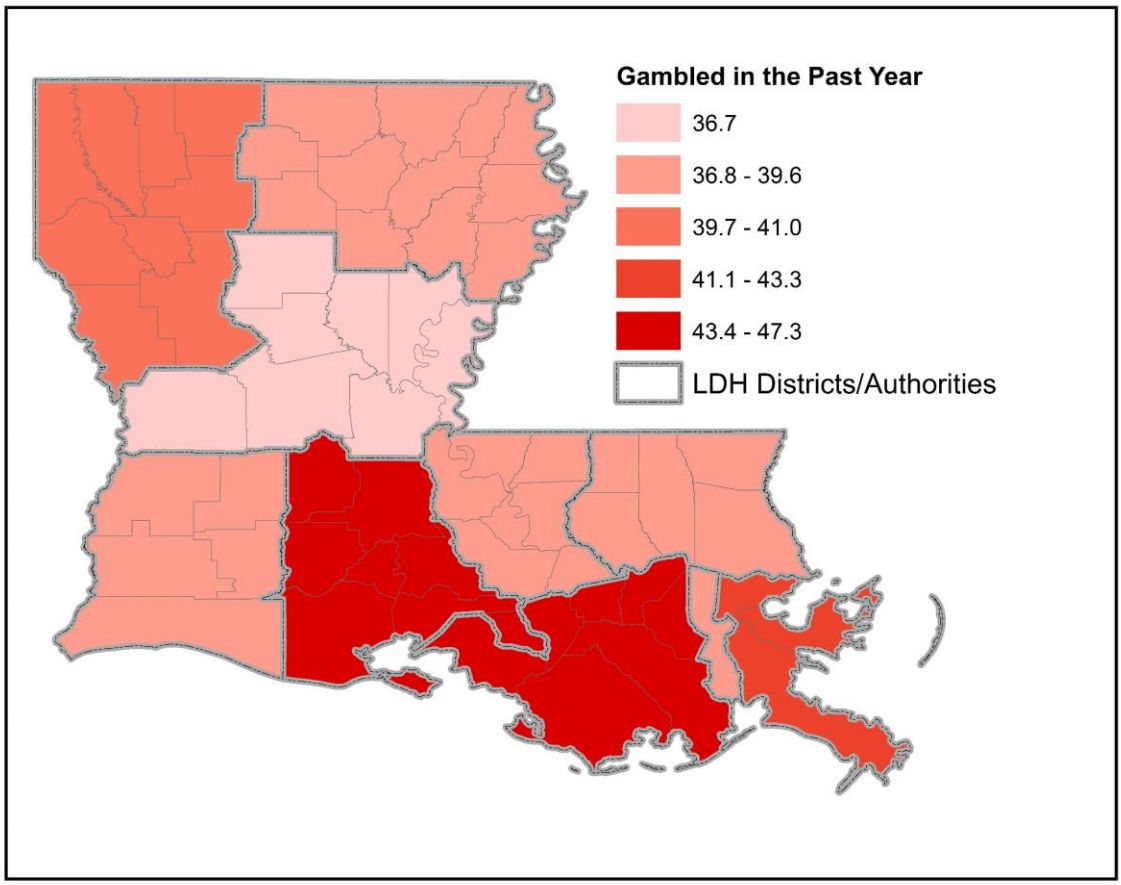


Figure 4.7: Percentage of 6th Graders Who Gamble in Past Year

The same type of figure represents the concentration of 8th graders who reported gambling during the past year. See Figure 4.8. The distribution is similar to the 6th grade distribution.

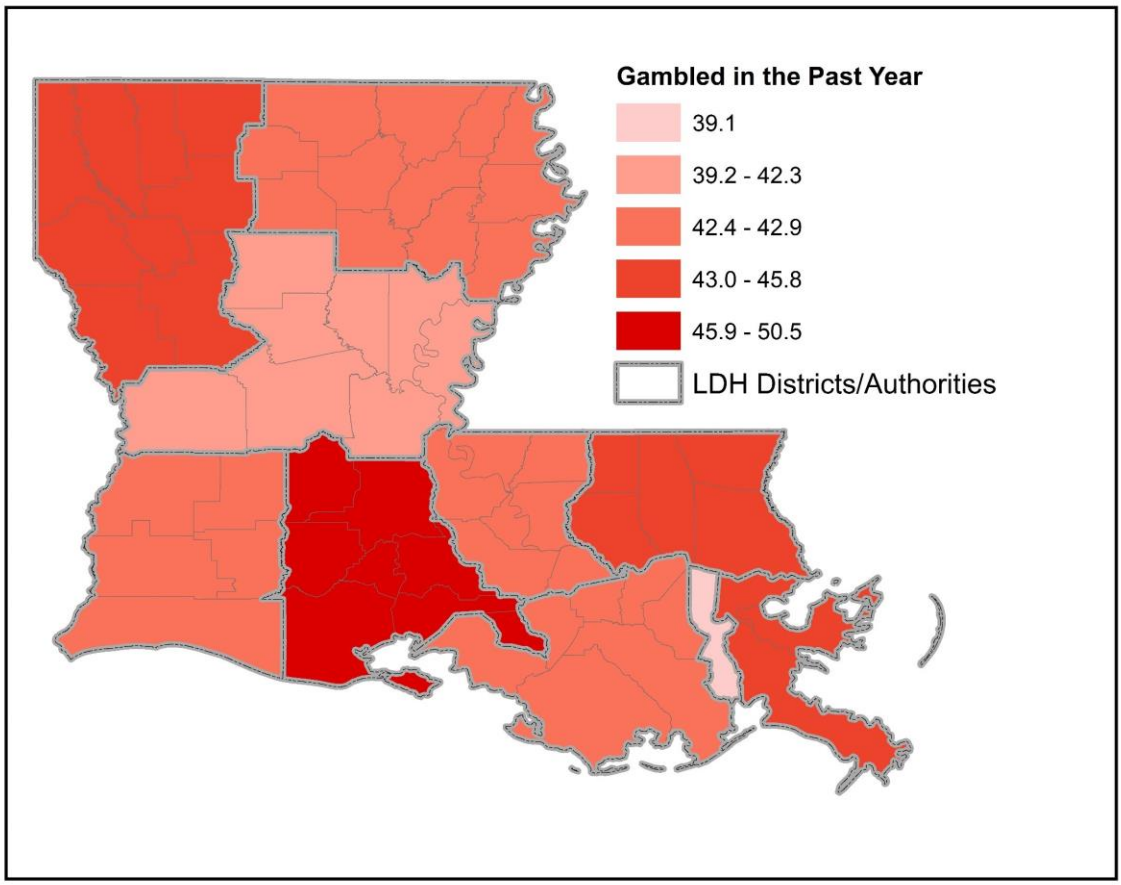


Figure 4.8: Percentage of 8th Graders Who Gambled in the Past Year

The distribution of 10th graders who report gambling in the past year appears in Figure 4.9 and identifies the Acadiana area having the highest concentration of 10th graders who gambled in the past year.

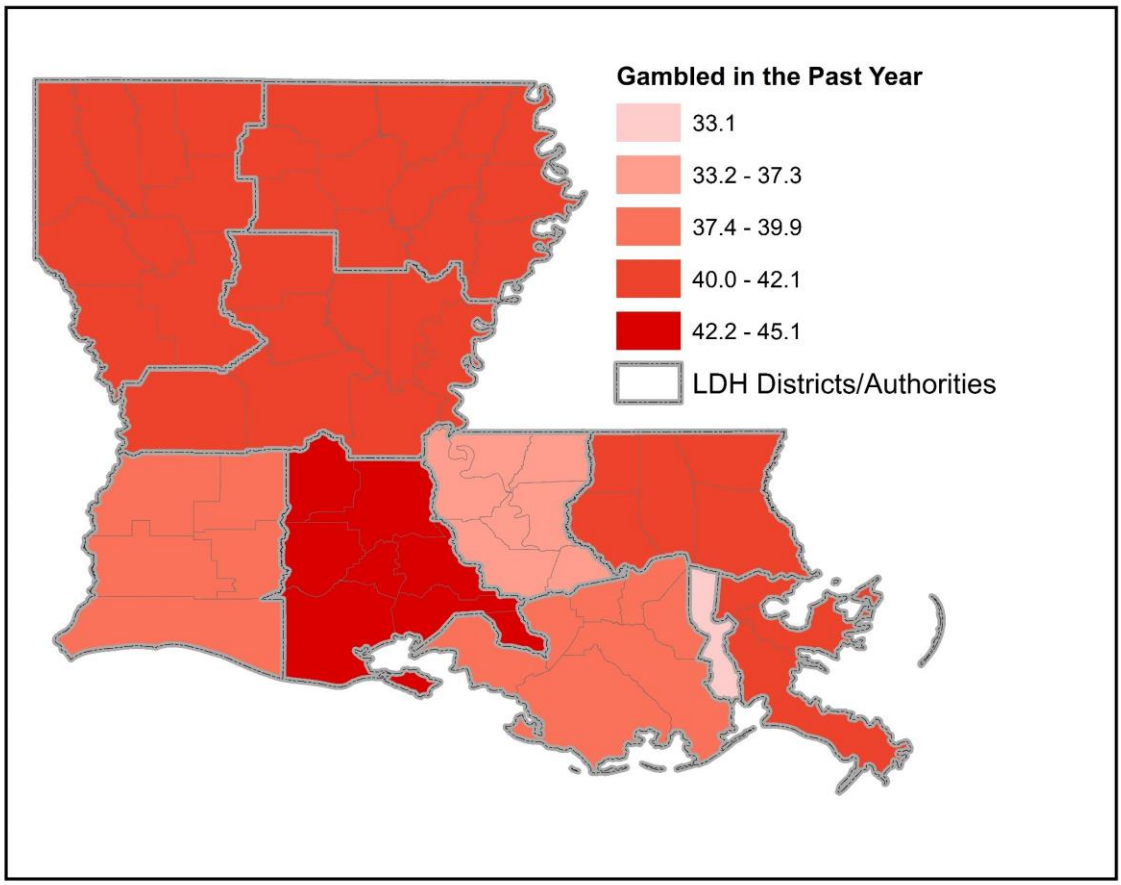


Figure 4.9: Percentage of 10th Graders Who Gambled in the Past Year

Finally, the geographical distribution of 12th graders reporting to have gambled in the past year is depicted in Figure 4.10. This figure indicates that the Acadiana area and the far southeastern region of the state have the highest concentrations of 12th graders who report having gambled in the past year.

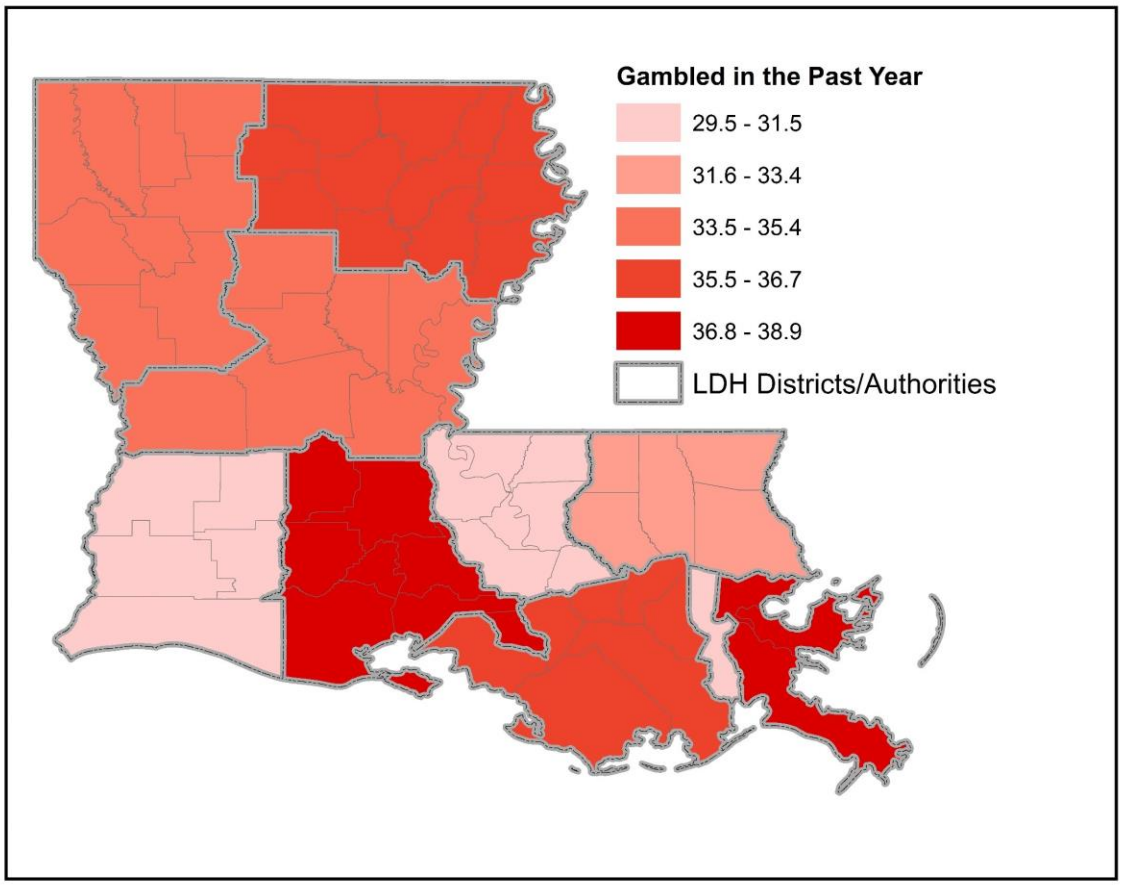


Figure 4.10: Percentage of 12th Graders Who Gambled in the Past Year

2016 Survey Data

Individuals participating in the survey were asked to respond to a set of questions related to their gambling habits, attitudes about gambling, and demographic information. A total of 2,402 (240 per region) individuals agreed to participate in our study on gambling. All surveys were administered via phone and answers collected and stored in a CATI system. Please see methodology section for more information on the sampling, and data collection procedures.

Demographic Data from Survey Participants

The demographic description of participants from the State in 2008 and 2016 is presented in Table 4.14. Two thousand four hundred and two (2,402) Louisiana residents responded to the telephone survey in such a way that their answers could be used in the present study. The demographic variables (Sex, Race, Employment Status, and Age) are summarized in Table 4.14. The most salient data are the proportional representation of males to females in 2016. The 2008 survey is heavily skewed toward females (69%). Although females represent 56% of the 2016 sample, males are up from 31% in 2008 to 43.3% in 2016. The racial composition of respondents was relatively unchanged from 2008 to 2016; Caucasians comprised 71% of the survey sample in 2016. Fifty-eight percent (58%) of survey respondents reported being married, 16% single, 14% divorced or separated and 12% widowed. Marital Status appears in Table 4.15.

Table 4.14: Demographic Variables of Participants from 2008 and 2016 for State

	2008		2016	
Sex	**Number**	**%**	**Number**	**%**
Male	744	31%	1041	43.3%
Female	1656	69%	1361	56.7%
Race				
Caucasian	1705	71%	1697	70.6%
African American	502	21%	524	21.8%
Hispanic	79	3%	29	1.2%
Other	90	4%	87	3.6%
No Answer	24	1%	65	2.7%
Employment Status				
Employed	973	64%	1252	52%
Unemployed	230	15%	238	10%
Retired	86	6%	801	33%
Other	25	2%	90	4%
Unknown/Unwilling	188	13%	21	1%
Age				
18-25	101	7%	112	4.7%
26-34	246	16%	217	9.0%
35-44	301	20%	300	12.5%
45-54	323	22%	418	17.4%
55-64	149	10%	539	22.4%
65+	71	5%	709	29.5%
Unknown/Unwilling	311	20%	107	4.5%

Table 4.15: Marital Status of Participants in Telephone Survey

	2016	
Marital Status	**Number**	**%**
Divorced/Separated	334	14%
Married/Couple	1,386	58%
Single	373	16%
Widow	285	12%
NA	24	1%

Table 4.16 summarizes types and frequency of gambling activities. Playing the lottery is the most frequent activity, in which respondents engage on at least a weekly basis. Other popular gambling activities participated in weekly (or more) included playing cards, gambling at a casino, playing commodities or stock market, or playing slot machines, video poker machines, or games of skill.

Table 4.16: Frequency of Participation in Various Types of Gambling – State

	Not at All		Less Than Once Per Week		Once Per Week or More		Refused to Answer; Don't Know/Not Sure	
Type of Gambling	**2008**	**2016**	**2008**	**2016**	**2008**	**2016**	**2008**	**2016**
Play Cards for Money	80%	76%	17%	19%	3%	5%	0	1%
Bet on Horses, Dogs, or other animals	86%	83%	12%	14%	2%	2%	0%	1%
Bet on Sports	92%	89%	7%	9%	1%	2%	0%	0%
Played Dice for Money	94%	89%	5%	9%	1%	2%	0%	0%
Gambled in a Casino	55%	44%	40%	49%	5%	6%	1%	1%
Played the Numbers or Bet on Lotteries	66%	51%	26%	38%	7%	10%	1%	0%
Played Bingo for Money	84%	83%	14%	15%	2%	2%	0%	0%
Played the Stock or Commodities Market	87%	82%	10%	10%	3%	6%	1%	2%
Played Slot, Poker Machines, or Other Gambling Devices	65%	56%	32%	39%	3%	5%	0%	0%
Bowled, Shot Pool, Played Golf or Some Other Game of Skill for Money	94%	89%	5%	8%	1%	2%	0%	0%
Played Pull Tabs or Other "Paper" Games Other Than Lottery	89%	81%	9%	16%	1%	3%	0%	0%
Gambled or Placed Bets over the Internet	99%	97%	1%	2%	0%	0%	0%	0%
Some Other Form of Gambling Not Listed Above	99%	95%	1%	3%	0%	1%	0%	0%

Figures 4.11, Figure 4.12, and Figure 4.13 provide an alternative view of the data presented in Table 4.16. Specifically, the figures demonstrate region of residence for those who gamble in casinos (Figure 4.11), those who play slot machines (Figure 4.12), and those who play the lottery (Figure 4.13).

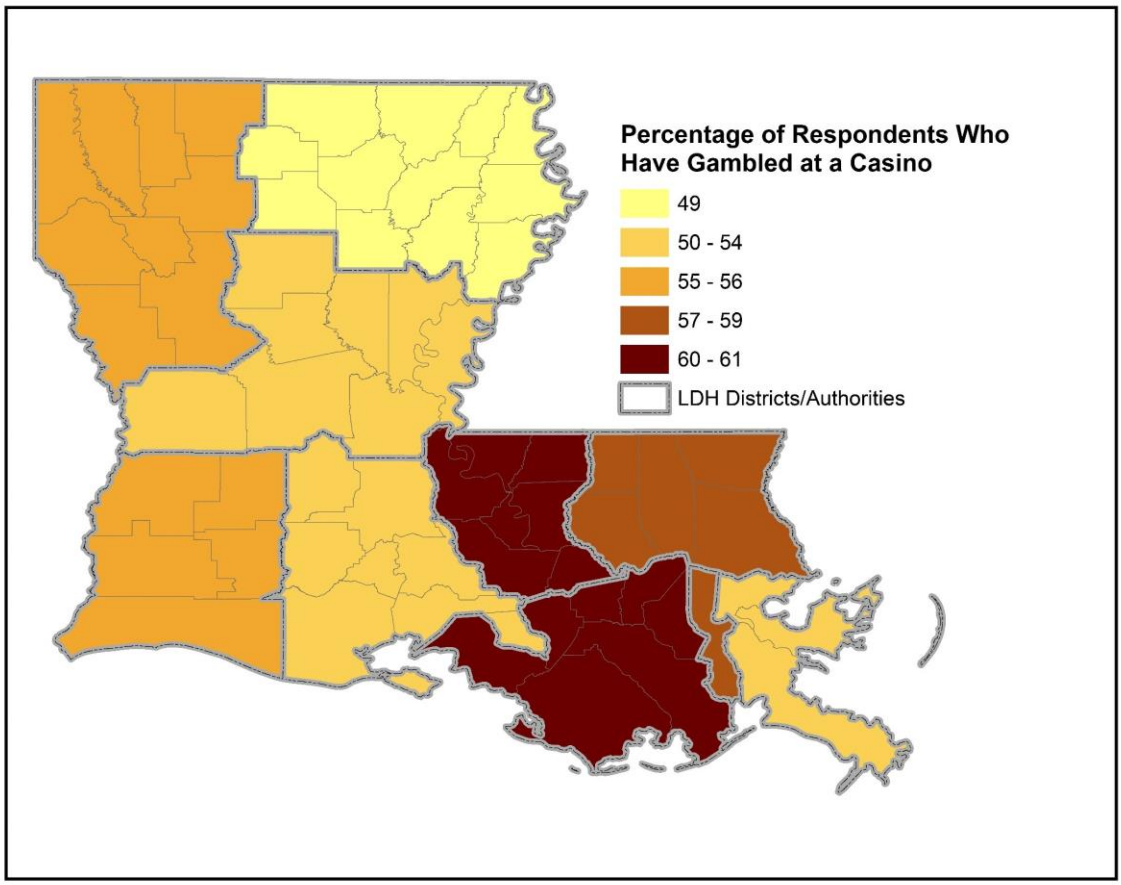


Figure 4.11: Percentage of Respondents Who Have Gambled at a Casino

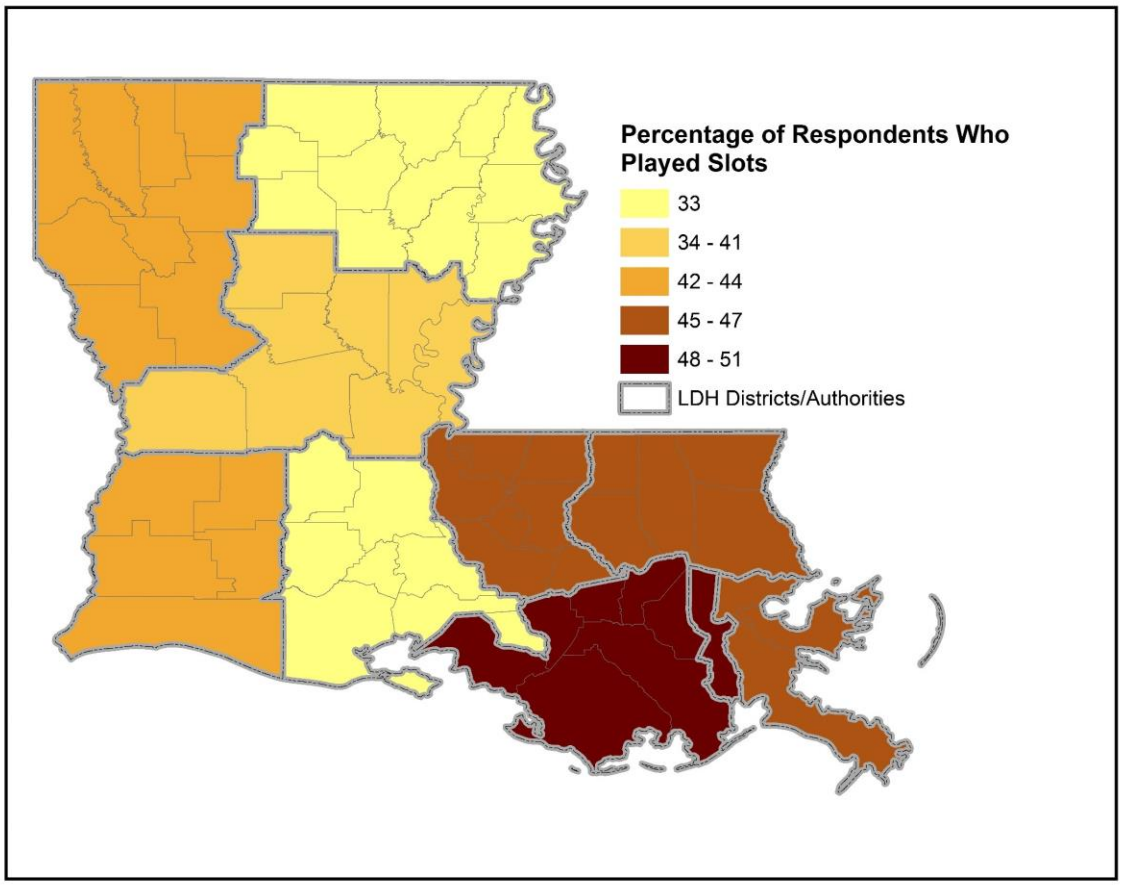


Figure 4.12: Percentage of Respondents Who Played Slots

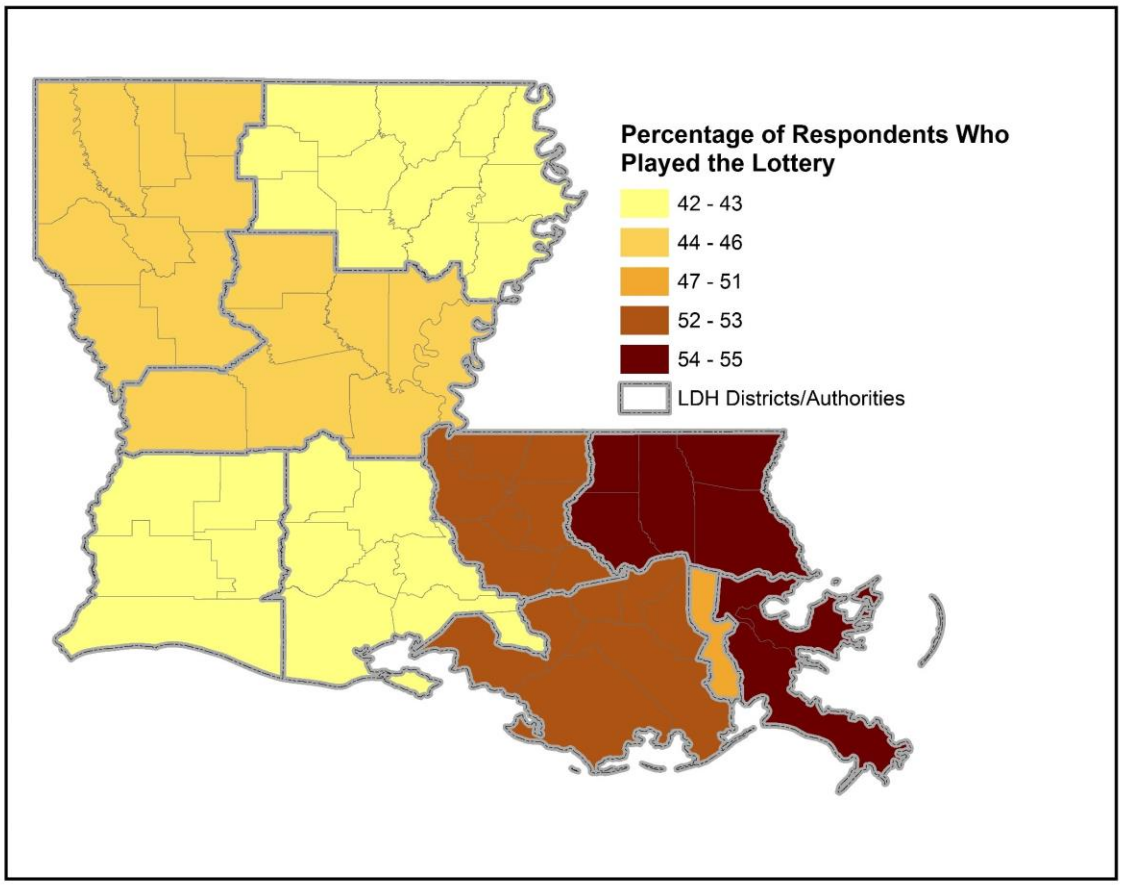


Figure 4.13: Percentage of Respondents Who Played the Lottery

If participants report that they had participated in gambling activities, they were asked to disclose the largest amount of money they gambled in one day and the largest amount of money they lost gambling in one day. In 2008, more than half of the respondents reported that the most they both gambled and the most they lost in a single day was between $1 and $10 in a single day. In contrast, by 2016 (as shown on Tables 4.17 and 4.18), gamblers spent and lost more money as compared to 2008, except in the highest categories of spending and losing money. *The change from 2008 to 2016 was statistically both significant and powerful. The biggest change was that number of people reporting never gambling dropped in almost half from 2008 (n=1122) to 2016 (n=662).*

Table 4.17: Amount of Money Gambled in One Day, 2008 and 2016

Amount of Money	2008		2016	
	n	%	n	%
Never Have Gambled	57	4%	620	26%
$1.00 or Less	196	14%	149	6%
$1.01 - $10.00	779	58%	376	16%
$10.01 - $100.00	250	18%	852	35%
$100.01 - $1,000.00	32	2%	318	13%
$1,000.00 - $10,000.00	7	1%	49	2%
More than $10,000.00	32	2%	14	1%

Chi Square=2193, Cramer's V = 0.68 both p<0.000

Table 4.18: Amount of Money Lost in One Day, 2008 and 2016

Amount of Money	2008		2016	
	n	%	n	%
Never Have Gambled	64	5%		
$1.00 or Less	194	14%	137	6%
$1.01 - $10.00	756	56%	342	14%
$10.01 - $100.00	252	19%	884	37%
$100.01 - $1,000.00	28	2%	309	13%
$1,000.00 - $10,000.00	9	1%	54	2%
More than $10,000.00	39	3%	14	1%

Chi Square = 914, Cramer's V = 0.44, both p<0.000

Questions from the South Oaks Gambling Screen (SOGS) associated with potential problem or potential pathological gambling were extrapolated from the phone survey and scored. These questions were asked either in a way that respondents could answer in a yes/no format, or in a way so that the answers could be collapsed into yes/no formats for reporting herein.

As can be determined from Table 4.19, 2016 participants were most likely to acknowledge "gambling more than intended to," "felt guilty," "argued with people you live with," and "gone back to win money you lost." These were also top responses in the 2008 survey. It should be noted that there may be many people who answered yes to the questions who are not necessarily problem or pathological gamblers.

Table 4.19 summarizes some of the more salient items from the SOGS. Margins of error are noted in the table and should be used when projecting sample estimates to the population of the state.

Table 4.19: Responses to Questions from Telephone Survey, 2008 and 2016 – State

Question	2008		2016	
	%Yes	+/-	%Yes	+/-
Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?	2%	0.6%	4%	0.9%
Do you feel that you have ever had a problem with betting money or gambling?	2%	0.7%	5%	0.9%
Did you ever gamble more than you intended to?	17%	2.0%	18%	1.7%
Have people ever criticized you for gambling, or told you that you had a gambling problem, regardless of whether or not you thought you had one?	4%	1.0%	4%	0.8%
Have you ever felt guilty about the way you gamble or what happens when you gamble?	9%	1.5%	9%	1.3%
Have you ever felt that you would like to stop betting money or gambling, but didn't think you could?	5%	1.1%	3%	0.8%
Have you ever hidden betting slips, lottery tickets, gambling money, IOUs or other signs of gambling from your spouse, children or other important people in your life?	2%	0.7%	2%	0.7%
Have you ever argued with people who you live with over how you handle your money?	7%	1.3%	10%	1.3%
(If you answered yes to last question) Have money arguments ever centered on your gambling?	2%	0.7%	14%	5.0%
Have you ever borrowed money from someone and not paid them back as a result of your gambling.	1%	0.5%	1%	0.4%
Have you ever lost time from work (or school) due to betting money or gambling?	1%	0.5%	1%	0.4%
Have you ever borrowed money to gamble or to pay for gambling debts?	NA	NA	2%	0.7%
Have your ever gone back to win back money you lost?	NA	NA	14%	1.6%

When examining attitudes about gambling at the state level, nearly half (43%) of survey respondents indicated consequences like addiction and financial losses are the largest negatives associated with gambling; while a similar pattern emerged in 39% of respondents regionally.

More people surveyed believe the harm far outweighs the benefits of gambling (39%), and only 5% believe the benefits far outweigh the harm. The disparity is somewhat surprising, given the number of parishes that have established laws allowing gaming establishments to operate in the area. The most often cited benefit to gambling is employment opportunities provided by gaming establishments. Not surprisingly, this sentiment is higher in areas that have operating casinos and lower in regions that have few gaming establishments. When examining survey respondent's perception of gambling opportunities, 53% believe the current availability is fine, while 43% indicate opportunities are too widely available. See Figures 4.14-4.17.

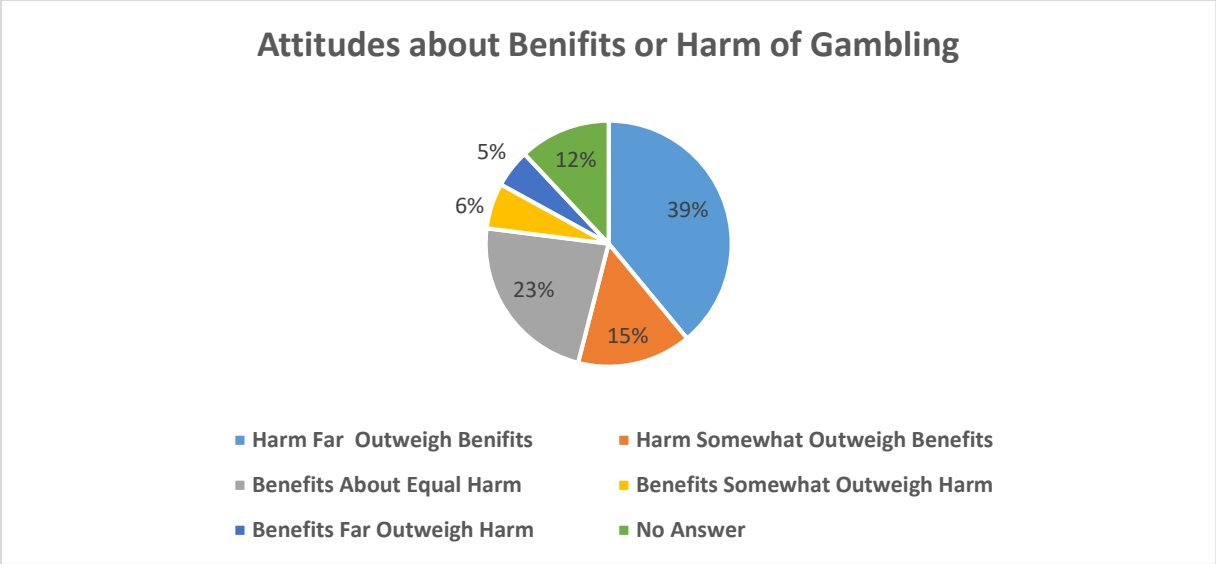


Figure 4.14: Attitudes about Gambling

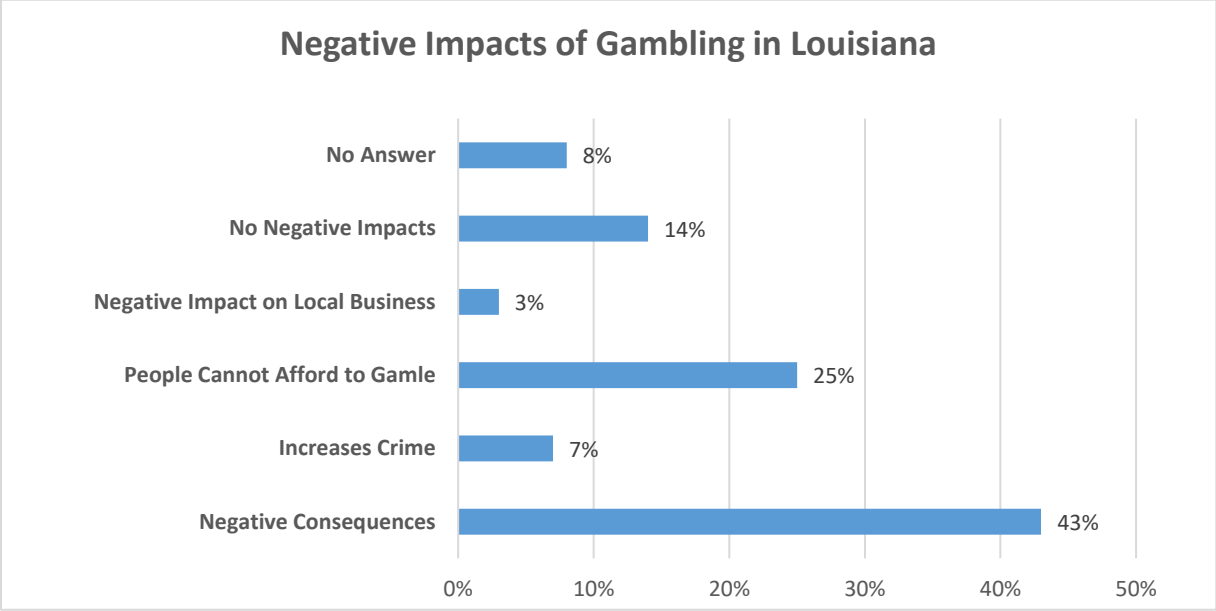


Figure 4.15: Negative Impacts

Figure 4.16 illustrates the positive impacts of gambling in Louisiana, which are most frequently cited by respondents.

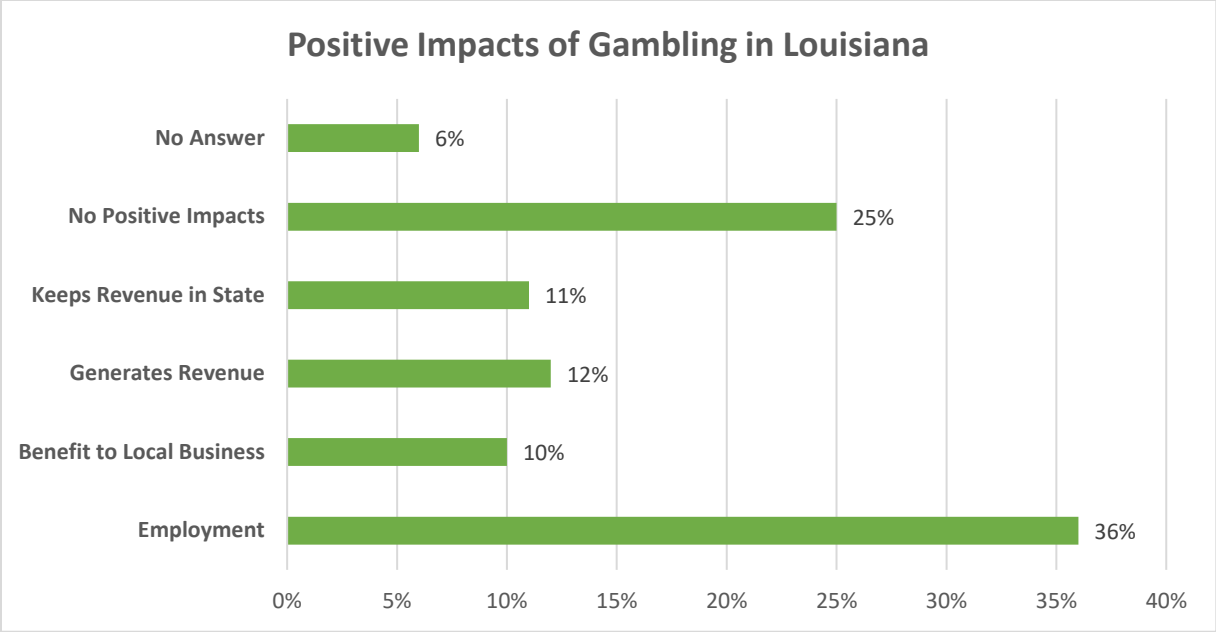


Figure 4.16: Positive Impacts of Gambling in Louisiana

Figure 4.17: Opinions about Availability of Gambling

Problem and Pathological Gambling

Potential problem and potential pathological gambling are defined according to participants' scores on the South Oaks Gambling Screen (SOGS) in the present study as in the 2008 and 2002 studies. The SOGS is a satisfactorily stable and valid instrument used to identify problem and pathological gambling. Scores of 0-2 on the SOGS indicate no problem gambling, 3-4 indicate problem gambling, and a cut score of 5 and over indicate pathological gambling. For this study, an "at-risk" category was created for respondents who score a one on the SOGS. Although this is not an indicator of a problem, the category identifies individuals that may be distinctly different from individuals that have never gambled. Also, the

number of non-gamblers (those who have never gambled) declined from 988 in 2008 to 481 in 2016, nearly a 50% drop. This is congruent with the increased risk for problem or pathological gambling reported in the current study. The 2016 results indicate an increase in both potential problem and potential pathological gambling at the state level since previous studies. Changes in the rates of problem and pathological gambling from 2002, 2008 and 2016 are presented in Table 4.20.

Changes in the rates of problem and pathological gambling from 2002, 2008 and 2016 are presented in Table 4.20. The shift in SOGS classification was statistically significant and the effect size is high and powerful. As expected, a statistically significant growth in SOGS scores (ANOVA F =607, p<0.000) is observed, quadrupling from 2008 (SOGS average = 0.31) to 2016 (SOGS average = 1.23) with average SOGS rising 0.9. The heavy skew of the distribution with many non-gamblers and fewer problem gamblers limits predictive power (adjusted r-square = 0.112).

Table 4.20: South Oaks Gambling Screen Classification by Year

		Never	At Risk	Probable Problem	Probable Pathological	
Year	2008	2036	290	40	34	2400
	2016	485	1717	130	70	2402
Total		2521	2007	170	104	4802

Chi-Square = 2019, Cramer's V = 0.65, Both p<0.000

Given the estimates of problem and pathological gambling in the adult population, a projected number of problem and pathological gamblers in Louisiana is calculated by multiplying the percentage of persons identified as problem or pathological gamblers by the population of the region. According to the 2016 survey data and census estimates of adults 21 years of age and older, the projected estimate for potential problem gamblers is 179,239 or 5.4% of the population with a margin of error of +/- 0.9%. Potential pathological gamblers are projected to be 96,258 or 2.9% with a margin of error of +/- 0.7%. The projections and prevalence rates appear in Table 14.20. The present (2016) projection for both possible problem and possible pathological gamblers is substantially higher than in the 2008 study.

The FPHSA and MHSD has the highest rate of potential problem gamblers at 7.5% and 7.4% respectively. Notably, the FPHSA has only one parish with operating gaming establishments and very few devices as compared to other regions. Both areas witnessed generally substantial increases on this indicator as compared to 2008. All regions and the state overall have a higher percent of problem gamblers compared to 2008.

When examining potential pathological gambling rates, the MHSD and NLHSD have the highest percentages at 4.6% and 3.8%. Both regions have high volumes of establishments and devices compared to other regions of Louisiana. Almost all regions and the state increased compared to 2008 data, particularly the NLHSD, which has experienced a 3% increase. The correlation between problem and pathological gambling is moderate at r = 0.27, suggesting that pathological gambling rises slightly as problem gambling increases.

Table 4.21: Problem and Pathological Gambling in Louisiana

	Potential Problem Gamblers				Potential Pathological Gamblers			
	Vogel & Ardoin	Picard Center			Vogel & Ardoin	Picard Center		
	2002	2008	2016	2016 +/-	2002	2008	2016	2016 +/-
MHSD	3.4%	1.3%	7.4%	3.3%	3.4%	2.5%	4.6%	2.7%
	14,433	2,625	24,330	10,889	14,433	5,047	15,124	8,714
CAHSD	3.8%	2.5%	4.6%	2.6%	0.8%	1.3%	4.6%	2.6%
	16,828	12,002	21,944	12,695	3,543	6,241	21,944	12,695
SCLHSA	2.9%	1.7%	3.8%	2.4%	0.7%	0.8%	2.9%	2.1%
	7,914	5,019	8,599	5,511	1,910	2,362	6,650	4,868
AAHSD	2.6%	2.5%	4.6%	2.6%	3.2%	0.4%	3.3%	2.3%
	10,161	10,535	14,923	8,614	12,506	1,686	10,853	7,394
ImCal	1.5%	0.4%	4.2%	2.5%	1.5%	2.5%	1.3%	1.4%
	3,105	846	21,395	12,981	3,105	5,288	6,418	7,218
CLHSD	2.5%	0.8%	5.0%	2.8%	0.8%	1.3%	2.1%	1.8%
	5,470	1,764	18,735	10,332	1,750	2,867	7,806	6,771
NLHSD	2.6%	2.9%	6.7%	3.2%	2.0%	0.8%	3.8%	2.4%
	9,924	11,489	26,217	12,411	7,634	3,169	14,747	9,452
NDHSA	3.8%	2.5%	5.4%	2.9%	1.5%	0.8%	2.1%	1.8%
	10,038	6,514	13,449	7,110	3,962	2,085	5,173	4,487
FPHSA	0.8%	0.4%	7.5%	3.3%	0.8%	1.7%	2.1%	1.8%
	2,512	1,531	29,695	13,194	2,512	6,509	8,249	7,155
JPHSA	5.0%	1.7%	5.0%	2.8%	3.0%	2.1%	2.5%	2.0%
	16,101	5,566	16,188	8,947	9,660	6,876	8,094	6,409
State %	3%	1.7%	5.4%	0.9%	1.6%	1.4%	2.9%	0.7%
	97,161	54,360	179,239	30,015	51,819	44,767	96,258	22,284

The rate of potential problem gambling in Louisiana is mapped in Figure 4.18 and indicates the highest concentration of potential problem gamblers reside in the northwest or southeast parts of the state.

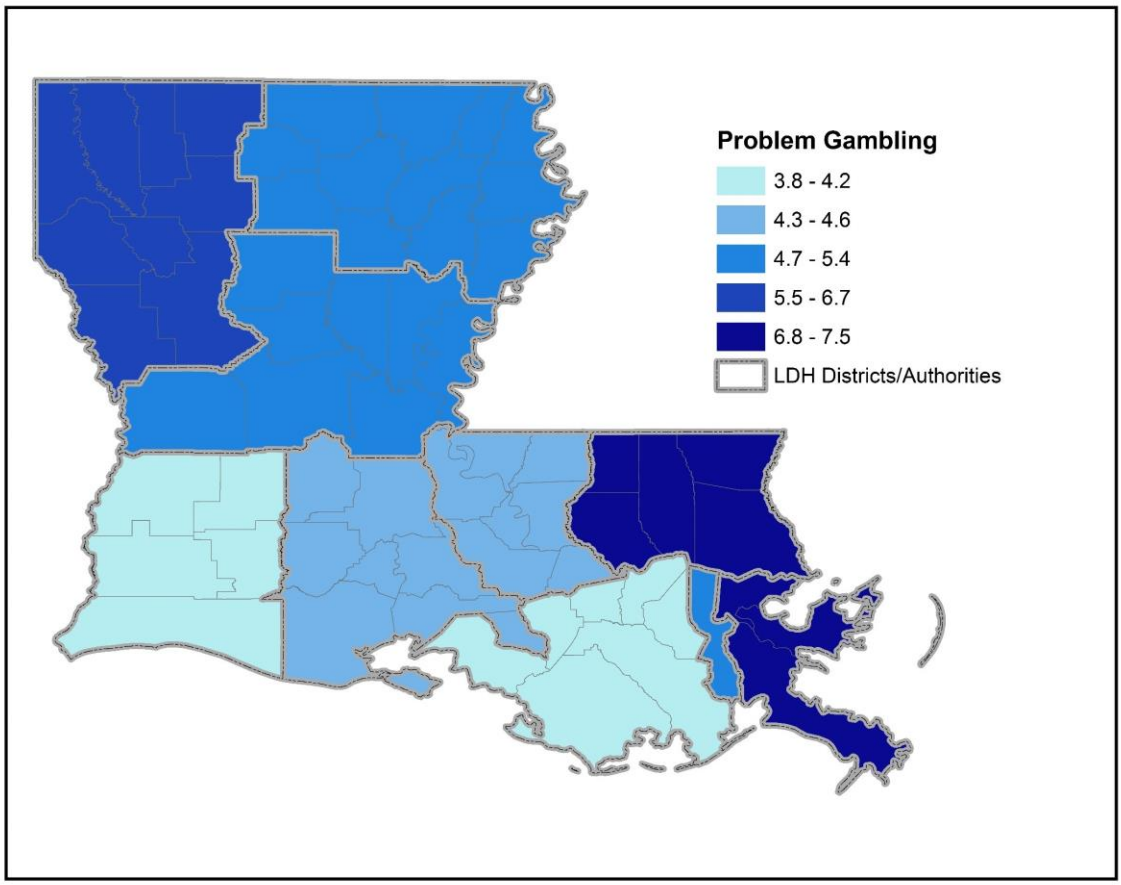


Figure 4.18: Problem Gambling Rates

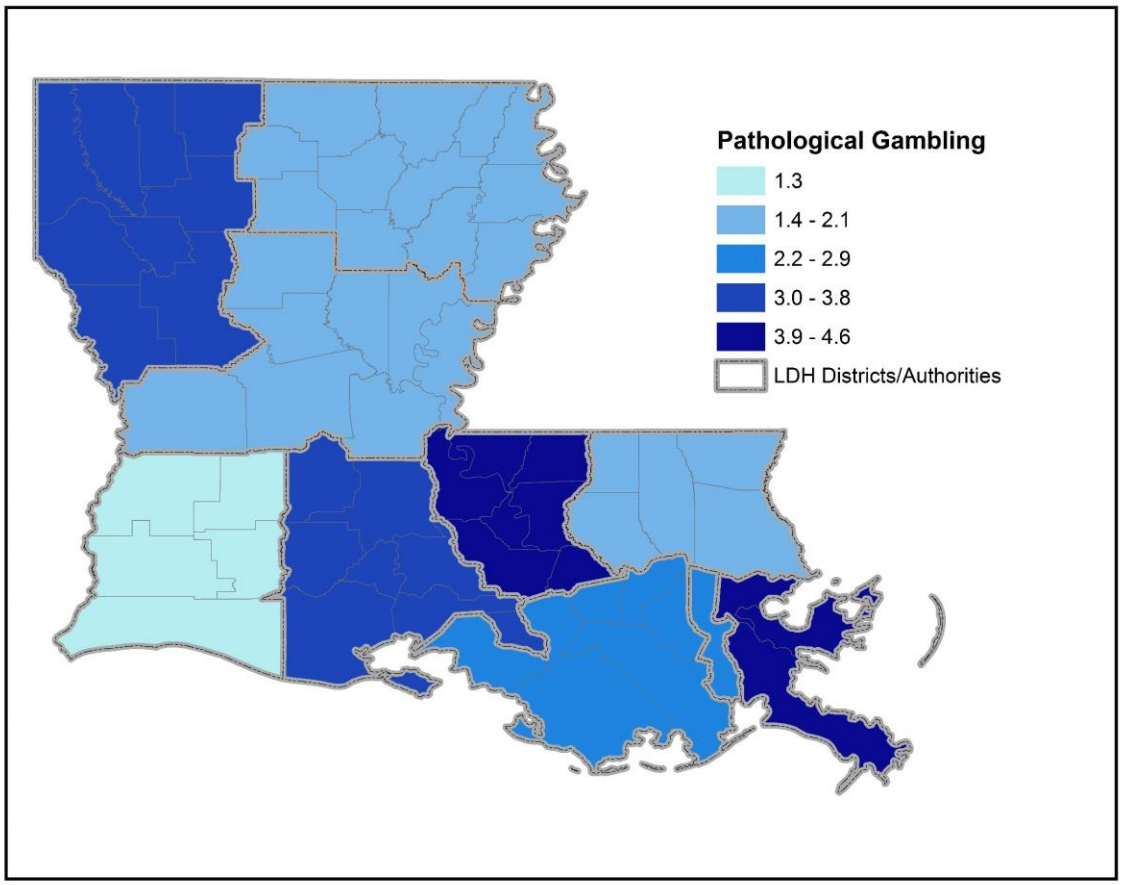


Figure 4.19: Pathological gambling Rates

The distribution of potential pathological gamblers is similar to the distribution of potential problem gamblers but there are some differences, which are best observed in by comparing Figures 4.18 and 4.19

TREATMENT

Center of Recovery (CORE)

The Center of Recovery (CORE) is a 21-bed facility for individuals seeking intensive inpatient services for problem or pathological gambling. Located in Shreveport Louisiana, the center opened in 1999. Treatment services are free to Louisiana residents and includes intensive inpatient care and outpatient services (aftercare) upon completion of the CORE treatment program.

Data for this section are provided by the Louisiana Office of Behavioral Health and are collected and warehoused in the Louisiana Addictive Disorders Data System (LADDS). Although CORE provides services to gamblers outside of the state, the information presented in this section consists of Louisiana residents only. It is important to note that this report provides a snapshot of CORE using data from 2010-2016. Also, no information on outpatient or aftercare services is available for analysis. The purpose of this section is to provide descriptive information that contributes to understanding the state's capacity to provide inpatient or intensive services to problem or pathological gamblers in Louisiana.

Figure 4.20 provides information on the total number of Louisiana residents that received services from CORE from 2010 to 2016. During the six-year period, a total of 696 individuals were admitted to the facility. The annual numbers fluctuate, peaking at 120 in 2014 and declining to its lowest point in 2016, when 65 individuals were served. This number does not reflect out-of-state residents, so the annual numbers are cumulatively higher. Similarly, as previously reported, declines are identified in calls to the helpline, with 2016 as the lowest number of calls to the helpline.

When examining the regions where CORE patients reside, the numbers declined in 2015 in all regions, except ImCal. There is little in the data that explains why numbers are declining for Louisiana residents. Also, there are no hurricane Katrina and Rita events that could contribute to the lower numbers. The vast majority of CORE residents come from the NLHSD region. As might be expected, this region includes neighboring Shreveport and Bossier City, which in addition to proximity, house a large number of the state's riverboat casinos. Caddo parish alone accounts for nearly 20% of all CORE admissions from 2010 to 2016, at 124. East Baton Rouge parish is a distant 2nd with 58 admissions during the same reporting periods. Calcasieu, home to a large number of riverboat casinos, ranks 4th, followed closely by Orleans and Bossier City. Although the location of CORE may contribute to the higher number of patients coming from Caddo, three of the top ten parishes, have no video gaming devices or establishments and all but two parishes are located in south Louisiana. See Figures 4.20 through 4.23.

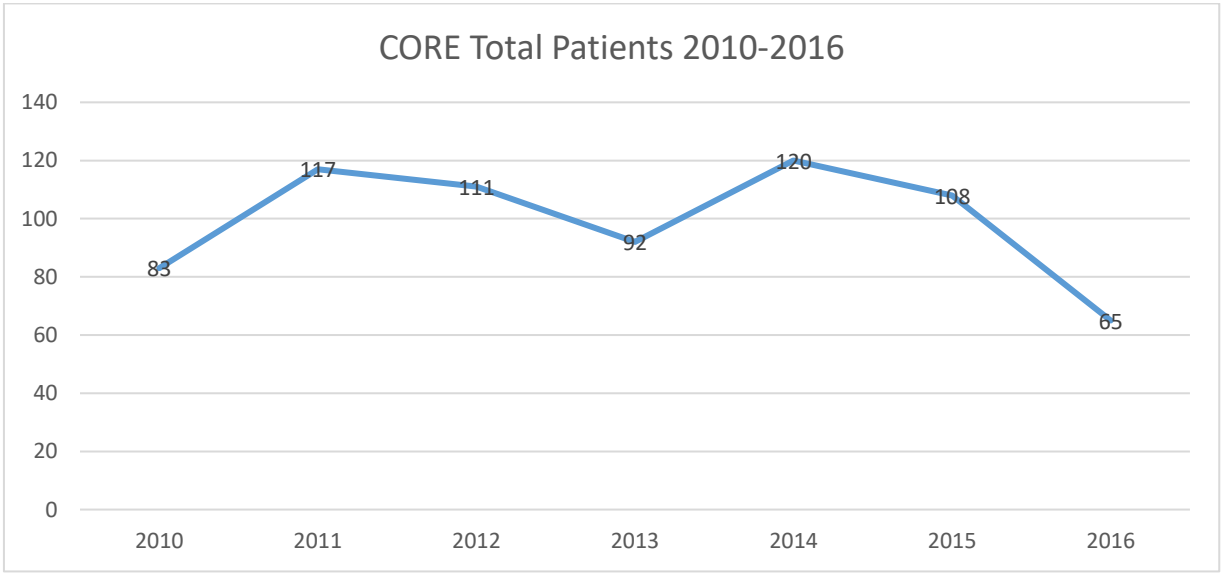


Figure 4.20: CORE Inpatient Totals 2010-2016

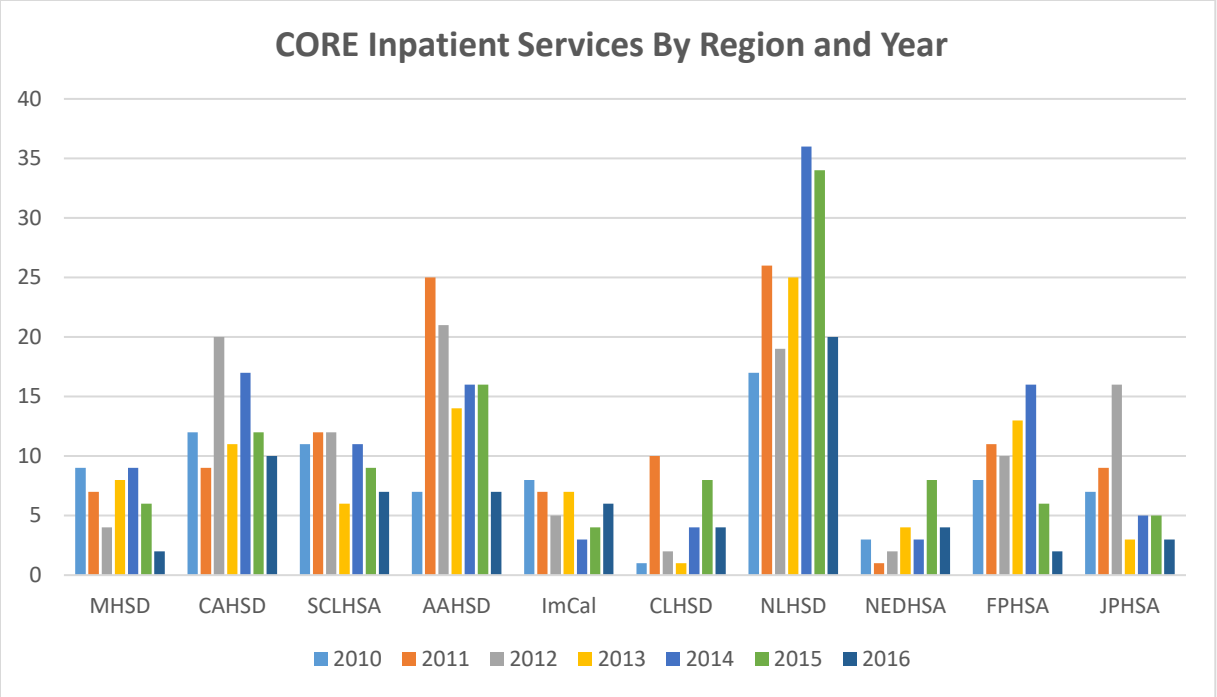


Figure 4.21: CORE Inpatient Services by Region and Year

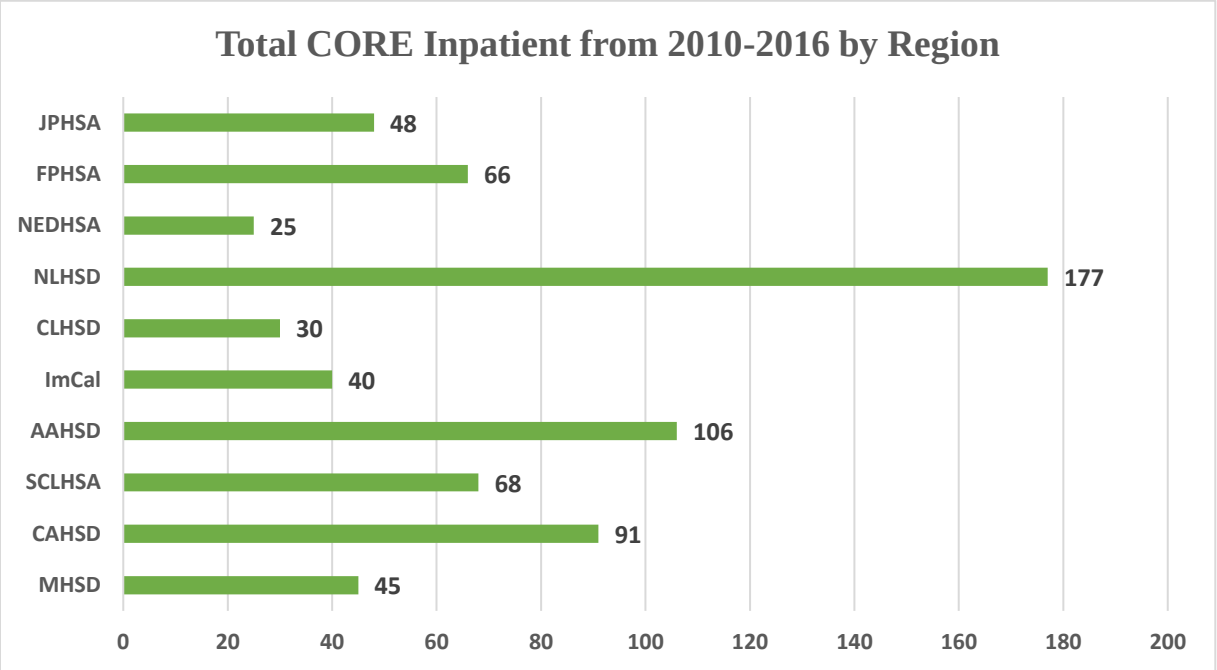


Figure 4.22: CORE Inpatient Services by Region from 2010-2016

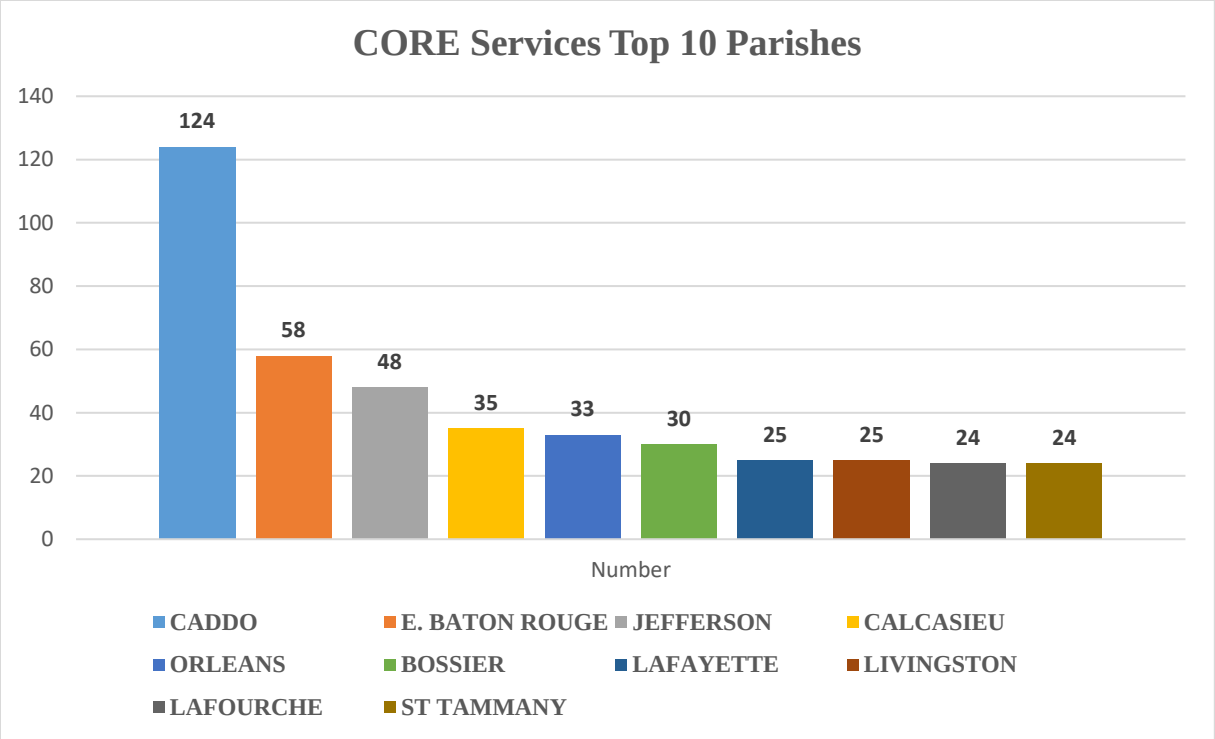


Figure 4.23: CORE Services Top 10 Parishes 2010-2016

An examination of CORE patient characteristics yield interesting findings. The average age of a client is 48.4, and average length of the inpatient stay is 29.1 days. When examining the indicators by gender there are negligible differences between males and females; the total number of clients by gender between 2010 and 2016 is evenly split. However, females tend to be slightly older (50.4) and remain inpatient (30.1 days) as compared to males. However, the length of stay (LOS) for both genders indicates on average most patients complete the program.

Perhaps the most striking characteristic of CORE clients is the number of veterans treated at the center in comparison to non-veterans. According to the LADDS data, approximately 84% of CORE clients are veterans. Based on review of the admissions procedures, there is no indication that veterans receive priority admission over other groups. Although the average age and LOS for the veteran group is similar to non-veterans, female veterans are more likely to seek services from CORE (female admissions 332 vs 252 male admissions). See Figures 4.24 to 4.27.

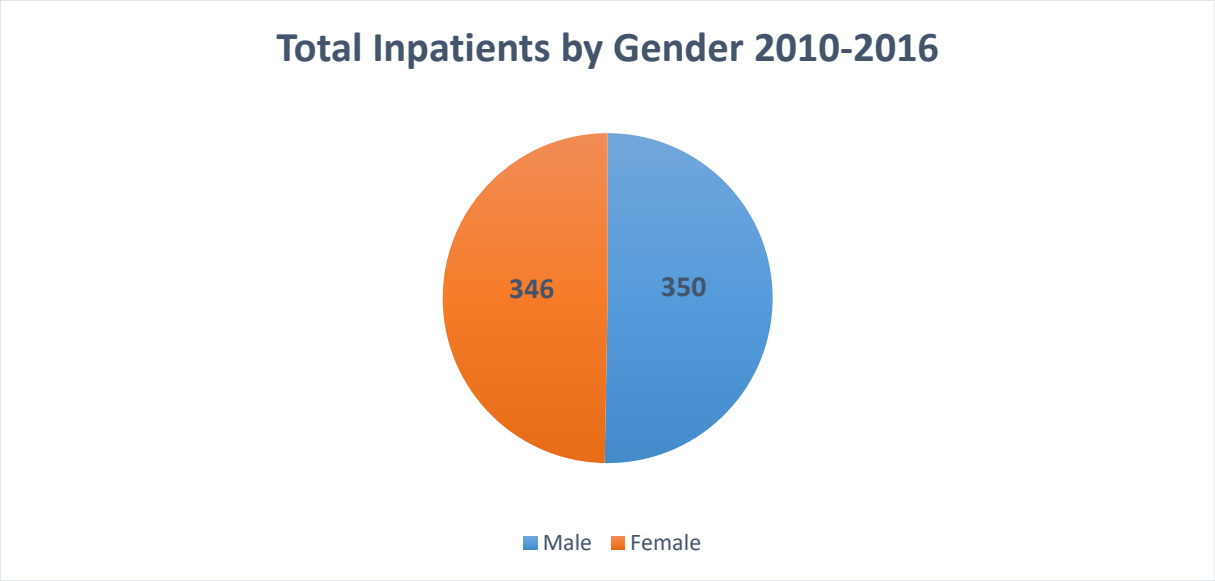


Figure 4.24: Total CORE Clients by Gender

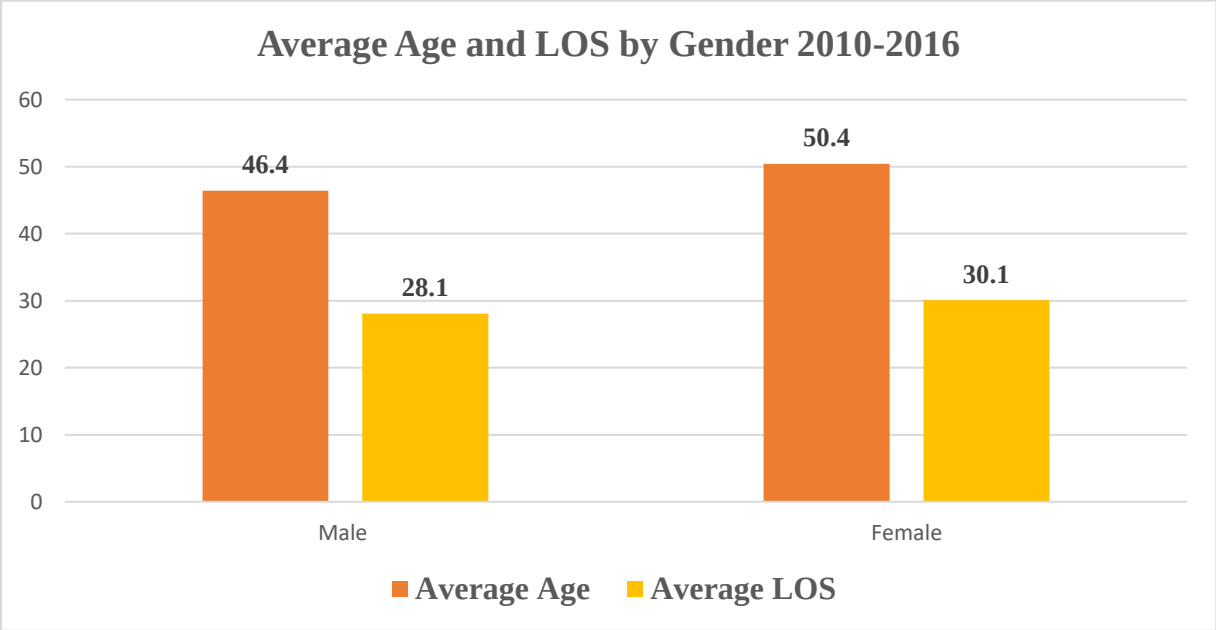


Figure 4.25: Average Age and LOS

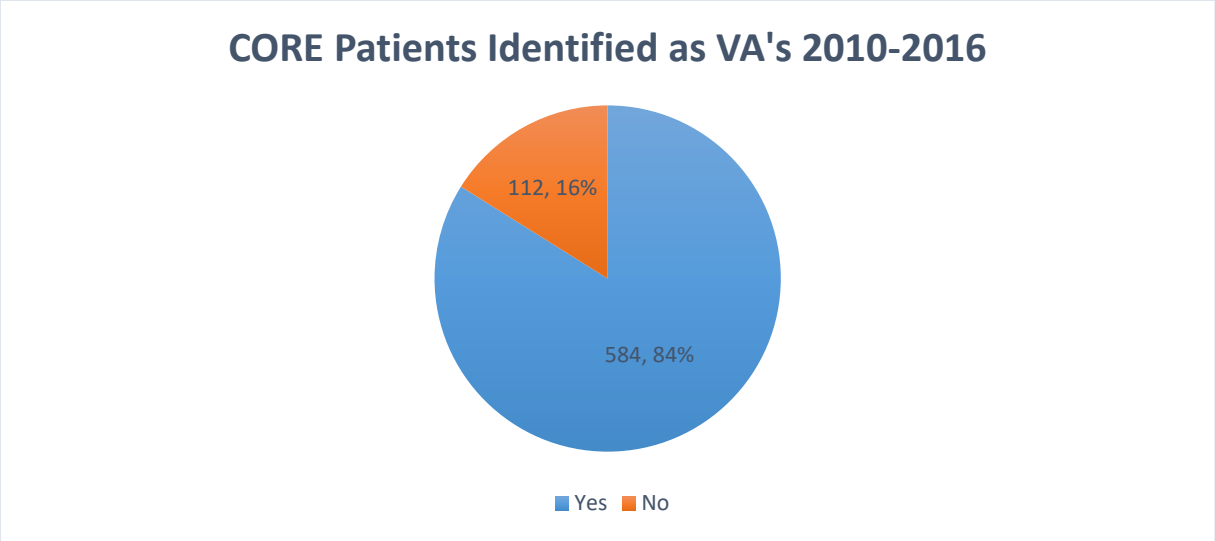


Figure 4.26: Veterans Treated at CORE 2010-2016

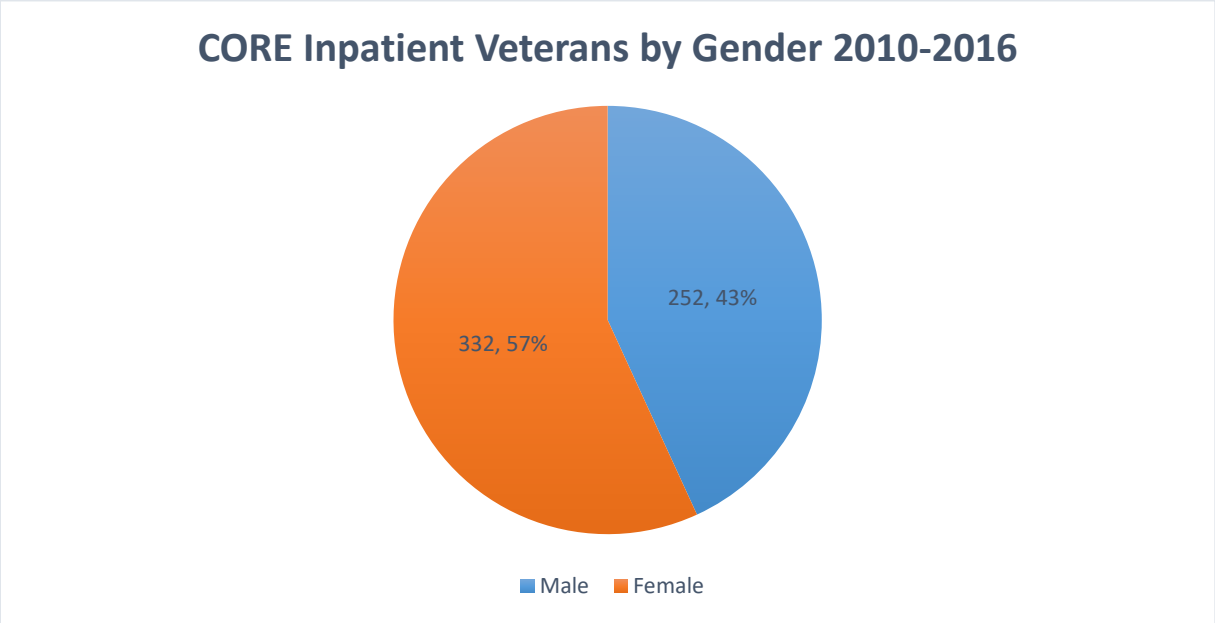


Figure 4.27: CORE Veterans by Gender

Participants were asked several questions aimed at learning about awareness of treatment options in Louisiana. Sixty-two percent (62%) are aware of the Gamblers Anonymous 12-Step Program, 54% know that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling, and 68% are aware of the toll-free helpline. Only 9% have heard of the Center of Recovery (CORE). These items are in yes/no format and appear below in Table 4.21.

Table 4.22: Responses to Awareness of Treatment Options, 2008 and 2016

Question	2008		2016	
	% Yes	+/-	% Yes	+/-
Are you aware of the Gamblers Anonymous 12-Step Program?	62%	2.2%	65%	1.9%
Are you aware that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling?	54%	2.2%	57%	2.0%
Are you aware that Louisiana has a toll-free "problem gambler's" helpline?	68%	2.1%	78%	1.7%
Have you ever heard of "CORE" ("The Center of Recovery"), a 24-hour residential treatment facility located in Shreveport? Through a contract with the Office for Addictive Disorders, CORE provides treatment for problem gamblers and their families free of charge to Louisiana citizens.	9%	1.3%	12%	1.3%

Participants who indicate that awareness of the Problem-Gambler's Helpline were asked several follow-up questions as were are those who indicate awareness of CORE. Effective modes of learning about the helpline is reported to be highway and roadside billboards (24%) and casino billboards. Equally, television or radio public service announcements served as an effective source of information for 24% of the participants. Participants most often learned about the existence of CORE through a family member or friend (38%) or through the radio or television ads (29%). The complete data regarding methods through which participants learned about the Gambling Helpline and the CORE program are presented in Figures 4.28 and 4.29, respectively.

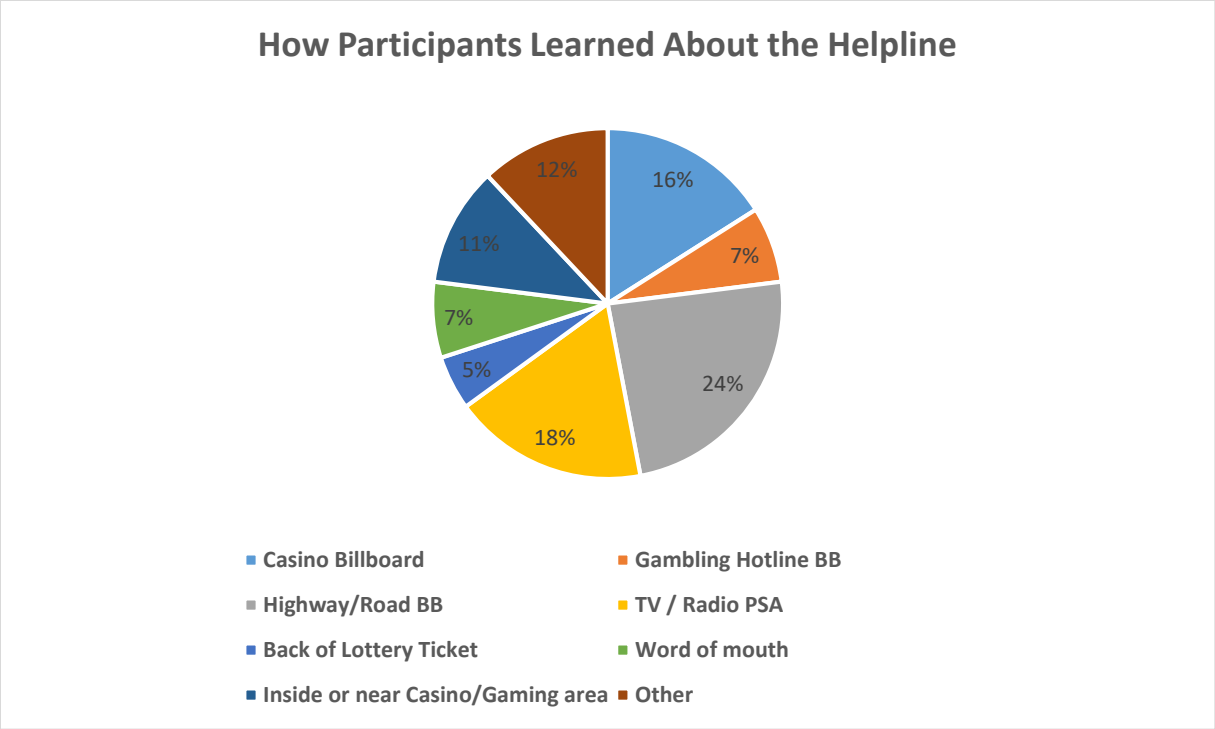


Figure 4.28: How Survey Participants Learned About Gambling Helpline

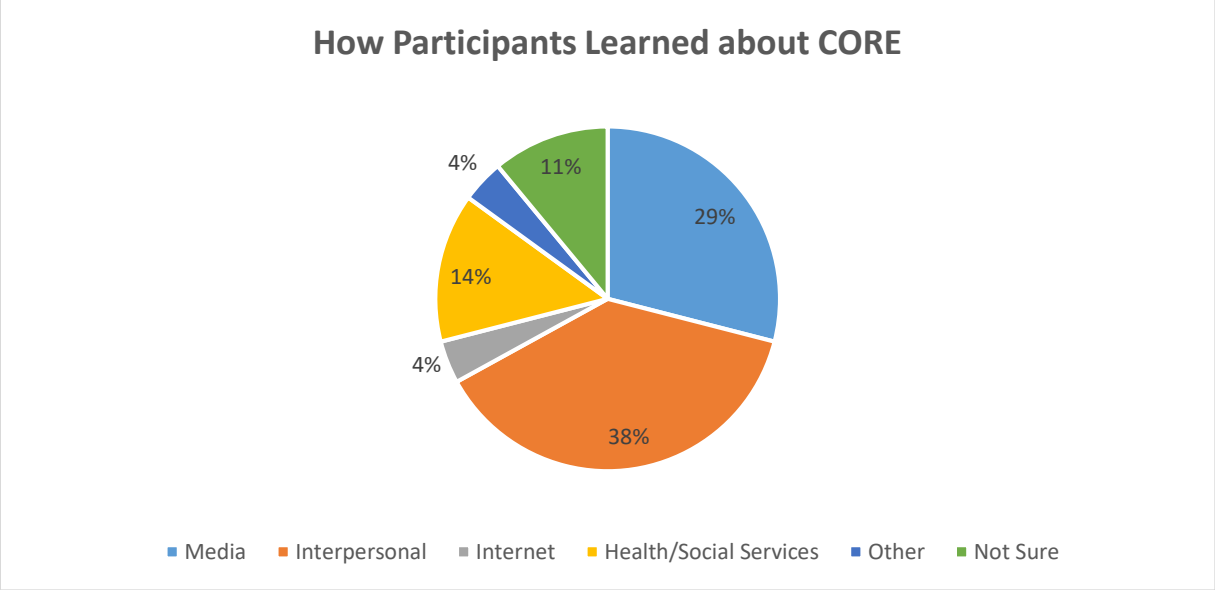


Figure 4.29: How Participants Learned about CORE

Figure 4.30 maps the locations in Louisiana where people report awareness of the toll-free helpline.

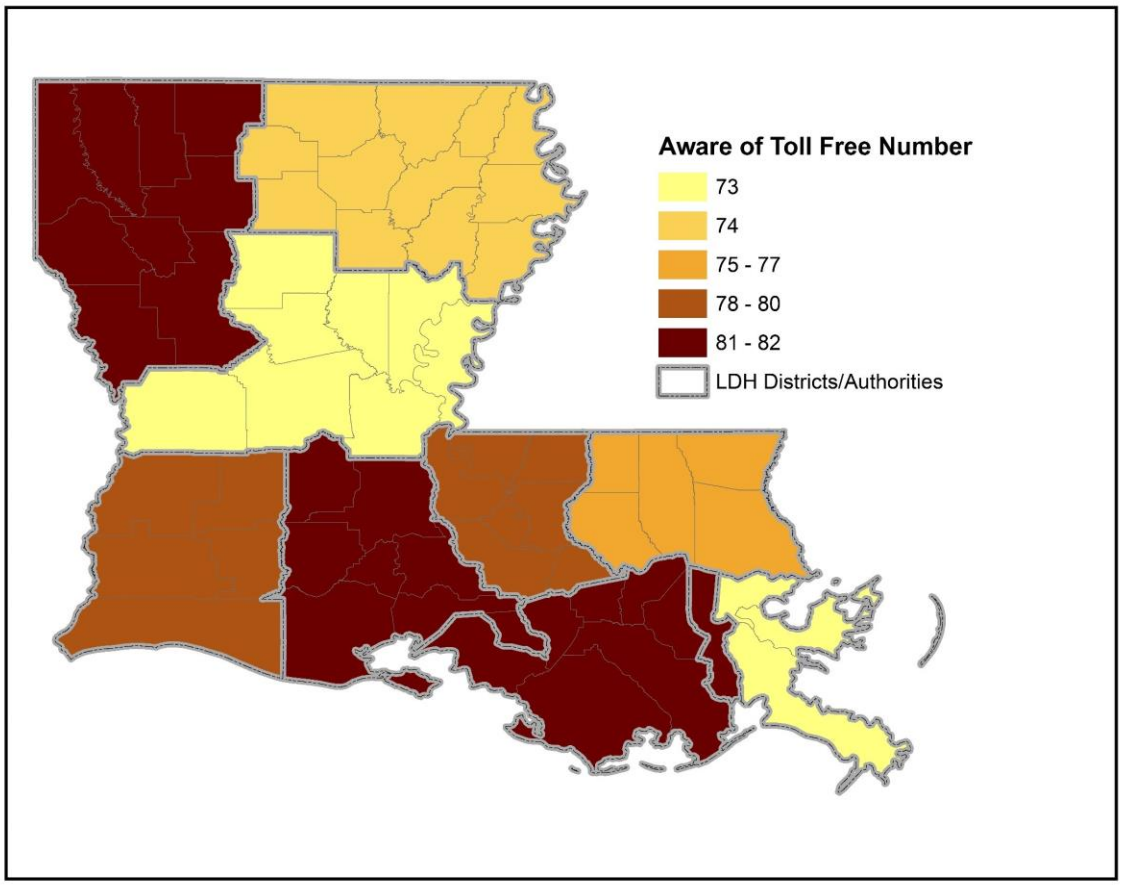


Figure 4.30: Percentage of Respondents Aware of the Louisiana Problem-Gambler's Helpline

Figure 4.31 maps locations in Louisiana where people report awareness of CORE, which as previously noted, is in Shreveport so the frequency of awareness in that area is likely attributed to proximity to gambling venues.

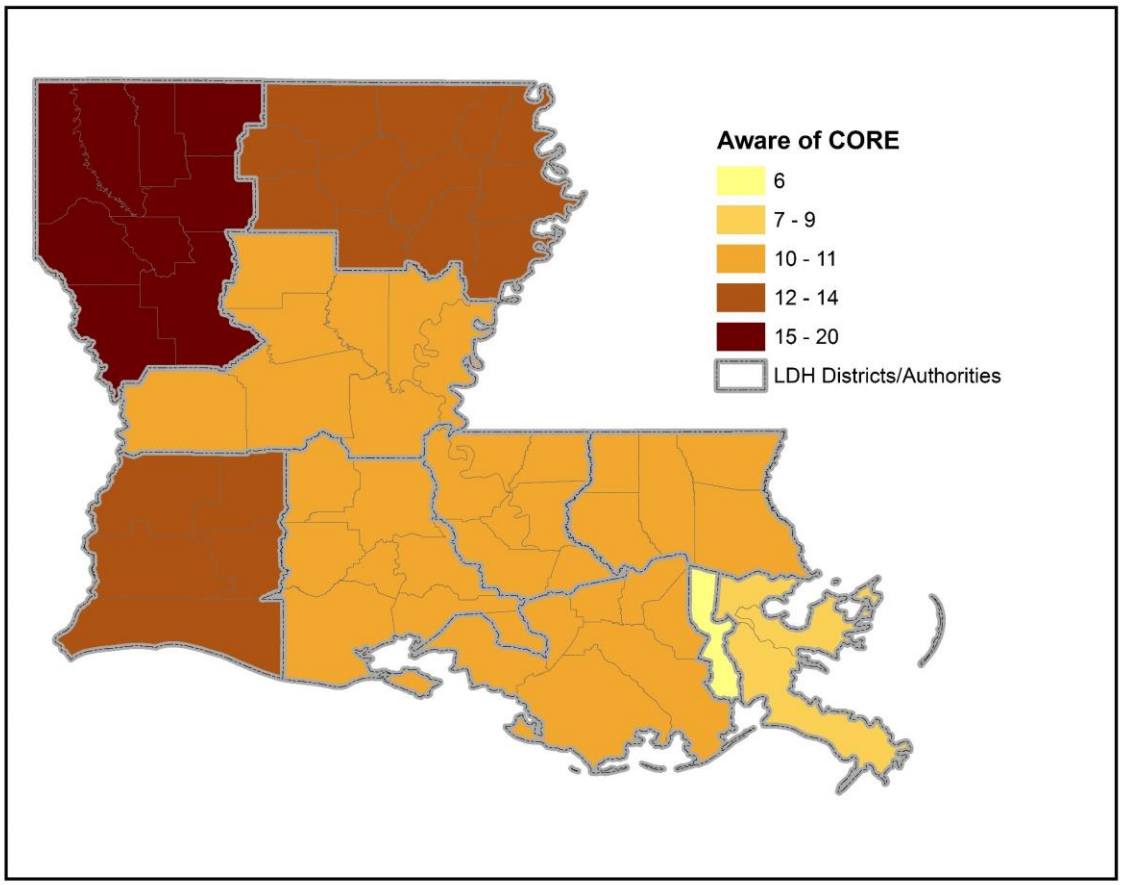


Figure 4.31: Percentage of Respondents who are Aware of CORE

High Risk Groups Awareness of Services

Analyses of awareness of treatment among higher risk groups yield interesting findings. The high-risk groups are categorically defined as either "at risk," "potential problem gamblers," or "potential pathological gamblers." The information from the groups was disaggregated from survey respondents that report having never gambled. As reported in the Helpline section, there are some indications that calls are declining. At face value, this may be seen as a positive. However, the number of potential and problem and pathological gamblers is higher than that reported in 2008. Although methodological changes in the current study may account for some of the change, the inverse relationship between calls and problem or pathological gambling rates could be problematic. Knowledge of services and/or treatment options are imperative for those who may require assistance.

A comparison of at-risk and high-risk groups to the group of participants who have never gambled indicates the risk groups are more aware of outpatient support groups, services provided by OBH, and the helpline when compared to the group of survey participants that have never gambled. Billboards, casinos and television seem to be the most effective form of communication for the high-risk groups. This is slightly different from what was reported when the high-risk groups are not disaggregated from other groups (see region and state indicators).

The percentage and numbers are more concerning when examining the high-risk group's knowledge of CORE and its services. Only 11% of potential problem gamblers and 23% of potential pathological gamblers are aware of the CORE program. The percentage of the pathological group seems low, considering this category represents individuals that exhibit or endorsed items that are consistent for individuals that may require inpatient treatment. Also, note Table 4.23, which accounts for the method or modality by which individuals by risk level, learned about the Helpline. Finally, an examination of Helpline callers indicates only a small percentage identified as veterans. In fact, as shown on Table 4.24, 5.4% of callers to the helpline, self-identified as veterans averaging around 5.4% annually, peaking in 2016 at 7%. Compared to the high percentage of veterans who received inpatient treatment through CORE, the percent of veterans seeking services through the helpline is surprising low considering the large disproportionate number of veterans admitted to CORE for inpatient treatment related to gambling.

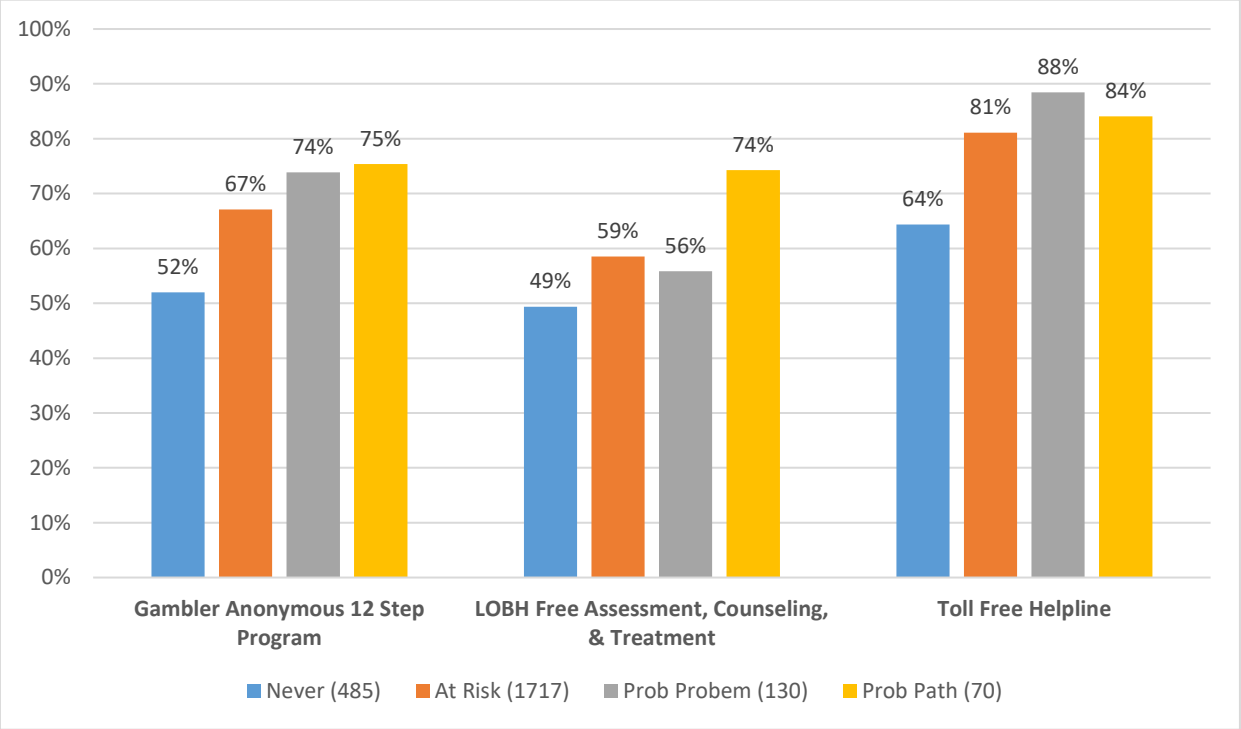


Figure 4.32: Knowledge of Services by Risk Group

Table 4.23: Sources of Helpline Information by Risk Group

	Never (307)	At Risk (1385)	Probable Problem (115)	Probable Path (58)	Total
Billboard	49%	57%	37%	47%	1,007
Television	27%	21%	16%	16%	406
Casino	4%	11%	20%	22%	205
Word of Mouth	12%	8%	10%	14%	162
Lottery Ticket	1%	8%	13%	9%	130
Radio	7%	8%	2%	5%	130
Newspaper	6%	6%	3%	12%	113
Advertisement	4%	4%	7%	2%	73
Other	6%	4%	3%	7%	78

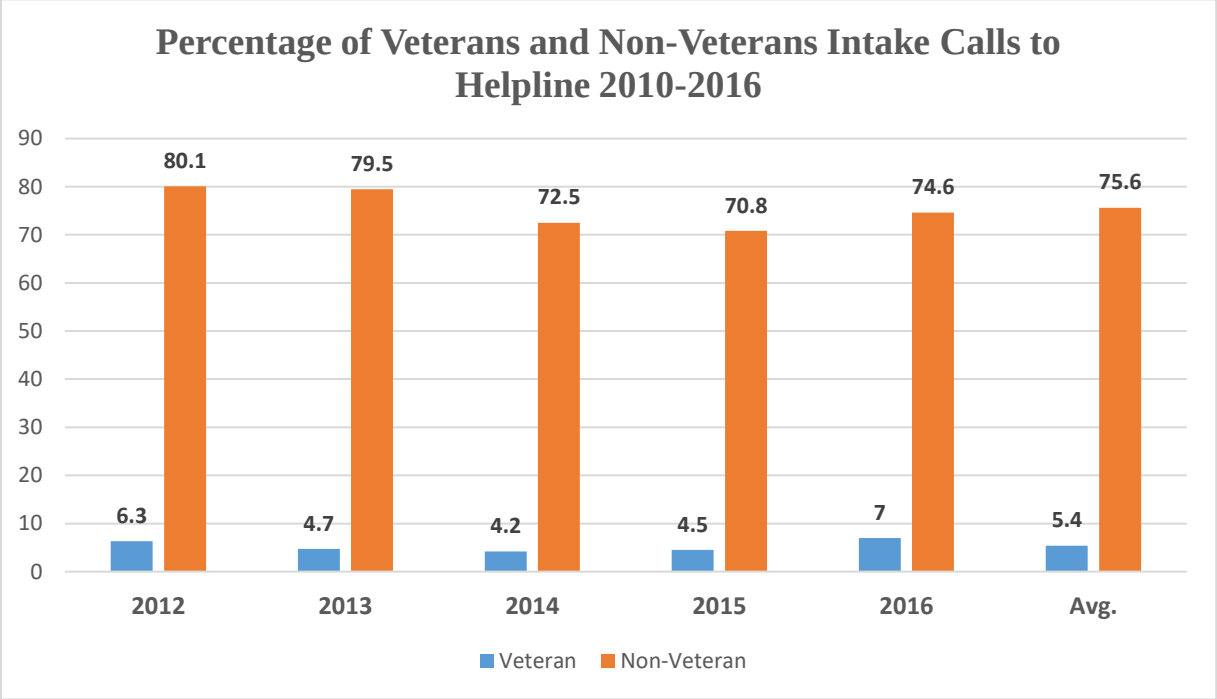


Figure 4.33: Percentage of Veterans Calling the Helpline

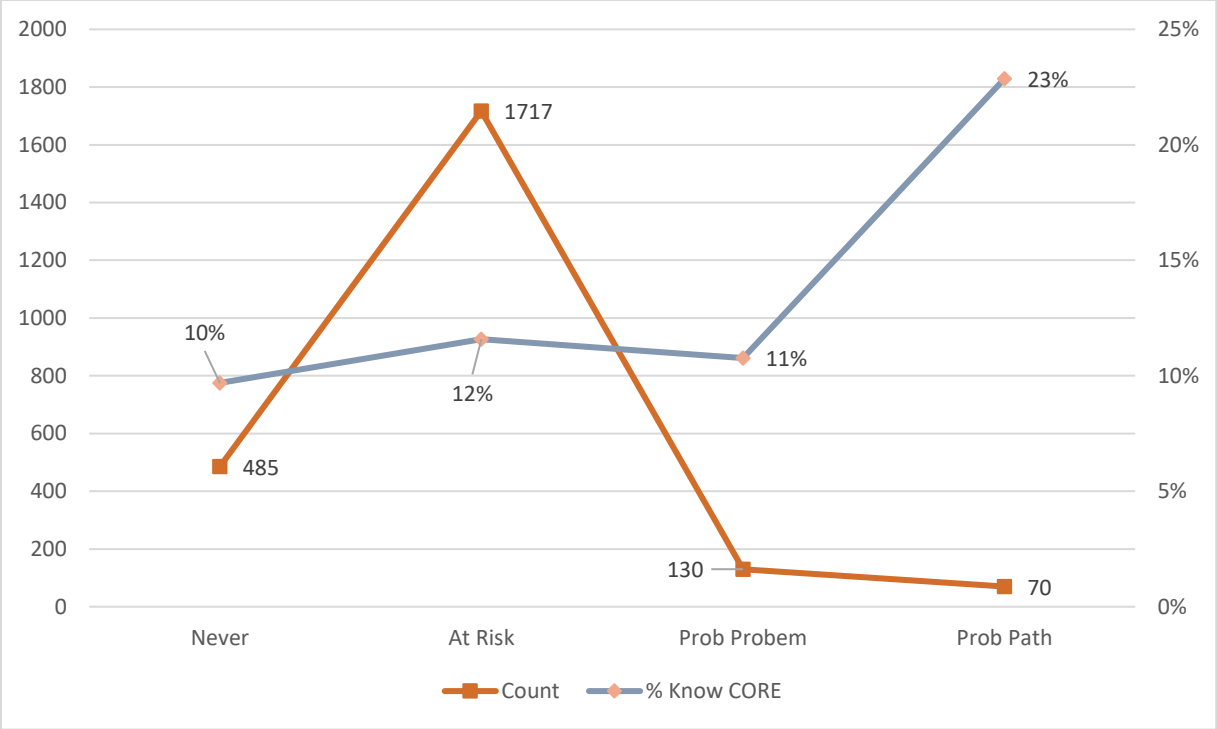


Figure 4.34: Number in Risk Group and Percent that are Aware of CORE

SUMMARY

Louisiana is comprised of 10 governing entities designated as a human services district or human services authority. The following is a summary of the data elements and indicators discussed in each regional section and aggregated to the state level. Additionally, this chapter provides an analysis and a discussion of treatment data not presented in other chapters.

Gaming Devices and Establishments

The data indicate that the number of establishments has declined by 820 since the 2008 study. Further, data analysis of gambling devices indicates that the number of devices has declined by 1,150 within the same period. This suggests that many establishments are no longer in operation or are small venues, restaurants, or bars with few devices. The data also indicate that the number of establishments by parish has essentially remained unchanged since 2008. Jefferson, Orleans, and Terrebonne parishes have the most gaming establishments in both 2008 and 2016.

A pattern emerges in parishes with the most gaming devices. The areas with the most devices are typically home to many of Louisiana's riverboat casinos. Calcasieu and Bossier parishes rank 6th and 9th respectively when compared to other parishes in the current study, and both are home to riverboat casinos. St. Martin Parish ranks 10th in number of establishments; however, it is not in the top ten for number of devices. East Baton Rouge, home to a riverboat casino, ranks number five in devices, but not in the top ten for establishments.

Finally, the vast number of gaming establishments and devices are located in the southern part of the state. Eight out of ten parishes with the highest number of establishments and devices are located along

or near the I-10 corridor. The exceptions are Bossier and Caddo parishes, which are located in northwestern Louisiana.

Louisiana Problem Gambler's Helpline

Data from the Louisiana Problem Gambler's Helpline was more robust for the current study, the 2008 study only utilizing Helpline data from the previous year. Data from the Helpline focuses solely on "intake" calls collected from 2012 to 2016. Therefore, calls designated as "intake calls" are specifically related to problems related to gambling.

Between 2012 and 2016, the Helpline received 4,802 intake calls, an average of approximately 1,200 calls annually. The previous study reported 1,439 calls were made to the Helpline in one year. The decline is consistent with annual Helpline data analyses from 2012 to 2016. Although a slight increase in calls occurred between 2013 and 2014, there is an overall decrease in Helpline calls from Louisiana residents.

Between 2012 and 2016, fifty-one percent (51%) of intake calls originated from three areas: 1) the NLHSD in northwestern Louisiana, 2) the CAHSD, including Baton Rouge, and 3) the MHSD, which includes metropolitan New Orleans. Furthermore, the data indicate that the MHSD is experiencing the highest decline in call volume. Two hundred and two (202) calls were received from this district in 2012, and that number has declined to 98 calls in 2016. Overall, the number of intake calls in 2016 declined in all authorities and districts when compared to the 2008 study.

An analysis of intake demographics provides information related to who called for help with gambling problems. The vast majority of Helpline intake calls came from the gambler (self). Approximately 80% of intake calls are from the gambler, requesting help or resources related to their gambling problem(s). Family members calling the Helpline are a distant second cross all years of Helpline data. With respect to gender and race, 56% of calls in 2016 were from males and 46% were from females. An average of Helpline data shows that males and females were nearly equal in percentage of calls (49% and 48% respectively). In respect to racial demographics, 49% of intake calls were from Caucasians, followed closely by African Americans at 47%.

In 2016, twenty-one percent (21%) of intake calls were about gamblers, ages 26 to 34, followed closely by gamblers ages 45-54 (19%). Seventy-two percent (72%) of calls in 2016 were from or about gamblers ranging in age from 26-64. However, when averaged over the four-year period, middle-aged adults (45-54 years) are found more likely to call the Helpline.

Financial issues are the primary factor for initiating a call to the Helpline. Seventy-one percent (71%) of calls in 2016 were related to financial problems associated with gambling. Family or marital problems are a distant second and third in 2016 and across all years. Callers identified depression as the most common secondary issue when examining the data across years. However, smoking as the most common secondary issue is on the rise. In fact, both were equally reported as secondary problems in addition to gambling.

Caring Communities Youth Survey

The Caring Communities Youth Survey (CCYS) is a biennial survey administered to 6th, 8th, 10th and 12th grade public and private school students in Louisiana. Since 2010, the CCYS has collected data on

youth gambling indicators, such as the percentage of youth who report having gambled in the past year, having bet on sports, having bet on cards, and having played bingo. The reports are aggregated and disseminated at school and state levels.

When examining prevalence rates for youth gambling, a declining trend is occurring by year and within grade levels. For example, in 2010, a survey of 12th grade students indicated 41% reported gambling in the past year, but 34.4% reported gambling in 2014. The most popular form of gambling changes by grade level. The most frequent form of gambling for 6th and 8th graders is playing bingo for money, but betting on sports or cards is more popular with 10th and 12th grade respondents. When examining gambling in the past year by geographic area, the prevalence rates are generally fluid between reporting periods. However, the SCLHSA and the AAHSD are consistently higher than the state level on these indicators.

Problem and Pathological Gambling

Two thousand four hundred and two (2,402) Louisiana residents, ages 21 and older, were surveyed on gambling habits, behaviors, and attitudes about gaming. Within the survey were questions from the SOGS, which was also used in the 2008 survey to measure potential problem and pathological gambling rates. Potential problem gamblers scored between a 3 and 4 on the SOGS; a score of 5 or higher indicates the presence of potential pathological gambling.

Analysis of the survey data yield the following results. The number of respondents who indicated they have never gambled (non-gamblers) declined from 988 in 2008 to 481 in the present study. This is congruent with the increase in problem and pathological gamblers captured in the current study. Overall, the percentage of 2016 respondents who identified as potential problem gamblers is 5.4% with a 0.9% margin of error (+/-). This is substantially higher than the state prevalence rate of 1.7% reported in 2008.

The areas with the highest rate of problem gamblers are the FPHSA and MHSD at 7.5% and 7.4%, respectively. Although these areas have the highest rates of problem gamblers, all human services districts or authorities have higher rates when compared to 2008. However, the MHSD rate (7.4%) is much higher than what was reported in 2008 (1.3%). Examining risk on this indicator by gender, males have a slightly higher prevalence rate (6.6%) than females (4.5%).

For the current study, potential pathological gambling rates are 2.9% (+/- 0.7%). The current prevalence rate on this indicator is much higher than the 1.4% reported in 2008. The MHSD and NLHSD have the highest potential pathological gambling rates at 4.6% and 3.8%, respectively. Both areas are home to a large number of gaming establishments and devices. Nearly all services districts or authorities demonstrate an increase in pathological gambler rates when compared to 2008 findings. The exception is ImCal, which declined from 2.5% in 2008 to 1.3% in the current study. Interestingly, this area includes Calcasieu and Allen parishes, home to a large number of riverboat casinos and a tribal casino. A higher percentage of males (3.9%) are identified as potential pathological gamblers than females (2.1%).

The Center of Recovery (CORE)

Information on CORE was collected and analyzed from data collected from the Louisiana Addictive Disorders System (LADDS). CORE provides inpatient treatment services related to gambling addiction, free of charge to Louisiana residents. During a six-year period (2010-2016) the facility provided treatment to 696 residents from around the state. However, like the Helpline, the number of inpatient

residents have declined since 2014, with 2016 recording the lowest inpatient numbers at 65. This is somewhat alarming, given the current problem and pathological rates found in the current study.

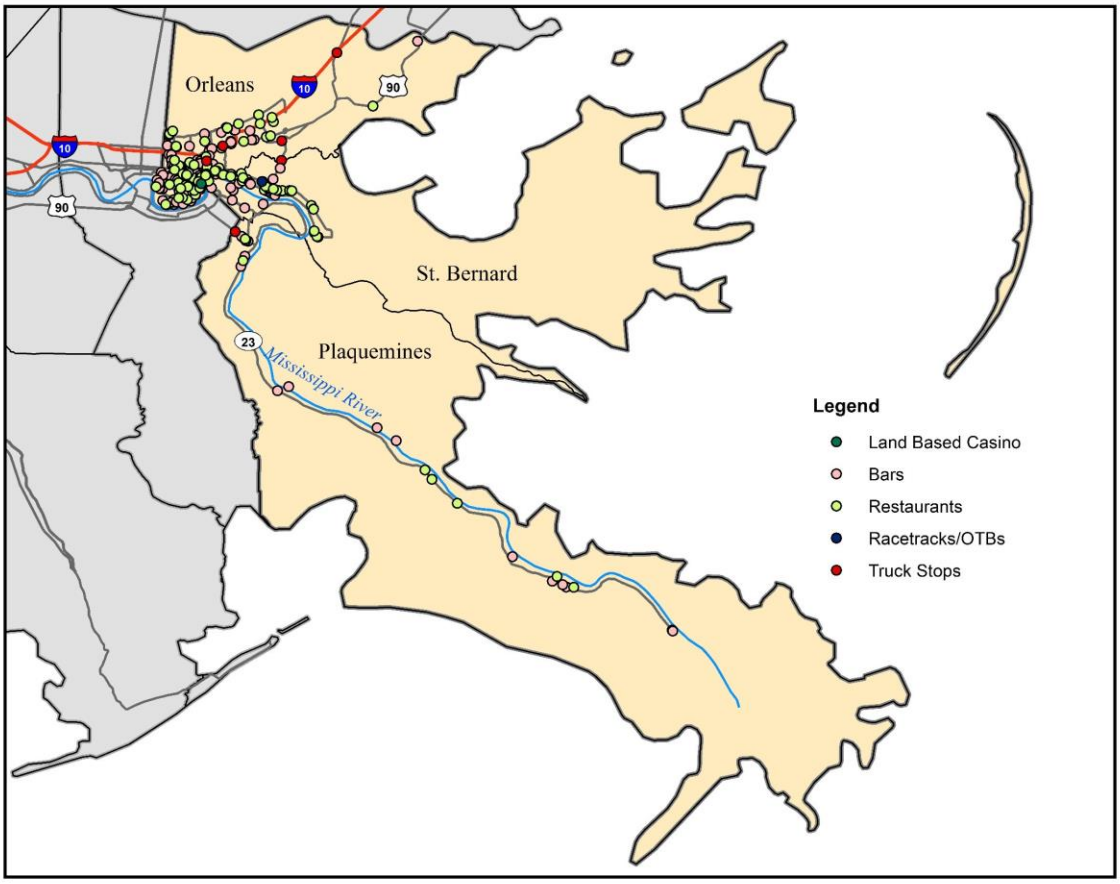
The vast majority of patients come from the NLHSD, which includes the Bossier and Shreveport areas. Caddo parish alone accounts for 20% of admissions from 2010-2016. Although individuals from all areas of the state receive services from the facility, the data suggests, proximity to the facility (located in Shreveport) may be a factor in who seeks treatment from CORE. It should be noted that CORE initially had two inpatient facilities; one in Shreveport (still operating) and one in New Orleans, which was destroyed by hurricane Katrina and not reopened. When examining the characteristics of CORE residents, the facility served nearly an equal number of males and females (350 and 346, respectively). The average age is 46.4 for males and 50.4 for females. Perhaps the most striking characteristic of CORE residents is the number of veterans served. Based on data provided for this report, 84% of CORE residents were identified as veterans from 2010-2016. Based on a review of the admissions procedures, there is no indication that veterans receive priority admission over other groups. Therefore, the disproportionate number of veterans receiving inpatient services is not only surprising, but an area of concern.

Finally, survey respondents were asked about their knowledge of services (beyond CORE). Sixty-two percent (62%) are aware of the Gamblers' Anonymous 12-Step Program; 54% know that the Louisiana Office for Addictive Disorders (Office of Behavioral Health) provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling; and 68% are aware of the toll-free helpline. However, only 9% have heard of the Center of Recovery (CORE). Examination of problem and pathological gamblers' knowledge of services indicates they are more aware of outpatient support groups, services provided by OBH, and the Helpline when compared to the group of survey participants who have never gambled, which is encouraging. However, only 11% of potential problem gamblers and 23% of potential pathological gamblers surveyed are aware of CORE. Although the phone survey did not inquire about veteran status of respondents, Helpline data indicates only a small percentage identify as a veteran (5.4% annually).

CHAPTER 5

METROPOLITAN HUMAN SERVICES DISTRICT FINDINGS AND RESULTS

Metropolitan Human Services District (MHSD)



The Metropolitan Human Services District (MHSD) is located in southeastern Louisiana and consists of three parishes: Orleans, St. Bernard and Plaquemines. The majority of the population is located in Orleans Parish, which includes New Orleans. With few exceptions, much of the area outside of New Orleans is sparsely populated. In 2005, Hurricane Katrina severely impacted the area, resulting in significant population decline in all three parishes. Despite the devastation encountered in all communities, the population has rebounded, particularly in Orleans Parish. Businesses and tourism are thriving, including gaming establishments, many of which had not yet reopened when the last statewide prevalence study on gambling was conducted in 2008.

Gaming Data

The Louisiana State Police Gaming Enforcement Division provided gaming data for this study. The information collected and analyzed includes: location and mapping of establishments, number of operating

facilities, license type, the number of gaming devices (slots and/or video poker), and per capita rates for establishments, devices and revenue (if provided).

Spatial analysis of the regional map indicates gambling is legal in all parishes in the MHSD. However, the vast majority of establishments and devices are located in Orleans Parish. Local bars represent the most frequent type of licensed gambling establishment in the region. Restaurants are a distant 2nd. Approximately 90% of the region's gaming devices are located in Orleans Parish; and the data for MHSD clearly indicates that access to gambling establishments and devices is concentrated in this area.

Orleans Parish had a significant increase in the number of devices from 2008 to 2016. However, the number of establishments declined in each parish, resulting in a total negative change of 68 establishments regionally. Orleans Parish is home to Louisiana's only non-Tribal, land-based casino, where approximately 60% of the parish's devices are located. From 2008 to 2016, the number of devices in the casino increased by 1,600. This accounts for the majority of the growth in gaming devices from 2008 to present in the MHSD.

Table 5.1: MHSD Gambling Establishments and Devices

Parish	License Type	Number of Gaming Devices		Number of Establishments	
		2008	2016	2008	2016
Orleans	Bars	687	600	231	201
	Restaurants	357	231	123	91
	Truck Stops	275	204	6	5
	Land based	2,200	3,800	1	1
	Racetrack	250	600	1	1
	Parish Total	**3,769**	**5,435**	**362**	**299**
Plaquemines	Bars	39	53	13	15
	Restaurants	36	27	12	9
	Truck Stops	43	43	1	1
	Parish Total	**118**	**123**	**26**	**25**
St. Bernard	Bars	68	78	22	17
	Restaurants	69	77	22	23
	Truck Stops	84	85	2	1
	Racetracks/Off-track	0	94	0	1
	Parish Total	**221**	**334**	**46**	**42**
	Region Total	**4,108**	**5,892**	**434**	**366**

Per Capita Rates of Gaming Establishments and Devices

Of note, the per capita rates for establishments and for devices should be interpreted with caution. As described in the methodology section, the adult population is calculated using two different operational definitions. The adult population for 2016 is defined as 21 and older (legal gambling age). The 2008 study defines the adult population as 18 and older, legal adult age. Therefore, a comparison of both reporting periods is not provided for this section. The discrepancy is noted in the limitations section of the report with suggestions for future reporting cycles and data collection procedures.

Tables 5.2 and 5.3 provide information on per capita rates on gaming establishments and devices per 1,000 adults. For this study, 2015 census estimates are used to calculate the rates. In addition, only adults of legal gambling age (21 and older) are included for 2016 (a departure from the 2008 methodology). Significant changes in population have occurred since 2008. Many new and temporarily displaced residents from Hurricane Katrina permanently reside in the region/parish. Therefore, the population growth for this area has increased substantially since 2008.

The gambling establishment per capita rates for 2016 ranged from a high of 1.53 per 1000 adults in Plaquemines Parish to 1.06 in Orleans. The rate on this indictor for the region is 1.1 gaming facilities per 100 adults. The 2016 per capita rates for devices ranged from 7.51 to 19.24 per 100 adults. The highest rate is in Orleans Parish. As stated earlier, nearly 50% of the gaming devices are located in the states only operating land-based casino. Therefore, the numbers are inflated primarily because of one gaming establishment. Given New Orleans' reputation as a tourist destination, it is probable that more tourists frequent this casino than do Louisiana residents. Given their novelty, riverboat casinos and their parishes may experience similar trends.

Table 5.2: MHSD Establishments per 1,000 Adults

Parish	Adult Population			Gaming Establishments			Sites/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Orleans	355,266	173,405	282,443	533	362	299	1.5	2.09	1.06
Plaquemines	18,944	16,154	16,369	52	26	25	2.74	1.61	1.53
St. Bernard	50,288	12,355	29,970	108	46	42	2.15	3.72	1.40
MHSD (Total)	424,498	201,914	328,782	693	434	366	1.63	2.15	1.11

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Table 5.3: MHSD Devices per 1,000 Adults

Parish	Adult Population			Gaming Devices			Devices/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Orleans	355,266	173,40	282,443	5,755	3,769	5,435	16.2	21.74	19.24
Plaquemines	18,944	16,154	16,369	155	118	123	8.18	7.30	7.51
St. Bernard	50,288	12,355	29,970	516	221	334	10.26	17.89	11.14
MHSD (Total)	424,498	201,91	328,782	6,426	4,108	5,892	15.14	20.35	17.92

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Louisiana Problem Gamblers Helpline

Established in 2001, the Louisiana Problem Gambler's Helpline is a toll-free, confidential information and referral line that assists individuals in the state of Louisiana who are affected by gambling problems. The data provided for this report is much more extensive than 2008. The raw data allows for the

analysis of subpopulations within a particular region, including age, ethnicity, employment status, etc. However, some indicators (e.g. mental health, suicide, etc.) could not be disaggregated beyond the state level.

Figure 5.1 provides a breakdown of the origination of intake calls in the MHSD by number and percentage. The most striking factor is the decline in intake calls from Orleans Parish. Calls from the parish peaked in 2012 and have steadily decline in every year since. This past year, calls from Orleans Parish declined nearly 50% between the 2015 and 2016 reporting periods. The decrease in Orleans Parish appears to be correlated with declines in MHSD calls to the Helpline. Furthermore, the number and percentage of calls from the MHSD is generally consistent with the other three Orleans's Region Parishes, particularly St. Bernard and Plaquemines.

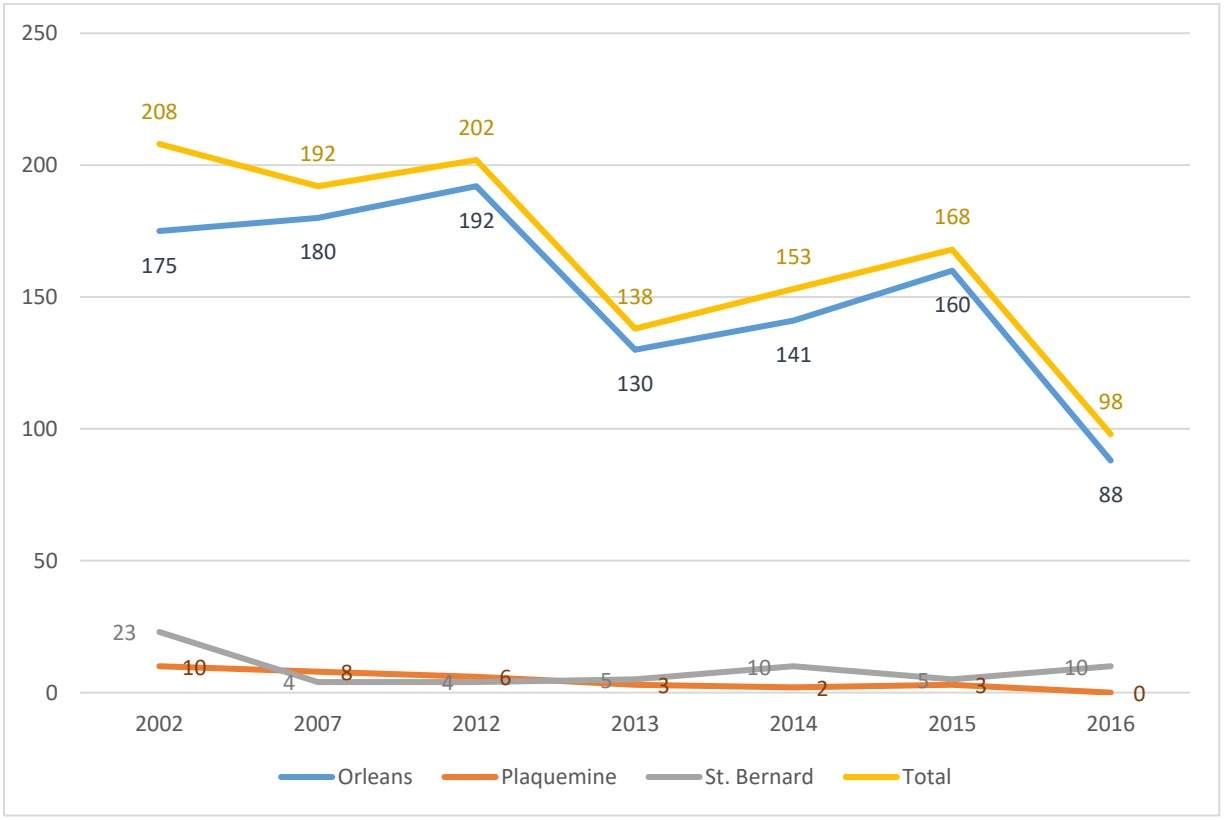


Figure 5.1: MHSD Helpline Data: Frequency of Intake Calls

Table 5.4 illustrates the person originating the call to Helpline. In the majority of cases, the gambler called the Helpline to seek help for her- or himself. Otherwise, calls to the Helpline are made by a variety of individuals inquiring about gambling, signs of problems, and services. Immediate family members (mother, father, etc.) constitute the second largest number of callers, who demonstrate concern for a family member and want information related to services, signs of gambling problems/addiction, etc.

Table 5.4: MHSD Helpline Data: Relationship of Gambler to Caller

MHSD	Orleans					Plaquemines					St. Bernard				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	154	113	120	130	73	5	2	2	3	0	3	5	7	4	9
Family	20	15	16	26	12	1	0	0	0	0	1	0	2	1	1
Non Family	11	1	5	4	3	0	1	0	0	0	0	0	1	0	0
Unwilling	7	1	0	0	0	0	0	0	0	0	0	0	0	0	0

As indicated, examination of demographic data from intake calls from 2012 through 2016 indicates a decrease in overall calls in 2016. Specifically, 2016 callers from the MHSD region are equally male and female African American gamblers. ?? The ages of the gamblers are also generally equally distributed between the ages of 25 to 64. Callers report that the gambler is typically employed with low numbers of unemployed or retired persons calling.

By far, the preferred method of gambling by callers is slot machines. Since slot machines are only allowed in specific establishments, potential problem/pathological gamblers in this region likely prefer riverboat, land-based or tribal casino venues. Video poker is a distant second.

Caring Communities Youth Survey (CCYS)

The Caring Communities Youth Survey (CCYS) is a biennial survey administered (with parental permission) to all Louisiana 6th, 8th, 10th and 12th grade public and private school students. Since 2010, the survey item bank has included youth gaming indicators. The most salient metric of the youth gambling profile is engaging in gambling behavior within the past year. Overall, the prevalence of gambling varies across grade level. However, the percentage of 10th grade students who report gambling in the past year has declined since 2010. When compared to the state levels, a slightly different pattern emerges in which declines are seen for all grade levels since 2010.

Although causal inferences cannot be made when comparing adult with youth gambling attitudes, acceptable norms, endorsed at the community level, can have positive or adverse effects on youth. The majority of MHSD respondents believe harm from gambling outweighs the benefits and that harm occurs on a personal level (divorce, etc.), not at the community level (i.e., crime). However, less than 25% of the respondents indicated gambling was morally wrong. Since morality has its inception in the home, examining youth gambling indicators and adult attitudes at the individual level may yield more nuanced findings. MHSD youth (6th graders) report bingo as the most common form of gambling, which may reflect children's ability to accompany parents to Bingo games or that Bingo is played as family entertainment in the home. Additionally, adult gambling attitudes and habits appear to differ by rural vs. urban MHSD areas.

Louisiana has many bingo parlors with no age restrictions; thus, it is common for parents to bring their children to play bingo. As noted, playing bingo for money is the most common form of gambling for MHSD 6th and 8th graders as with the rest of the state's age-same population. Tenth and 12th grade MHSD students indicate playing card games for money is their primary gaming activity, while betting on sports is the most common gaming activity for 10th and 12th graders at the state level.

Notably, the sample size for this region is very small for all grade levels when compared to enrollment numbers for the parish and region. Therefore, the data for this region should be interpreted with caution. Complete information on gambling indicators for MHSD is presented in tables below.

Table 5.5: CCYS Overall Sample Size by Year and Grade

Sample		Grade 6	Grade 8	Grade 10	Grade 12
2008	1,320	310	282	438	290
2010	1,249	320	336	343	250
2012	2,369	608	665	552	544
2014	2,686	459	667	952	608

Table 5.6: MHSD CCYS Percent of Youth Gambling by Grade and Game Type

MHSD	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
Bet on Sports	11.0	19.4	17.7	17.1	22.1	23.6	21.3	19.3	23.5	13.5	16.1	20.1
Bet on Cards	10.8	11.6	9.3	17.8	20.7	19.0	28.7	21.9	20.9	21.3	22.5	21.2
Played Bingo for Money	17.4	21.7	24.3	19.3	20.3	18.5	18.8	15.2	13.2	11.3	12.8	10.3
Bet on Dice	1.3	2.5	1.1	2.7	2.2	3.4	5.7	5.2	5.9	5.0	6.2	7.6
Bet on Games of Skill	6.3	11.1	11.9	9.0	13.4	13.9	11.6	13.0	12.6	8.9	10.7	11.1

Table 5.7: MHSD CCYS Percent of Youth Participation in Gambling by Year and Grade

Gambled in the Past Year	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
MHSD	33.0	43.8	43.3	44.0	47.3	45.8	49.9	42.7	41.9	36.2	34.9	38.0
State	47.1	45.3	40.6	50.1	48.6	44.1	46.5	44.0	40.8	41.0	37.8	34.4

Demographic Data from Participants in Telephone Survey

A summary of the demographic variables describing the participants drawn from the MHSD is presented in the following tables. Two hundred and forty (240) Louisiana MHSD residents responded to the telephone survey in such a way that their answers could be used in the present study. The number of participants by parish is reported in Table 5.8. The demographic variables (Sex, Marital Status, Race, Employment Status, and Education Level) are summarized in Table 5.9. Annual Income comparisons between the 2008 sample and 2016, is presented in Table 5.10. Finally, age data for the 2008 and 2016 samples are presented in Table 5.11.

Examination of Table 5.8 clearly indicates that the majority (85%) of the respondents to the telephone survey in this region reside in Orleans Parish. This is not surprising, given the population concentration in and around metropolitan New Orleans and the relatively sparsely populated Plaquemines and St. Bernard Parishes.

Table 5.8: MHSD Participation by Parish

Parish	Number	%
Orleans	204	85%
Plaquemines	17	7%
St. Bernard	19	8%
MHSD (Total)	240	100%

Table 5.9 indicates that the sampling periods are similar with the exception of disparity by gender. The 2008 sample included significantly more females than males. In both 2008 and 2016, the majority of participants were either employed or retired/disabled. In both 2008 and 2016, about half of the participants had college degrees, with only 10% reporting that they had less than a high school diploma in 2008 and 5% in 2016.

Table 5.9: MHSD Participant Demographics from 2008 and 2016

	2008		2016	
Sex	**Number**	**%**	**Number**	**%**
Male	85	35%	106	44%
Female	155	65%	134	56%
Marital Status				
Married	135	56%	114	48%
Divorced	22	9%	33	14%
Widowed	22	9%	33	14%
Separated	4	2%	2	1%
Never Married	44	18%	44	18%
Unmarried Couple	4	2%	6	3%
N/A	9	4%	8	3%
Race				
White	138	58%	127	53%
Black	76	32%	84	35%
Hispanic	10	4%	6	3%
Other	10	4%	13	5%
No Answer	6	3%	10	4%
Employment Status				
Employed Full or Part	140	58%	128	53%
Not in Labor Force	40	17%	23	10%
Retired or Disabled	55	23%	87	36%
N/A	5	2%	2	1%
Highest Level Completed				
Less than HS	24	10%	12	5%
HS or GED	44	18%	69	29%
Some Post-Secondary	47	20%	41	17%
Bachelors or more	121	50%	114	48%
N/A	4	2%	4	2%

Income data are also similar at both sampling periods. One noteworthy difference may be the 2016 increase in respondents reporting they only earned up to $10,000 or 13%, up from 2008 report of 4%. One possible explanation is an accompanying decrease of 8% of people who declined to indicate income. Specifically, in 2008, 28% declined to report income while only 20% declined to report in 2016.

Table 5.10: MHSD Annual Income of Participants from 2008 and 2016

	2016	
Annual Income	**Number**	**%**
Up to $10,000	31	13%
Up to $20,000	17	7%
Up to $25,000	21	9%
Up to $35,000	19	8%
Up to $50,000	18	8%
Greater than $50,000	87	36%
N/A	47	20%

Table 5.9 illustrates that the average age of the MHSD participants was slightly older in 2016 than in 2008the average age of participants across the state in 2016 was 55 years, which approximates the 2016 MHSD average.

Table 5.11: MHSD Age of Participants from 2008 and 2016

	Average Age	Std. Dev.	Min.	Max.	n
2008	50.4	15.7	19	90	220
2016	55.4	17.4	21	93	226
Louisiana	55.0	16.7	21	96	2,294

Attitudes and Beliefs about Gambling

Several questions regarding participants' gambling attitudes and beliefs were asked in the telephone survey. First among those questions was, "Which of the following best describes your belief about the benefits or harm gambling has on society?" Slightly more than half of the participants (55%) believed that the harm either far outweighed or somewhat outweighed the benefit of gambling on society. Twenty-one percent (21%) believed the benefit and harm were about equal, and only 10% believed the benefit either somewhat or far outweighed the harm. See Table 5.12 for reference.

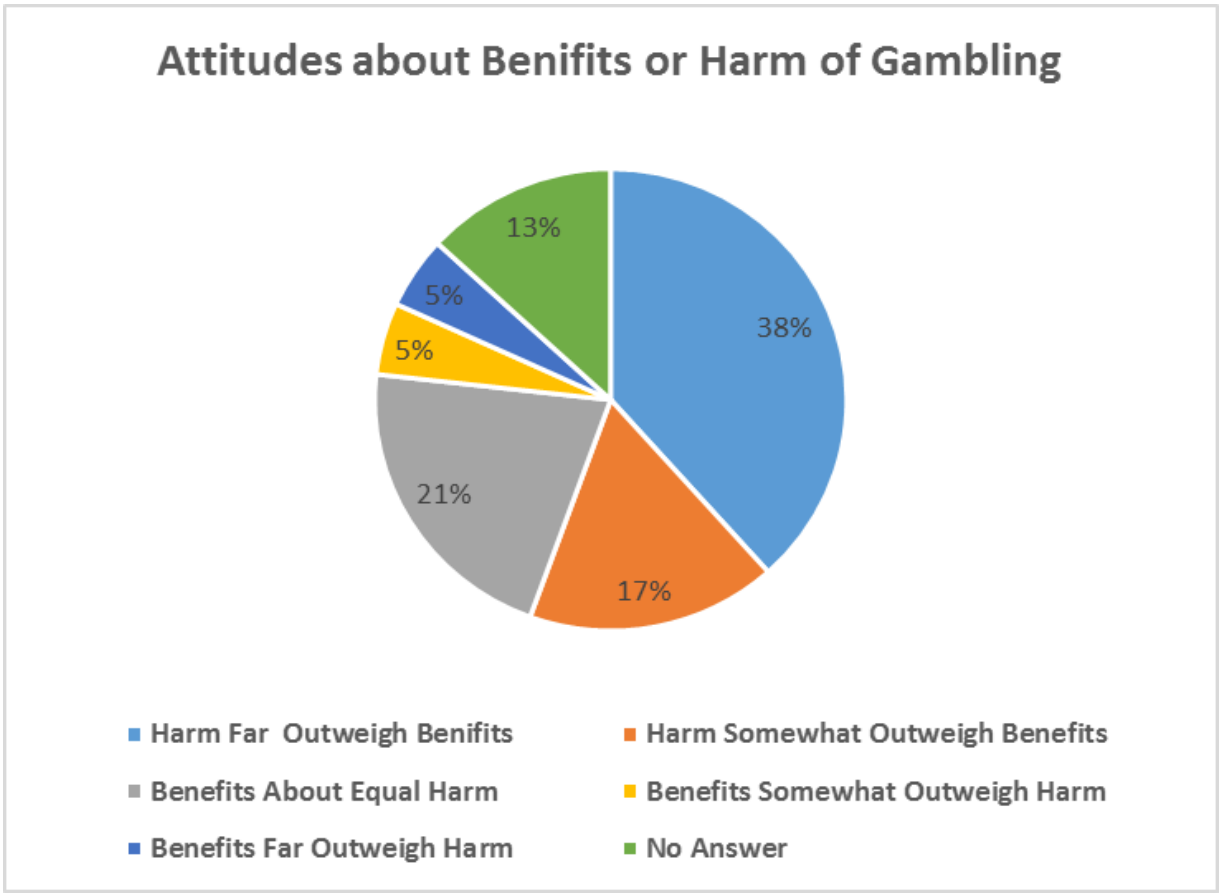


Figure 5.2: MHSD Attitudes about Benefits or Harm of Gambling

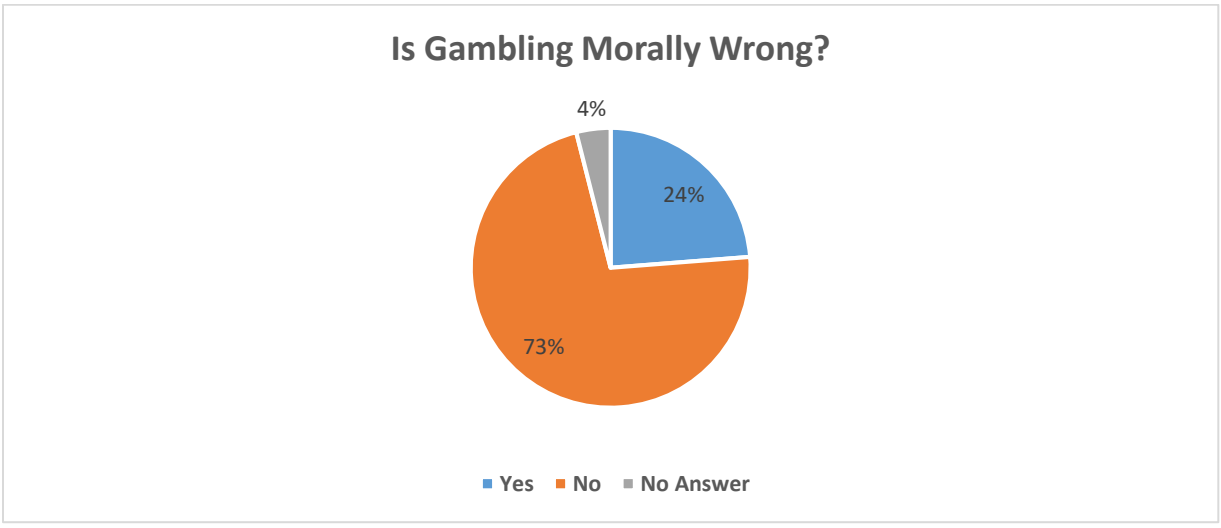


Figure 5.3: MHSD Beliefs about the Morality of Gambling

Participants were also asked about their perceived positive and negative impact of gambling in Louisiana. The results appear in Table 5.14 and Table 5.15. Participants believed that gambling addiction was the most negative impact of gambling, followed by the belief that people who cannot afford to gamble are given the opportunities to do so. Positive beliefs include gambling's impact on Louisiana employment

opportunities, expressed by 37% of the sample. It should be noted that 23% believed that gambling had no positive impact.

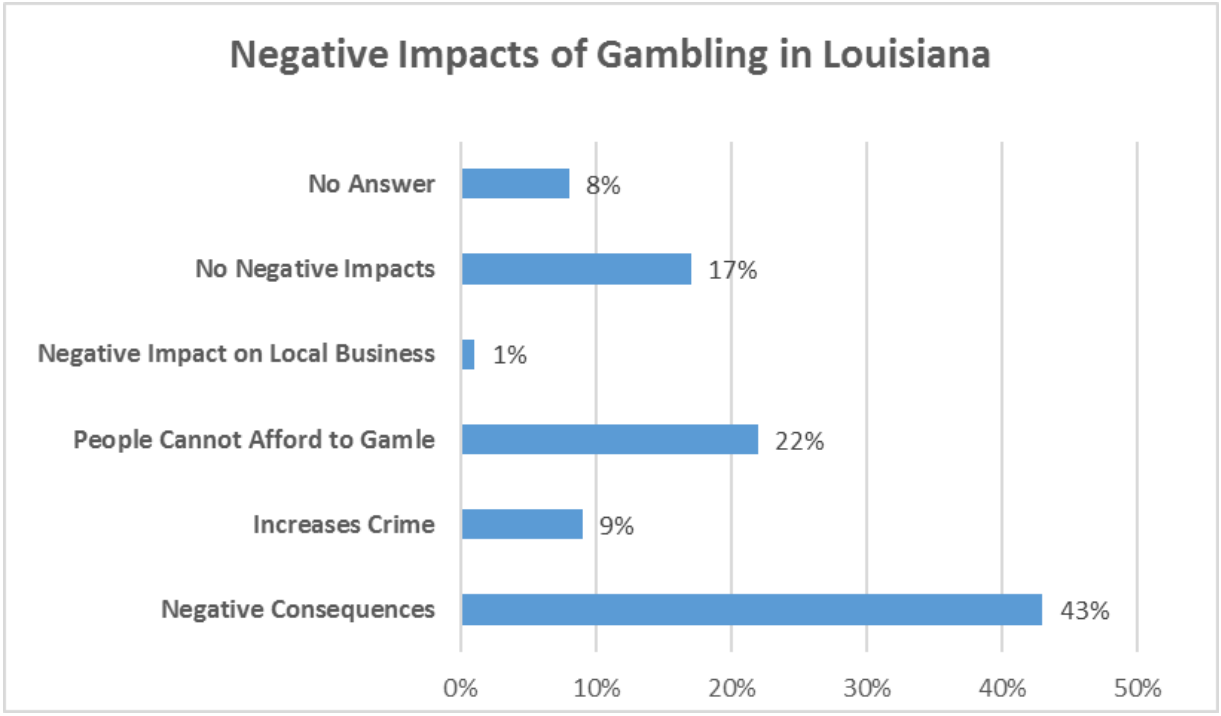


Figure 5.4: MHSD Beliefs about Negative Impacts of Gambling in Louisiana

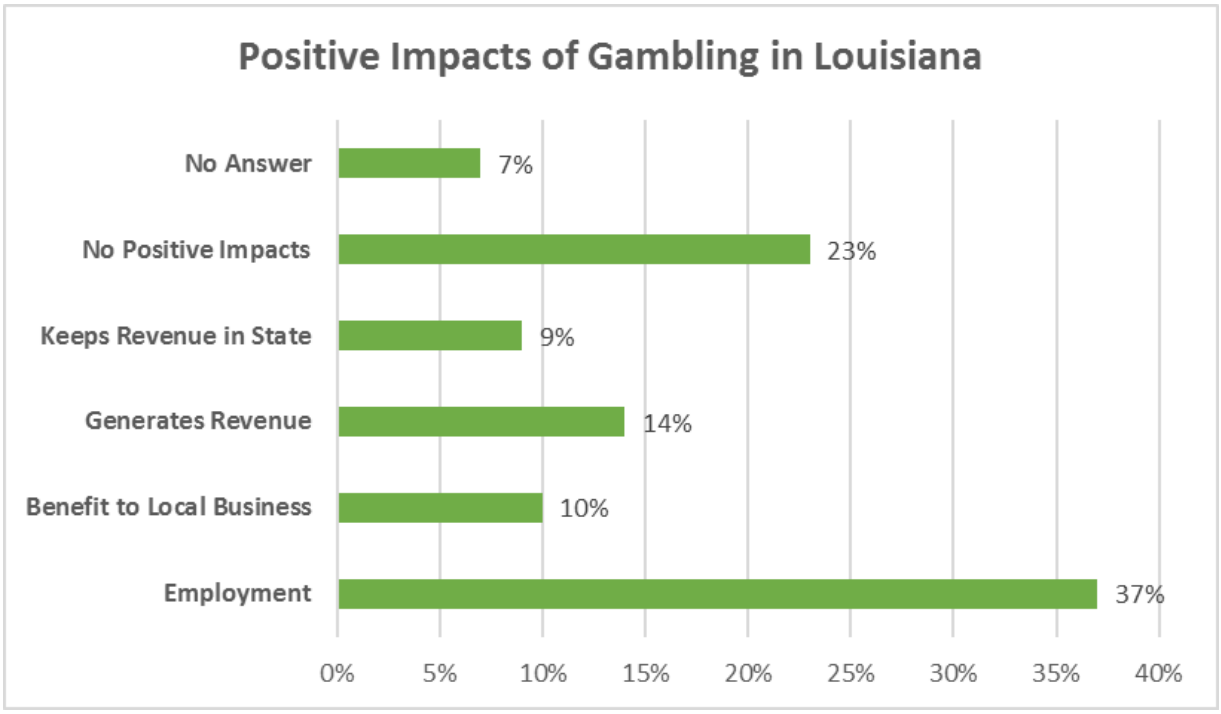


Figure 5.5: MHSD Beliefs about Positive Impacts of Gambling in Louisiana

Finally, participants were asked their opinions about the access to gambling opportunities. Fifty-five percent (55%) believed that the current access is "fine," while 38% believed that gambling is too widely available.

Figure 5.6: MHSD Attitudes about Gambling Opportunities in Louisiana

Potential Problem and Potential Pathological Gambling

Participants were asked questions about their personal gambling behaviors. Several interesting differences are evident in these data. First, the percent of respondents having never gambled is considerably larger in 2016 (22%) that in the 2008 (3%). Second, the percent of those spending less than 100% on a given day was considerably greater in 2008 (81%) than in 2016 (57%), which may be related to the increase in never gambled in 2016. Third, there appears to be a sizable increase (10%) in individuals that spend over $100 on a given day in 2016 (19%) as compared to 2008 (9%). One other notable observation is that more reported to have both gambled more and lost more in the 2016 sample. Therefore, it can be said that, based on this data, money spent and money lost by gambling increased since 2008. Tables 5.17 and 5.18 illustrate these results.

Table 5.12: MHSD Amount of Money Gambled in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	3	2%	2.3%	53	22%	5.3%
$1.00 or Less	15	10%	5.0%	13	5%	2.9%
$1.01 - $10.00	87	60%	8.0%	46	19%	5.0%
$10.01 - $100.00	30	21%	6.6%	79	33%	6.0%
$100.01 - $1,000.00	4	3%	2.7%	38	16%	4.7%
$1,000.00 - $10,000.00	1	1%	*	4	2%	1.6%
More than $10,000.00	4	3%	2.7%	3	1%	*

*Did not meet reporting standards due to small sample

Table 5.13: MHSD Amount of Money Lost in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	5	3%	3.0%			0.0%
$1.00 or Less	17	12%	5.3%	17	9%	4.3%
$1.01 - $10.00	81	56%	8.1%	40	22%	6.1%
$10.01 - $100.00	32	22%	6.8%	77	43%	7.2%
$100.01 - $1,000.00	4	3%	2.7%	36	20%	5.8%
$1,000.00 - $10,000.00	2	1%	*	9	5%	3.2%
More than $10,000.00	3	2%	*	1	1%	*

*Did not meet reporting standards due to small sample

The South Oaks Gambling Screen (SOGS) questions, which indicate potential problem or potential pathological gambling elicit nuanced picture of gambling behavior. These questions were posed so that respondents could answer in a yes/no or in a way that answers could be collapsed into yes/no formats.

Four impressions of the frame the findings:

1. Of the 13 items, nine were equivalent in years 2008 and 2016, given their standard deviations, indicating no differences across time.
2. At least 5% of respondents answered 'yes' to 8 of 13 items.
3. Two items "gambling more than intended to" and "have gone back to win back money you lost" elicited 'yes' responses from 20% of the population in 2016. It should be noted that there may be many people who occasionally gamble. However, that statement in and of itself, is not as a primary measure of problems or pathology.
4. Nonetheless, 20% of respondents indicating they "had gambled to recoup lost money," often called "chasing," when coupled with spending more than intended, can be an indication of problem gambling.

The following table summarizes some of the more salient items from the SOGS. Margins of error are noted in the table. These should be used when projecting sample estimates to the population of the region.

Table 5.14: MHSD Responses to Questions from Telephone Survey, 2008 and 2016

Question	2008		2016	
	%Yes	+/-	%Yes	+/-
Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?	3%	2.2%	7%	3.4%
Do you feel that you have ever had a problem with betting money or gambling?	2%	*	7%	3.6%
Did you ever gamble more than you intended to?	19%	6.3%	20%	5.5%
Have people ever criticized you for gambling, or told you that you had a gambling problem, regardless of whether or not you thought you had one?	7%	4.1%	4%	2.5%
Have you ever felt guilty about the way you gamble or what happens when you gamble?	9%	4.6%	10%	4.1%
Have you ever felt that you would like to stop betting money or gambling, but didn't think you could?	5%	3.5%	5%	2.9%
Have you ever hidden betting slips, lottery tickets, gambling money, IOUs or other signs of gambling from your spouse, children or other important people in your life?	3%	2.7%	2%	1.9%
Have you ever argued with people who you live with over how you handle your money?	7%	4.1%	9%	4.0%
(If you answered yes to last question) Have money arguments ever centered on your gambling?	2%	*	5%	*
Have you ever borrowed money from someone and not paid them back as a result of your gambling.	2%	*	1%	*
Have you ever lost time from work (or school) due to betting money or gambling?	2%	*	1%	*
Have you ever borrowed money to gamble or to pay for gambling debts?	2%	*	3%	2.4%
Have your ever gone back to win back money you lost?	5%	3.5%	20%	5.6%

*Did not meet reporting standards due to small sample

In the 2008 and 2002 studies, potential problem and potential pathological gambling were defined according to participants' scores on the South Oaks Gambling Screen (SOGS). In the present study, results indicate a regional increase in both problem and pathological gambling. Changes in the rates of problem and pathological gambling from 2002, 2008 and 2016 are presented in Table 5.20.

The data indicate a prevalence rate of potential MHSD problem gamblers in 2016 to be 7.4% (+/- 3.3%) and the prevalence rate of potential pathological gamblers to be 4.6% (+/- 2.7%). Given the estimates of problem and pathological gambling and the adult population, a projected number of problem and pathological gamblers within the MHSD is calculated by multiplying the percentage of persons identified as problem or pathological gamblers by the population of the region. According to the 2016 survey data and American Community Survey census estimates of adults 21 and older, the projected estimate of potential problem gamblers is greater than 24,000 adults. Furthermore, approximately 15,000 potential

pathological gamblers are projected for the region. The projections appear in Table 5.20 alongside prevalence rates. The present (2016) projection for both possible problem and possible pathological gamblers is substantially higher than in the 2008 study and higher than the state level on both indicators.

Table 5.15: MHSD Rates and Number of Potential Problem and Pathological gamblers

	Potential Problem gamblers				Potential Pathological gamblers			
	Vogel & Ardoin	Picard Center			Vogel & Ardoin	Picard Center		
	2002	2008	2016	2016 +/-	2002	2008	2016	2016 +/-
MHSD %	3.4%	1.3%	7.4%	3.3%	3.4%	2.5%	4.6%	2.7%
Number	14,433	2,625	24,330	10,889	14,433	5,047	15,124	8,714
State %	3%	1.7%	5.4%	0.9%	1.6%	1.4%	2.9%	0.7%
Number	97,161	54,360	179,239	30,015	51,819	44,767	96,258	22,284

Demographic variables from the 2016 MHSD sample are cross-tabulated with reported gambling practices in Table 5.21. Respondents are identified by demographic variables and the following indicators:

- whether they never gambled,
- were at risk for gambling problems,
- were possible problem gamblers, or
- were possible pathological gamblers.

Individuals classified as at-risk score between one and two on the SOGS, just below the cut-off for potential problem gambler. Interestingly, often the percentage of participants meeting the criteria for at-risk is much higher than participants that score a zero on the SOGS or have never gambled.

Two observations are notable. First, it appears that more males are identified as possible problem gamblers, but rates for both genders as possible pathological gamblers are similar. African Americans are higher on both indictors compared to Caucasians. However, individuals that do not identify race constitute the highest percentage of potential problem gamblers. Additionally, more participants from the "low income" category were identified as potential problem or potential pathological gamblers even though more participants in the "high" income category were identified as "at risk."

Table 5.16: MHSD Demographic Variables by Gambling Practices Categories

	n	Never	At Risk	Possible Problem	Possible Pathological
Age	55.4	56.7	54.8	56.3	59.3
Gender					
Female	134	18%	74%	4%	4%
Male	106	14%	69%	11%	6%
Race					
White	127	15%	76%	6%	3%
Black	84	14%	69%	8%	8%
Other	19	32%	53%	16%	0%
Marital Status					
Married	120	16%	73%	8%	3%
Not Married	112	16%	70%	7%	7%
Employment					
Employed Full/Part	128	16%	74%	7%	3%
Not In Labor Force	23	4%	87%	4%	4%
Retired Disabled	87	21%	63%	9%	7%
Household Income*					
High	105	12%	78%	8%	2%
Middle	40	33%	55%	8%	5%
Low	48	17%	58%	13%	13%
Education Level					
High School or less	81	19%	67%	10%	5%
Some college or more	155	15%	74%	6%	5%
Tobacco User					
Non-user	204	18%	71%	7%	4%
User	34	6%	76%	12%	6%

Treatment

Participants were asked questions aimed at learning more about their awareness of Louisiana treatment options. Sixty-five percent (65%) were aware of the Gamblers Anonymous 12-Step Program, 56% knew that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling, and 73% were aware of the toll-free Helpline. However, few participants (9%) had heard of the Center of Recovery (CORE). These items were in yes/no format and appear in Table 5.22.

Table 5.17: MHSD Awareness of Treatment Options, 2008 and 2016

Question	2008		2016	
	% Yes	+/-	% Yes	+/-
Are you aware of the Gamblers Anonymous 12-Step Program?	61%	6.2%	65%	6.1%
Are you aware that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling?	52%	6.4%	56%	6.3%
Are you aware that Louisiana has a toll-free "problem gambler's" Helpline?	65%	6.1%	73%	5.7%
Have you ever heard of "CORE" ("The Center of Recovery"), a 24-hour residential treatment facility located in Shreveport? Through a contract with the Office for Addictive Disorders, CORE provides treatment for problem gamblers and their families free of charge to Louisiana citizens.	8%	3.4%	9%	3.7%

Participants that indicated they were aware of the Problem Gambler's Helpline were asked several follow-up questions, as were those who indicated that they had heard of the Center of Recovery (CORE). The majority of participants (65%) who were aware of the Helpline learned of it by of seeing billboards. The second most frequent method the public used to become aware of the Helpline was the telephone book. The complete data regarding the media through which the participants were made aware of the toll-free Helpline is presented in Table 5.23.

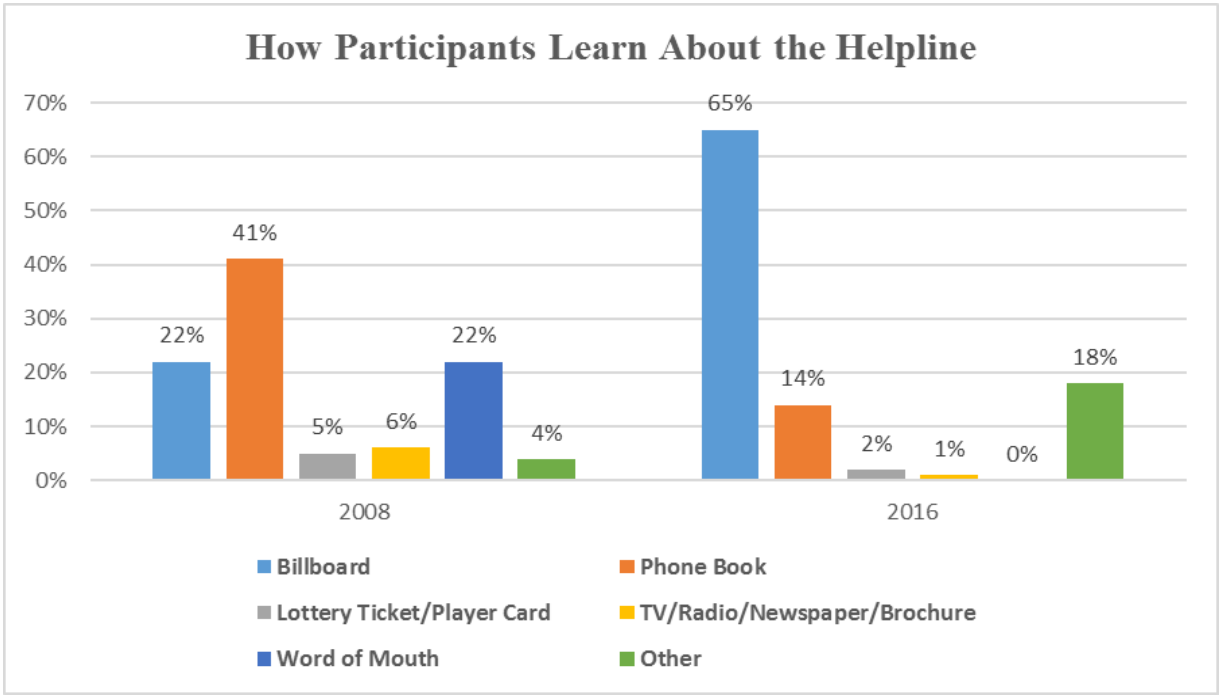


Figure 5.7: How MHSD Participants Learn about Helpline, 2008 and 2016

In 2016, the most frequent means of learning about the CORE was through word of mouth or the media. The complete data regarding the media through which the participants were made aware of CORE is presented in Table 5.24.

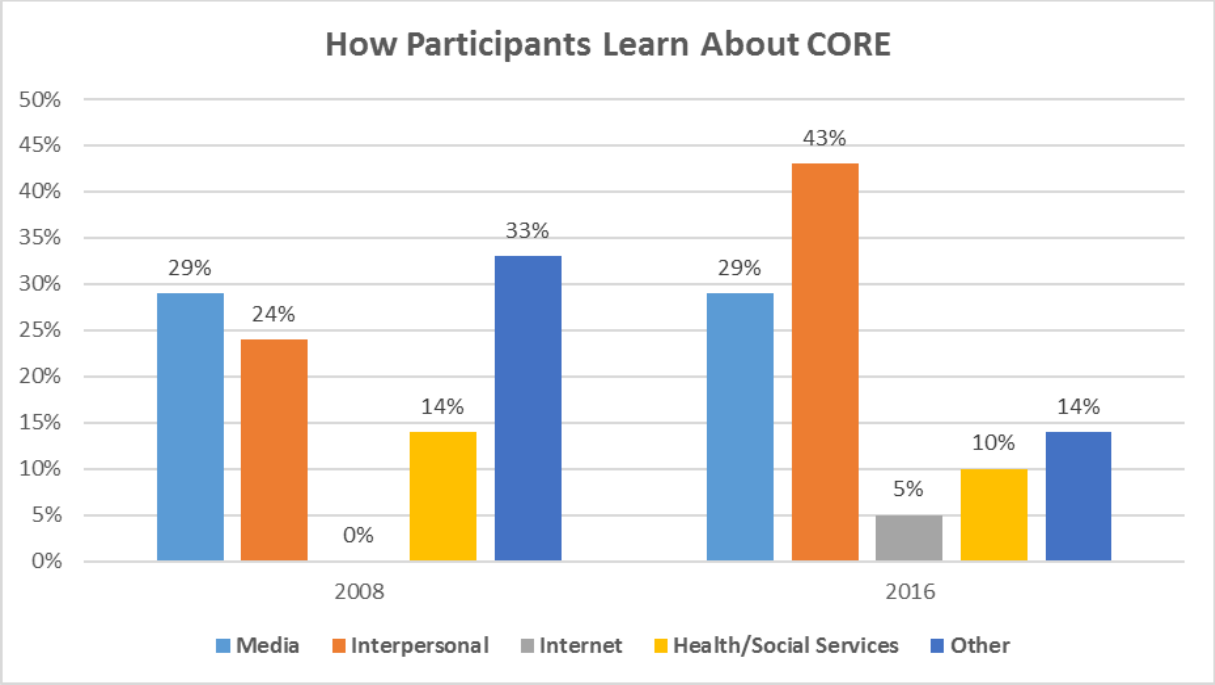


Figure 5.8: How MHSD Participants Learned About CORE, 2008 and 2016

Summary

The Metropolitan Human Services District (MHSD) is composed of three parishes in southeastern Louisiana-centered around metropolitan New Orleans, where the vast majority of gambling devices are located and is home to the only land-based, non-Tribal casino in Louisiana. The number of MHSD gambling devices has increased since 2008, most significantly in Orleans Parish, as a result of the land-based casino, which houses nearly half of all gaming devices in the region. One observation of potential concern is that since 2008, calls to the Helpline have declined by nearly 50%. However, given New Orleans' attraction as a tourist destination, it is conceivable that many gamblers in New Orleans are tourists who reside outside the region.

MHSD gambling attitudes and beliefs reflected a dichotomy; overwhelmingly, residents feel that gambling in not moral. However, when asked if gambling does more harm or good. More than half thought that the harm either far or somewhat outweighed the benefits of gambling. Furthermore, more than half thought accessibility was "fine."

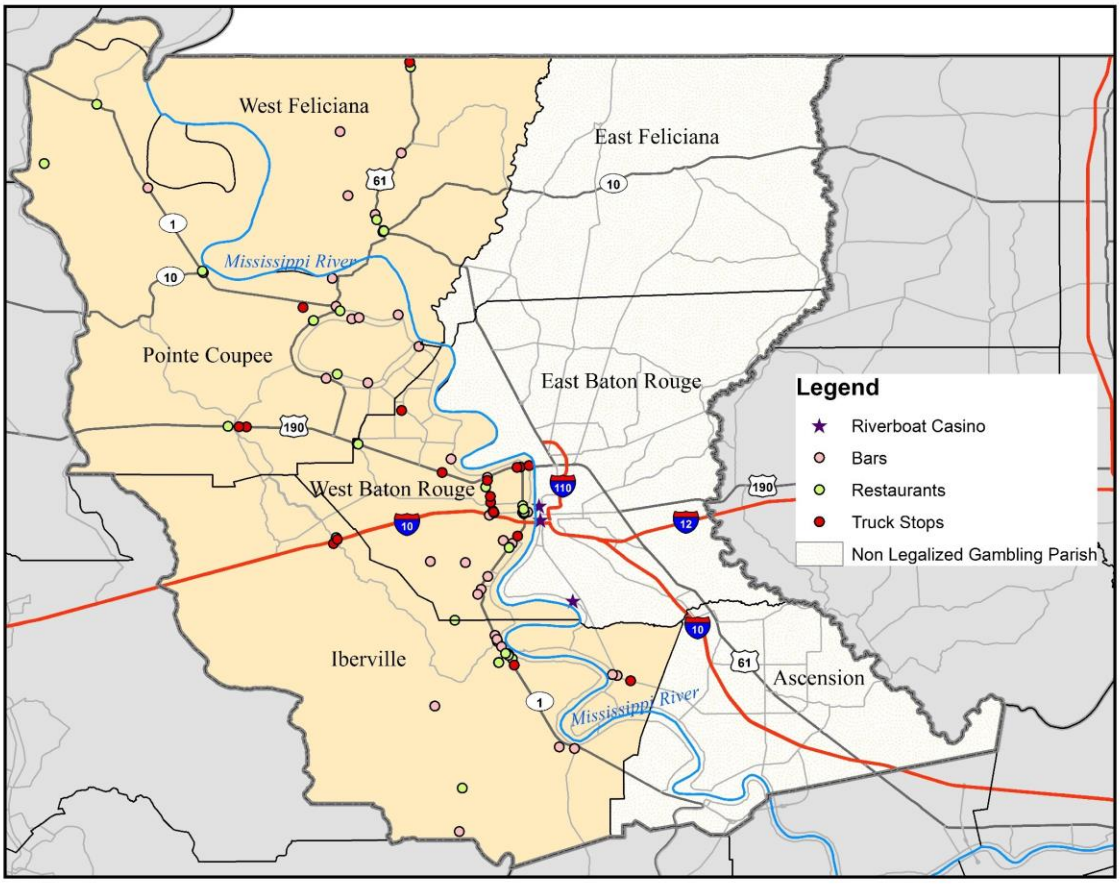
Analysis of access to and treatment capacity proves confounding, as there appears to be no accurate data collection system for treatment beyond those supports previously described. Over half of survey respondents were aware of Gamblers Anonymous 12-Step Program, the Louisiana Office for Addictive, and 73% were aware of the toll-free Helpline. However, less than 10% knew of the state's only inpatient recovery center (CORE). Anecdotally, respondents identified other supports, as did providers of the above services.

The most important finding is likely that MHSD residents gambled more and lost more money than in 2008; thus, reflecting an increased prevalence rates of potentially problem gamblers (7.4% (+/- 3.3%)) and potentially pathological gamblers (4.6% (+/- 2.7%)).

CHAPTER 6

CAPITAL AREA HUMAN SERVICES DISTRICT FINDINGS AND RESULTS

Capital Area Human Services District (CAHSD)



The Capital Area Human Services District (CAHSD) is located in north-central Louisiana and consists of seven parishes: Ascension, East Baton Rouge, East Feliciana, Iberville, Point Coupee, West Baton Rouge, and West Feliciana. Approximately 66% of the adult population is located in East Baton Rouge Parish and in the Baton Rouge metropolitan area. The second most populated area is Ascension Parish, making up 16% of the total adult population in CAHSD. The remainder of the population is scattered among the remaining three parishes. From 2002 to 2008, CAHSD grew by approximately 40,000 individuals and has maintained steady growth since then. The CAHSD area is the seat of state government and an industrial center in the state.

Gaming Data

The Louisiana State Police Gaming Enforcement Division provided the gaming data for this study. The information collected and analyzed includes: location and mapping of establishments, number of

operating establishments, license type, the number of gaming devices (slots and/or video poker), and per capita rates for establishments, devices and revenue (if provided).

Spatial analysis of the regional map indicates that gambling establishments are present in five of the seven parishes in the CAHSD. This includes three riverboat-based casinos in East Baton Rouge Parish. Local bars represent the most frequent type of licensed gambling establishment for this region, followed by restaurants. Approximately 86% of the region's gaming devices are located in East Baton Rouge Parish, and the data for CAHSD indicates that access to riverboat casinos is concentrated in this area.

Table 6.1 provides a parish-by-parish report on the number of gaming devices in the region. No gambling establishments were reported in Ascension and East Feliciana parishes and, therefore, they are not listed in the table.

Table 6.1: CAHSD Gambling Establishments and Devices

Parish	License Type	Number of Gaming Devices		Number of Establishments	
		2008	2016	2008	2016
East Baton Rouge	Riverboat	2,200	3,567	2	3
	Parish Total	**2,200**	**3,567**	**2**	**3**
Iberville	Bars	73	45	24	15
	Restaurants	37	24	12	8
	Truck Stops	149	140	4	4
	Parish Total	**259**	**209**	**40**	**27**
Pointe Coupee	Bars	48	36	16	12
	Restaurants	39	26	13	8
	Truck Stops	114	108	4	3
	Parish Total	**201**	**170**	**33**	**23**
West Baton Rouge	Bars	63	54	21	18
	Restaurants	30	21	10	7
	Truck Spots	427	518	12	12
	OTB	71	0	1	0
	Parish Total	**591**	**593**	**44**	**37**
West Feliciana	Bars	21	15	7	5
	Restaurants	21	12	7	4
	Motels/Hotels	3	0	1	0
	Truck Stops	67	70	2	2
	Parish Total	**112**	**97**	**17**	**11**
	Region Total	**3,363**	**4,636**	**136**	**101**

Per Capita Rates Gaming Establishments and Devices

Of note, per capita rates for both establishments and devices should be interpreted with caution; as reported in the methodology section, the adult population is calculated using two different operational definitions. The adult population for 2016 is defined as 21 years and older (legal gambling age). The 2008 study defined the adult population as 18 years and older, legal adult age. Therefore, a comparison of the

two reporting periods is not provided for this section. The discrepancy is noted in the limitations section of the report with suggestions for future reporting cycles and data collection procedures.

Tables 6.2 and 6.3 provide information on per capita rates on gaming establishments and devices per 1,000 adults. For this study, 2015 census estimates were used to calculate the rates. Also, only adults of legal gambling age (21 years and older) were used for the 2016 findings (a change from the 2008 methodology).

The data indicates that West Baton Rouge has the highest gaming establishments per capita at 2.08 per 100 adults; Pointe Coupe and Iberville are second and third, respectively. In 2016, the rate of gambling establishments per 1,000 adults for the region was 0.21, revealing a different trend. Although West Baton Rouge Parish had the highest number of devices per capita in the region, East Baton Rouge was second at 11.27 per 100 adults despite having only two operating establishments. Cumulatively, the per capita rate for the region was 9.64.

Table 6.2: CAHSD Establishments per 1,000 Adults

Parish	Adult Population			Gaming Establishments			Sites/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Ascension	53,562	70,583	78,552	0	0	0	0	0.00	0.00
East Baton Rouge	304,685	321,856	316,524	2	2	3	0.01	0.01	0.01
East Feliciana	15,870	16,018	15,145	0	0	0	0	0.00	0.00
Iberville	24,590	24,813	24,696	69	40	27	2.81	1.61	1.09
Pointe Coupee	16,549	17,058	16,430	39	33	23	2.36	1.93	1.40
West Baton Rouge	15,531	16,798	17,820	65	44	37	4.19	2.62	2.08
West Feliciana	12,043	12,936	11,600	22	17	11	1.83	1.31	0.95
CAHSD (Total)	442,830	480,062	480,767	197	136	101	0.44	0.28	0.21

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Table 6.3: CAHSD Devices per 1,000 Adults

Parish	Adult Population			Gaming Devices			Devices/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Ascension	53,562	70,583	78,552	0	0	0	0	0.00	0.00
East Baton Rouge	304,685	321,856	316,524	1,762	2,200	3,567	5.78	6.84	11.27
East Feliciana	15,870	16,018	15,145	0	0	0	0	0.00	0.00
Iberville	24,590	24,813	24,696	374	259	209	15.21	10.44	8.46
Pointe Coupee	16,549	17,058	16,430	183	201	170	11.06	11.78	10.35
West Baton Rouge	15,531	16,798	17,820	929	427	593	59.82	25.42	33.28
West Feliciana	12,043	12,936	11,600	165	112	97	13.70	8.66	8.36
CAHSD (Total)	442,830	480,062	480,767	3,413	3,199	4,636	7.70	6.66	9.64

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Louisiana Problem Gambler's Helpline

Established in 2001, the Louisiana Problem Gambler's Helpline is a toll-free, confidential information and referral line that assists individuals in the state of Louisiana who are affected by gambling problems. The data provided for this report is more extensive than was available in 2008. The raw data allows for the analysis of subpopulations within a specific region, including age, ethnicity, employment status, etc. However, because of small *N*s, some indicators (e.g., mental health, suicide, etc.) could not be disaggregated beyond the state level.

Figure 6.1 provides a breakdown of the origination of intake calls in the CAHSD by number and percentage. The data depicts that most calls came from East Baton Rouge Parish and very few came from other parishes in the CAHSD.

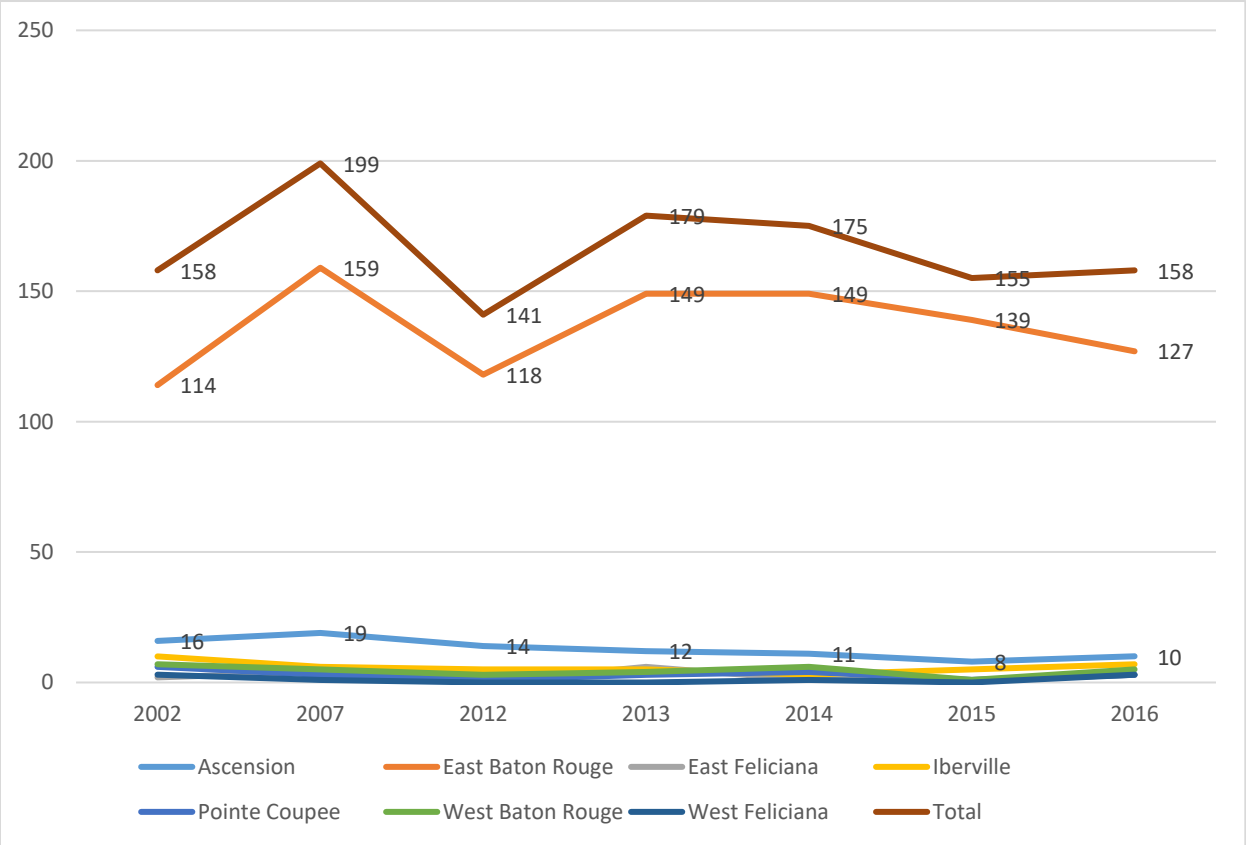


Figure 6.1: CAHSD Helpline Data: Frequency of Intake Calls

Table 6.4 illustrates a person originating a call to the Helpline. In the majority of cases, the gambler called the Helpline to seek help for him or herself. Otherwise, calls to the Helpline were made by a variety of individuals inquiring about gambling, signs of problems, and services. Immediate family members (mother, father, etc.) constitute the second largest number of callers, demonstrating concern for a family member and a desire for information related to services, signs of gambling problems/addiction, etc.

Table 6.4: CAHSD Helpline Data: Relationship of Gambler to Caller

CAHSD	Ascension					E. Baton Rouge					E. Feliciana				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	11	7	8	4	7	100	121	108	111	105	0	6	1	0	3
Family	1	5	2	4	2	11	19	31	20	16	0	0	0	1	0
Non Family	1	0	1	0	1	5	5	10	7	6	0	0	0	0	0
Unwilling	1	0	0	0	0	2	4	0	1	0	0	0	0	0	0
CAHSD	**Iberville**					**Pointe Coupee**					**W. Baton Rouge**				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	4	4	3	4	7	1	2	3	1	2	2	4	2	1	4
Family	1	1	0	1	0	0	1	1	0	1	1	0	4	0	1
Non Family	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unwilling	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CAHSD	**W. Feliciana**														
	2012	2013	2014	2015	2016										
Self	0	0	1	0	3										
Family	0	0	0	0	0										
Non Family	0	0	0	0	0										
Unwilling	0	0	0	0	0										

The subjects of the intake calls are equally divided between males and females (slightly more males than females), as indicated through an examination of demographic data from intake calls between 2012 and 2016. The most prevalent racial group represented in the intake calls is African Americans, followed by Caucasians. The ages of the gamblers are also generally equally distributed across gamblers between the ages of 25 to 64. This data also indicates an overwhelming number of calls coming from East Baton Rouge Parish.

Caring Communities Youth Survey (CCYS)

The Caring Communities Youth Survey (CCYS) is a biennial survey administered (with parental permission) to all Louisiana 6th, 8th, 10th and 12th grade public and private school students. Since 2010, the survey item bank has included youth gaming indicators. Overall, the trend statewide has declined on these indicators for each grade level since 2010.

Although causal inferences cannot be made when comparing adult with youth gambling attitudes, acceptable norms, endorsed at the community level, can have positive or adverse effects on youth. Since morality has its inception in the home, examining youth gambling indicators and adult attitudes at the individual level may yield more granular findings. CAHSD youth (6th and 8th grade students) report "betting on sports" as the most common form of gambling, which may reflect that children view these activities as informal as they are betting among peers and not at established gambling sites.

"Playing bingo for money" is the second most popular gambling activity. Louisiana has many bingo parlors with no age restrictions; thus, it is common for parents to bring their children to play bingo. Similar to reports from 6th and 8th graders, CAHSD 10th grade students also indicated "betting on sports" as the most popular gambling activity; however, they reported that playing bingo, betting on cards, and betting on games of skill are equally popular, second choices. High school seniors bet on sports most, followed by betting on cards. Complete information on gambling indicators for CAHSD is presented in the tables below.

Table 6.5: CAHSD Overall Sample Size by Year and Grade

Sample		Grade 6	Grade 8	Grade 10	Grade 12
2008	14,858	4,054	4,384	3,584	2,836
2010	14,993	4,326	3,977	3,734	2,956
2012	15,211	4,783	4,445	3,265	2,718
2014	13,562	3,861	3,561	3,427	2,713

Table 6.6: CAHSD CCYS Percent of Young Gambling by Grade and Game Type

CAHSD	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
Bet on Sports	19.9	19.7	18.5	21.8	23.0	21.0	20.5	21.7	18.4	18.2	17.7	15.2
Bet on Cards	11.2	9.7	7.7	18.4	14.7	11.4	18.5	14.8	12.1	16.6	14.3	11.8
Played Bingo for Money	21.3	22.1	17.3	19.7	20.0	16.9	14.7	13.2	12.8	10.1	10.4	9.1
Bet on Dice	4.1	3.2	2.3	6.7	5.9	5.7	7.9	6.2	5.6	6.8	5.8	6.0
Bet on Games of Skill	14.2	14.0	13.2	15.2	15.3	13.0	13.8	13.8	11.9	12.2	11.2	9.5

Table 6.7: CAHSD CCYS Percent of Youth Participation in Gambling by Year and Grade

Gambled in the Past Year	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
CAHSD	42.5	43.8	39.6	45.7	46.7	42.6	44.8	42.1	37.3	38.0	35.6	31.5
State	47.1	45.3	40.6	50.1	48.6	44.1	46.5	44.0	40.8	41.0	37.8	34.4

Table 6.5 reports the overall sample size by year and grade. Table 6.6 demonstrates the percent of youth who reported gambling and the type of game played. Table 6.7 elicits the percent of youth in grades 6-12 who reported that they gambled in the past year. Overall, youth gambling rates are declining on this indicator in the region. The only discrepancy was a slight increase among 8th graders between 2010 and 2012.

Demographic Data from Participants in Telephone Survey

A summary of the demographic variables describing the participants drawn from the CAHSD is presented in the following tables. At least 240 Louisiana CAHSD residents responded to the telephone

survey in such a way that their answers could be used in the present study. The number of participants by parish is reported in Table 6.8. The demographic variables (Sex, Marital Status, Race, Employment Status, and Education Level) are summarized in Table 6.9. Annual Income comparisons between the 2008 and 2016 sample is presented in Table 6.10. Finally, the age data for the 2008 and 2016 samples are presented in Table 6.11.

Examination of Table 6.8 clearly indicates that the majority (66%) of the respondents to the telephone survey in this region reside in East Baton Rouge Parish, followed by Ascension Parish (17%). This is not surprising, given the population concentration in this parish.

Table 6.8: CAHSD Participation by Parish

Parish	Number	%
Ascension	41	17%
East Baton Rouge	159	66%
East Feliciana	8	3%
Iberville	14	6%
Pointe Coupee	9	4%
West Baton Rouge	6	2%
West Feliciana	4	2%
CAHSD (Total)	241	100%

Table 6.9 indicates that the sampling periods are similar with the exception of disparity by gender. The 2008 sample included significantly more females than males. In both 2008 and 2016, the majority of participants were either employed or retired/disabled. In both 2008 and 2016, about half of the participants had college degrees, with only 9% reporting that they had less than a high school diploma in 2008 and 3% in 2016.

Table 6.9: Demographic Variables of Participants from 2008 and 2016 for CAHSD

	2008		2016	
Sex	**Number**	**%**	**Number**	**%**
Male	73	30%	116	48%
Female	167	70%	125	52%
Marital Status				
Married	144	60%	136	56%
Divorced	45	19%	32	13%
Widowed	18	8%	20	8%
Separated	3	1%	4	2%
Never Married	28	12%	43	18%
Unmarried Couple	0	0%	4	2%
N/A	2	1%	2	1%
Race				
White	153	64%	154	64%
Black	66	28%	71	29%
Hispanic	9	4%	3	1%
Other	10	4%	7	3%
No Answer	2	1%	6	2%
Employment Status				
Employed Full or Part	136	56%	145	60%
Not in Labor Force	32	13%	13	5%
Retired or Disabled	70	29%	82	34%
N/A	2	1%	1	0%
Highest Level Completed				
Less than HS	21	9%	8	3%
HS or GED	62	26%	57	24%
Some Post-Secondary	57	24%	58	24%
Bachelors or more	98	41%	111	46%
N/A	2	1%	7	3%

Table 6.10 indicates income data. Nearly half of the CAHSD participants reported that they earned more than $50,000. Of note, 17% of the participants declined to specify their income.

Table 6.10: CAHSD Annual Income of Participants from 2016

	2016	
Annual Income	**Number**	**%**
Up to $10,000	17	7%
Up to $20,000	21	9%
Up to $25,000	14	6%
Up to $35,000	14	6%
Up to $50,000	13	5%
Greater than $50,000	122	51%
N/A	40	17%

Table 6.11 illustrates that the average age of the CAHSD participants was slightly older in 2016 than in 2008. The average age of participants across the state in 2016 was 55 years, which approximates the 2016 CAHSD average.

Table 6.11: CAHSD Age of Participants from 2008 and 2016

	Average Age	Std. Dev.	Min.	Max.	n
2008	50.6	16.2	18	91	226
2016	53.7	16.3	21	90	227
Louisiana	55.0	16.7	21	96	2,294

Attitudes and Beliefs about Gambling

Several questions regarding participants' gambling attitudes and beliefs about gambling were asked in the telephone survey. First among those questions was, "Which of the following best describes your belief about the benefits or harm gambling has on society?" Nearly half of the participants (49%) believed that the harm either far outweighed or somewhat outweighed the benefit of gambling on society. Twenty-seven percent (27%) believed the benefit and harm were about equal, and only 6% believed the benefit either somewhat or far outweighed the harm. See Figure 6.2 for reference.

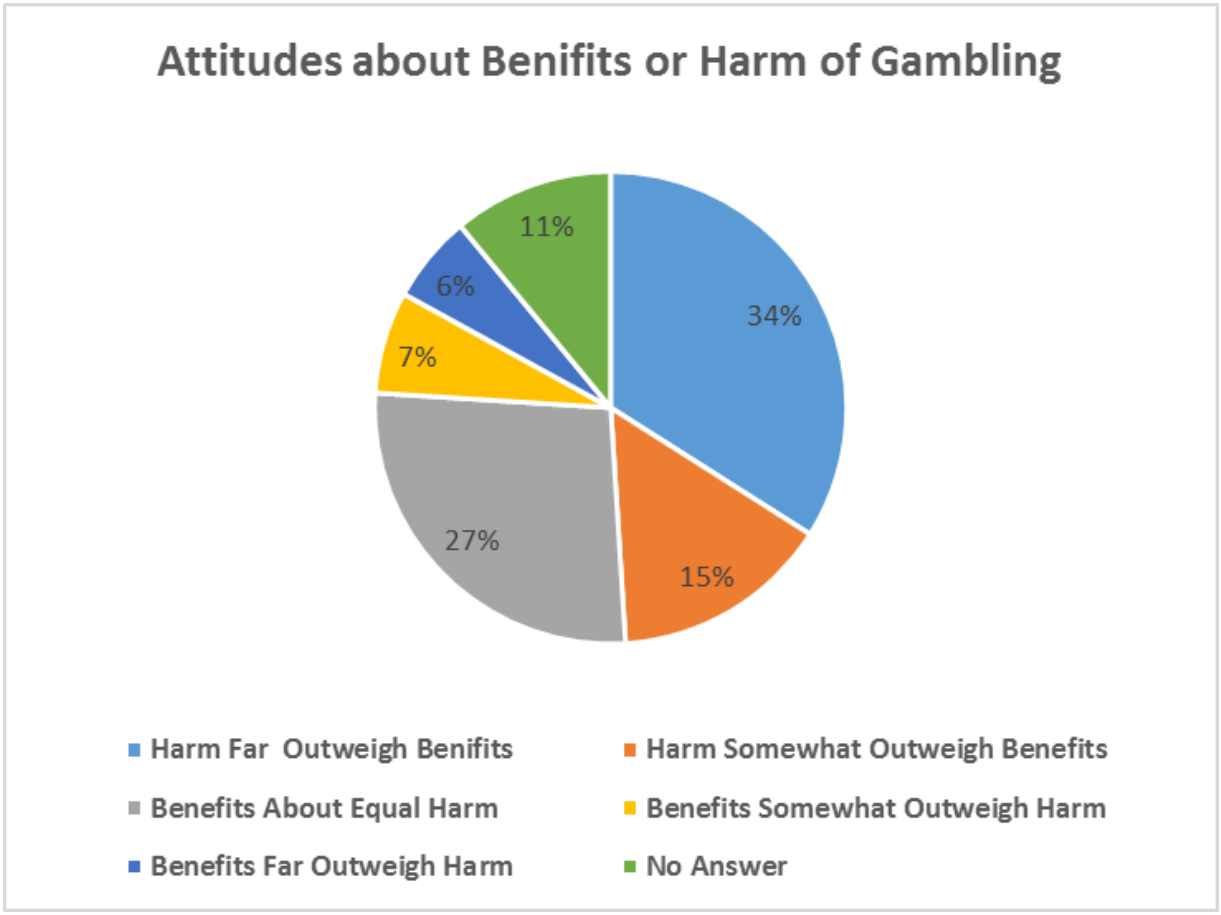


Figure 6.2: CAHSD Attitudes about Benefits or Harm of Gambling

As denoted in Figure 6.3 below, almost two-thirds of the participants believed that gambling was not morally wrong. Noteworthy is that while the majority viewed gambling as harmful, only 24% considered it moral behavior. This disparity may be due to wording or juxtaposition of the items.

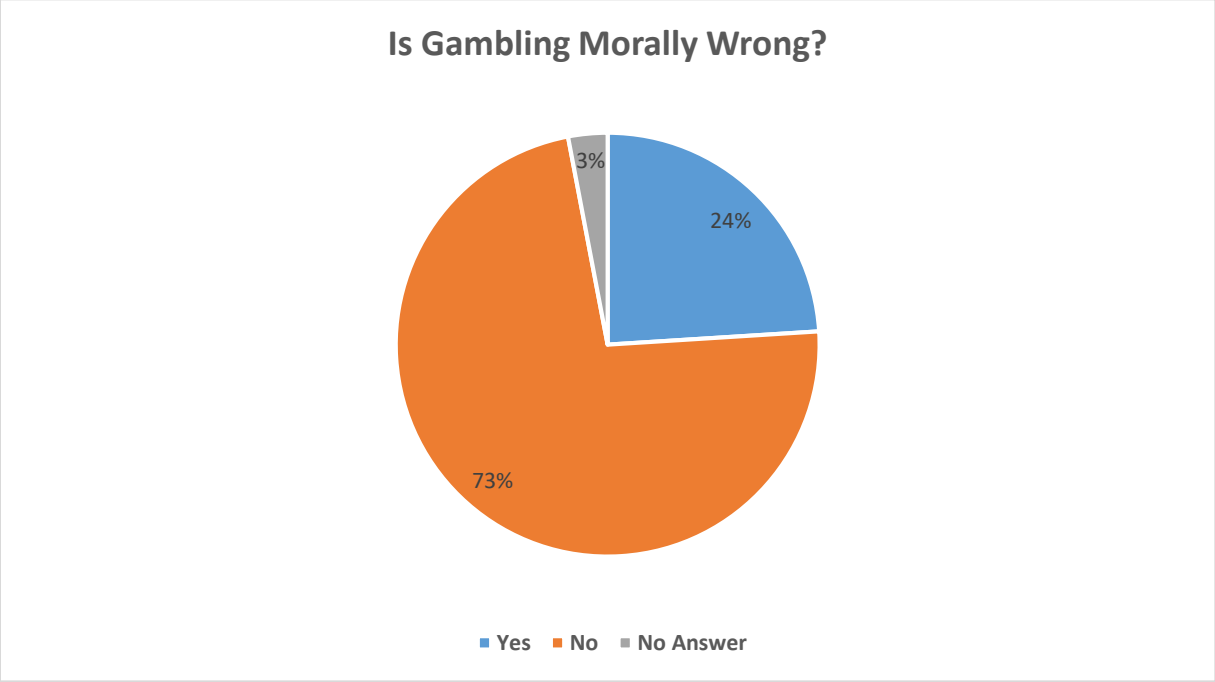


Figure 6.3: CAHSD Beliefs about the Morality of Gambling

Participants were asked about perceptions of the positive and negative impacts of gambling in Louisiana. The results are shown in Figures 6.4 and 6.5 below. Participants believed that gambling addiction was the most negative impact of gambling, followed by the belief that people who cannot afford to gamble are given the opportunities to do so. Positive beliefs include gambling's impact on Louisiana employment opportunities, expressed by 36% of the sample. It should be noted that 26% believed that gambling had no positive impact.

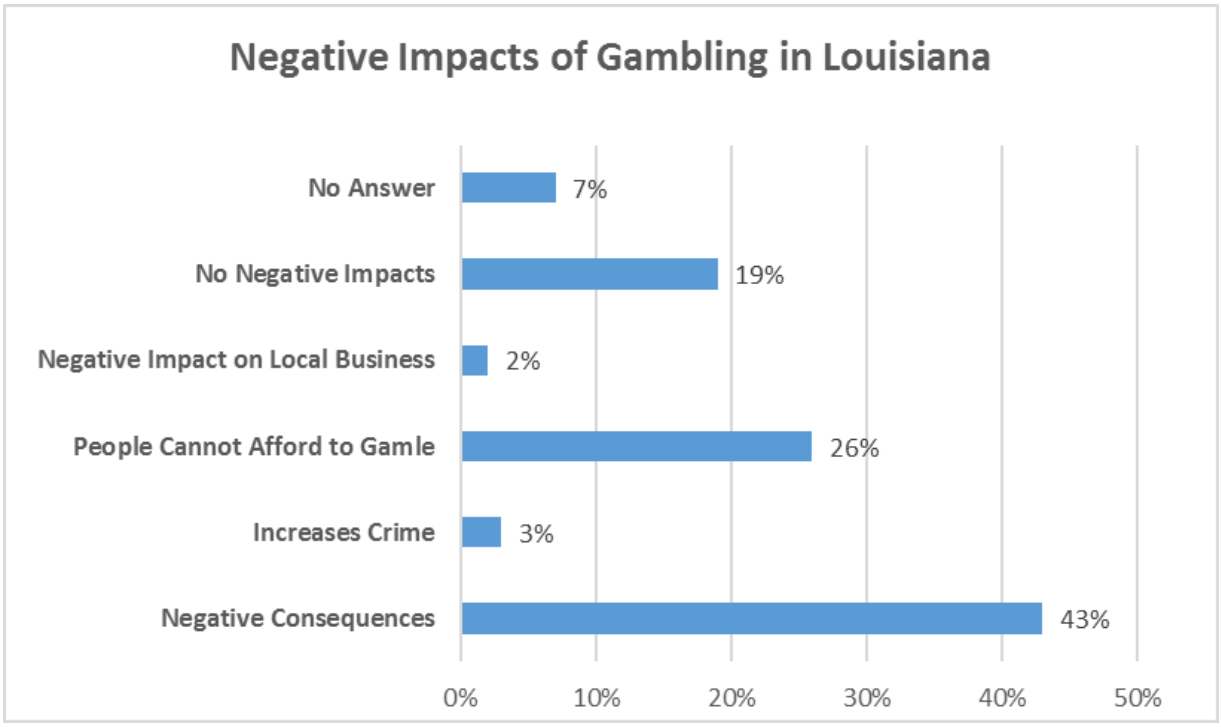


Figure 6.4: CAHSD Beliefs about Negative Impacts of Gambling in Louisiana

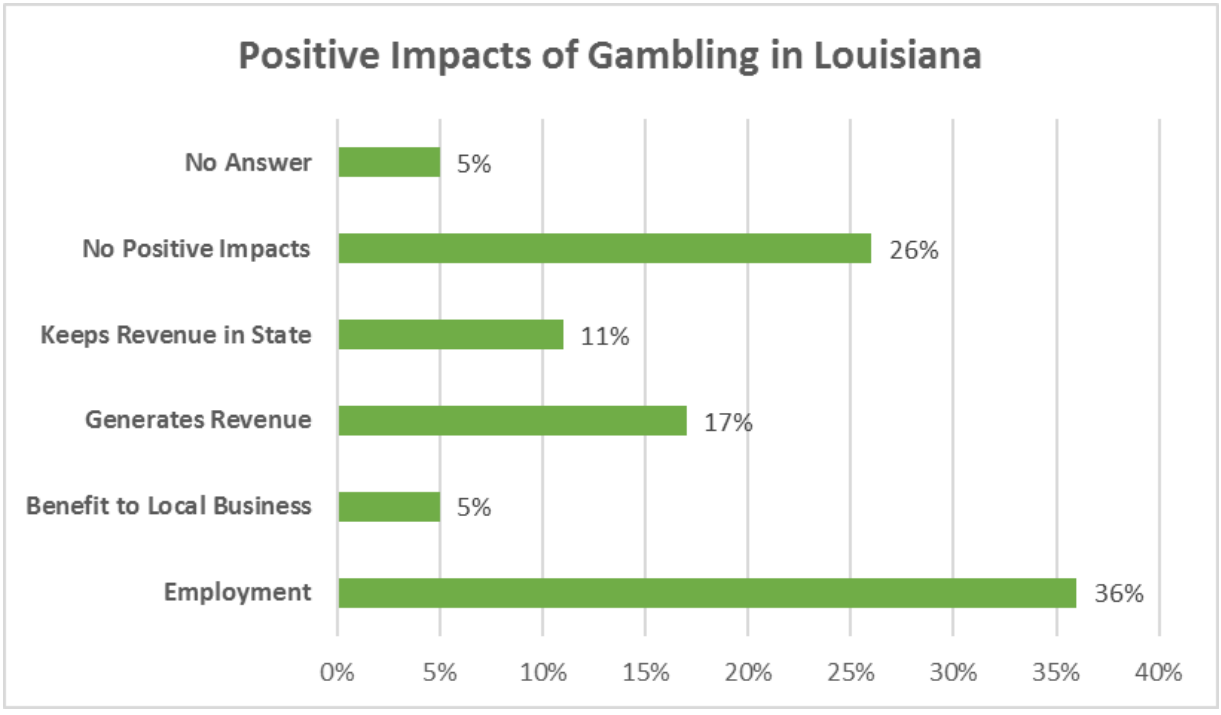


Figure 6.5: CAHSD Beliefs about Positive Impacts of Gambling in Louisiana

Finally, participants were asked their opinions about the access to gambling opportunities. Sixty percent (60%) believed that the current access is "fine," while 34% believed that gambling is too widely available. Only 2% believed that gambling was not available enough, denoted in Figure 6.6 below.

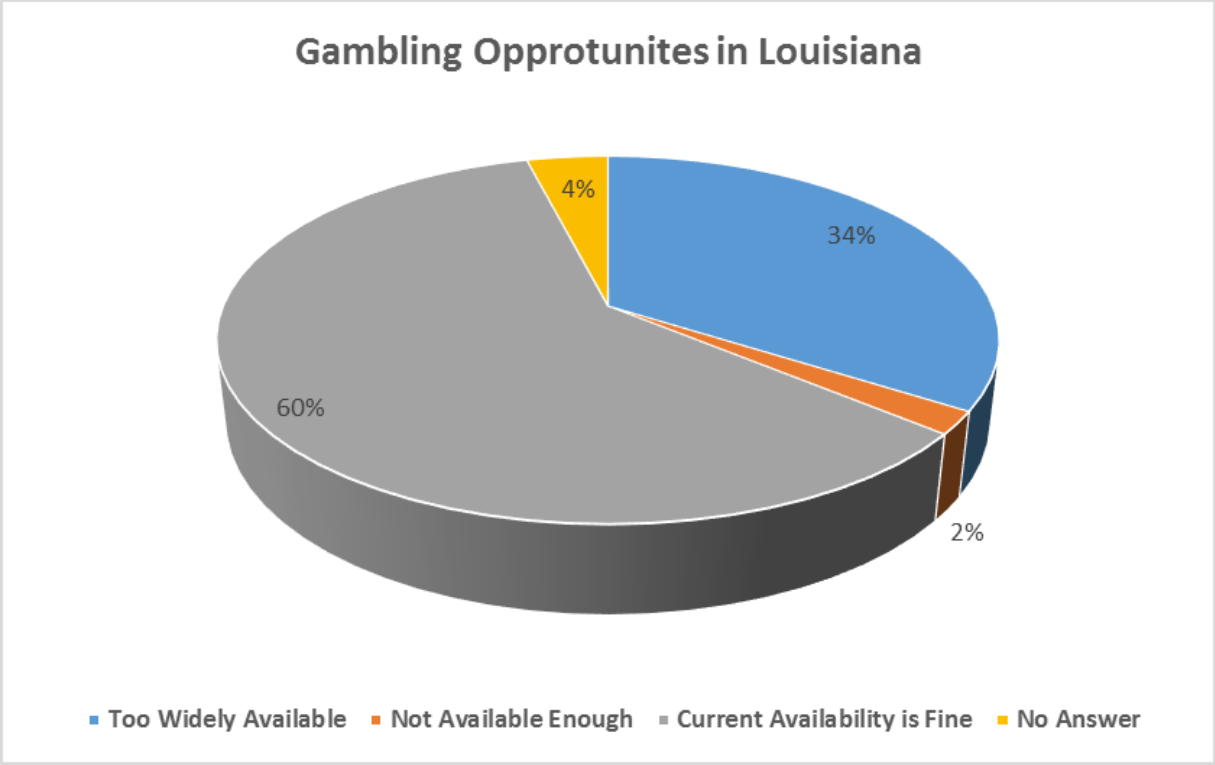


Figure 6.6: CAHSD Attitudes about Gambling Opportunities in Louisiana

Potential Problem and Potential Pathological Gambling

Participants were asked questions about their personal gambling behavior. Several interesting differences are evident in these data. Seventy-two percent (72%) of the CAHSD sample who reported that they had gambled in the past reported that the most they had gambled in one day was less than $1,000. One-third of the respondents noted that the most they had gambled in a day was between $10.00 and $100.00. The largest amount of money the respondents reported that they had lost in one day is similar to the amount they reported to have gambled. Considerably more people reported having never gambled in 2016 than in 2008, and more people gambled between $10 and $1000 in 2016 than in 2008.

Table 6.12: CAHSD Amount of Money Gambled in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	8	6%	4.0%	56	24%	5.4%
$1.00 or Less	20	15%	6.0%	18	8%	3.4%
$1.01 - $10.00	79	58%	8.3%	30	13%	4.2%
$10.01 - $100.00	21	15%	6.0%	78	33%	6.0%
$100.01 - $1,000.00	3	2%	2.4%	42	18%	4.8%
$1,000.00 - $10,000.00	1	1%	1.7%	11	5%	2.7%
More than $10,000.00	4	3%	2.9%	3	1%	1.4%

Table 6.13: CAHSD Amount of Money Lost in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	7	5%	3.7%			
$1.00 or Less	22	16%	6.2%	12	7%	3.6%
$1.01 - $10.00	69	51%	8.4%	32	17%	5.5%
$10.01 - $100.00	27	20%	6.7%	87	48%	7.2%
$100.01 - $1,000.00	4	3%	2.9%	38	21%	5.9%
$1,000.00 - $10,000.00	2	1%	2.0%	12	7%	3.6%
More than $10,000.00	4	3%	2.9%	2	1%	1.5%

The South Oaks Gambling Screen (SOGS) questions, which indicate potential problem or potential pathological gambling, elicit a nuanaced picture of gambling behavior. The questions were posed so that respondents could answer in a yes/no format or in a way so that answers could be collapsed into yes/no formats.

As can be determined from Table 6.14, the questions most likely to elicit a "yes" answer from the participants in the 2016 sample were "gambling more than intended to" and "felt guilty." "Gambling more than intended to" was also a top answer in the 2008 survey. It should be noted that there may be many people who gamble more than they intend on occasion; such an acknowledgement in and of itself cannot be used as a primary measure of problems or pathology. The following table summarizes salient items from the SOGS. The margins of error (+/-) included in the table should be used to project sample estimates to the population of the region.

Table 6.14: CAHSD Responses to Questions from Telephone Survey, 2008 and 2016

Question	2008		2016	
	%Yes	+/-	%Yes	+/-
Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?	4%	12.8%	3%	2.4%
Do you feel that you have ever had a problem with betting money or gambling?	4%	17.2%	5%	3.1%
Did you ever gamble more than you intended to?	14%	15.2%	19%	5.5%
Have people ever criticized you for gambling, or told you that you had a gambling problem, regardless of whether or not you thought you had one?	4%	17.2%	5%	3.0%
Have you ever felt guilty about the way you gamble or what happens when you gamble?	8%	16.0%	12%	4.5%
Have you ever felt that you would like to stop betting money or gambling, but didn't think you could?	6%	16.5%	3%	2.2%
Have you ever hidden betting slips, lottery tickets, gambling money, IOUs or other signs of gambling from your spouse, children or other important people in your life?	3%	16.7%	4%	2.7%
Have you ever argued with people who you live with over how you handle your money?	9%	16.2%	12%	4.4%
(If you answered yes to last question) Have money arguments ever centered on your gambling?	4%	17.2%	17%	15.5%
Have you ever borrowed money from someone and not paid them back as a result of your gambling.	1%	19.5%	2%	1.7%
Have you ever lost time from work (or school) due to betting money or gambling?	1%	13.8%	2%	1.9%
Have you ever borrowed money to gamble or to pay for gambling debts?			3%	2%
Have your ever gone back to win back money you lost?			20%	14%

Potential problem and pathological gambling were defined according to participants' scores on the South Oaks Gambling Screen (SOGS) in the present study as in the 2008 and 2002 study. The results indicate a regional increase in both problem and pathological gambling since previous studies. Changes in the rates of problem and pathological gambling from 2002, 2008 and 2016 are presented in Table 6.15.

The data indicates a prevalence rate of potential CAHSD problem-gamblers to be 4.6% (+/- 2.6%) and the prevalence rate of potential pathological-gamblers to be 4.6% (+/- 2.6%). The projected number of problem and pathological gamblers is calculated by multiplying the percentage of persons identified as problem or pathological gamblers by the population of the region. Using the 2016 survey data and the American Community Survey census estimates of adults 21 and older, the projected estimate of potential problem-gamblers in CAHSD is 21,944 adults (Table 6.15). The 2016 projection for both possible problem- and possible pathological-gamblers is substantially higher than in the 2008 study.

Table 6.15: CAHSD Rates and Number of Potential Problem and Pathological gamblers

	Potential Problem Gamblers				Potential Pathological Gamblers			
	Vogel & Ardoin	Picard Center			Vogel & Ardoin	Picard Center		
	2002	2008	2016	2016 +/-	2002	2008	2016	2016 +/-
CAHSD %	3.8	2.5	4.6%	2.6%	0.8	1.3	4.6%	2.6%
Number	16,828	12,002	21,944	12,695	3,543	6,241	21,944	12,695
State %	3%	1.7%	5.4%	0.9%	1.6%	1.4%	2.9%	0.7%
Number	97,161	54,360	179,239	30,015	51,819	44,767	96,258	22,284

Demographic variables from the 2016 CAHSD sample are cross-tabulated with reported gambling practices in Table 6.16. Respondents are identified by demographic variables and the following indicators:

- whether they never gambled,
- were at risk for gambling problems,
- were possible problem gamblers, or
- were possible pathological gamblers.

Individuals classified as at-risk score between one and two on the SOGS, just below the cut-off for potential problem gambler. Interestingly, often the percentage of participants meeting the criteria for at-risk is much higher than participants that scored a zero on the SOGS or have never gambled.

Several observations are notable. First, it appears that problem gamblers are younger than pathological gamblers. Also, essentially the same number of males and females are identified as potential problem gamblers, but there are more male than female who are potential pathological gamblers. Additionally, African Americans appear more likely to be classified as potential pathological gamblers than Caucasians. However, the highest rate of potential pathological gamblers are individuals classified as "other" in the racial category. More potential problem and potential pathological gamblers are tobacco users than non-users. Table 6.16 presents gambling practices by demographic variables.

Table 6.16: CAHSD Demographic Variables by Gambling Practices Categories

	n	Never	At Risk	Possible Problem	Possible Pathological
Age	56.3	53.9	47.9	46.3	53.7
Gender					
Female	125	21%	73%	5%	2%
Male	116	15%	73%	4%	8%
Race					
White	154	12%	82%	5%	1%
Black	71	30%	58%	4%	8%
Other	10	30%	50%	0%	20%
Marital Status					
Married	140	16%	79%	3%	2%
Not Married	99	21%	65%	7%	7%
Employment					
Employed Full/Part	145	14%	74%	7%	5%
Not In Labor Force	13	31%	54%	8%	8%
Retired Disabled	82	21%	76%	0%	4%
Household Income*					
High	135	13%	76%	5%	6%
Middle	28	14%	79%	0%	7%
Low	38	32%	58%	8%	3%
Education Level					
High School or less	65	18%	71%	6%	5%
Some college or more	169	17%	75%	4%	4%
Tobacco User					
Non-user	197	20%	74%	4%	3%
User	44	9%	70%	9%	11%

Treatment

Participants were asked several questions aimed at their awareness of Louisiana treatment options. Sixty-four percent (64%) were aware of the Gamblers Anonymous 12-Step Program, 61% knew that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling, and 73% were aware of the toll-free Helpline. However, few participants (7%) had heard of the Center of Recovery (CORE). Therefore, few respondents in this region are aware of the existence of inpatient services for gamblers. These items were in yes/no format and appear in Table 6.17.

Table 6.17: CAHSD Awareness of Treatment Options, 2008 and 2016

Question	2008		2016	
	% Yes	+/-	% Yes	+/-
Are you aware of the Gamblers Anonymous 12-Step Program?	64%	7.6%	66%	6.0%
Are you aware that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling?	61%	8.0%	51%	6.3%
Are you aware that Louisiana has a toll-free "problem gambler's" Helpline?	73%	6.6%	79%	5.2%
Have you ever heard of "CORE" ("The Center of Recovery"), a 24-hour residential treatment facility located in Shreveport? Through a contract with the Office for Addictive Disorders, CORE provides treatment for problem gamblers and their families free of charge to Louisiana citizens.	7%	12.1%	11%	4.0%

Participants who indicated they were aware of the Problem-Gambler's Helpline were asked several follow-up questions, as were those who indicated that they had heard of the Center of Recovery (CORE). The majority of participants (68%) who were aware of the Helpline learned of from billboards. The second means by which the public became aware of the Helpline was the telephone book. It appears that the public relied less on the telephone book and less so by word of mouth and television or radio in 2016 as compared to 2008, and more on billboards and "other," which may have included digital media. Figure 6.7 demonstrates how participants were made aware of the toll-free Helpline.

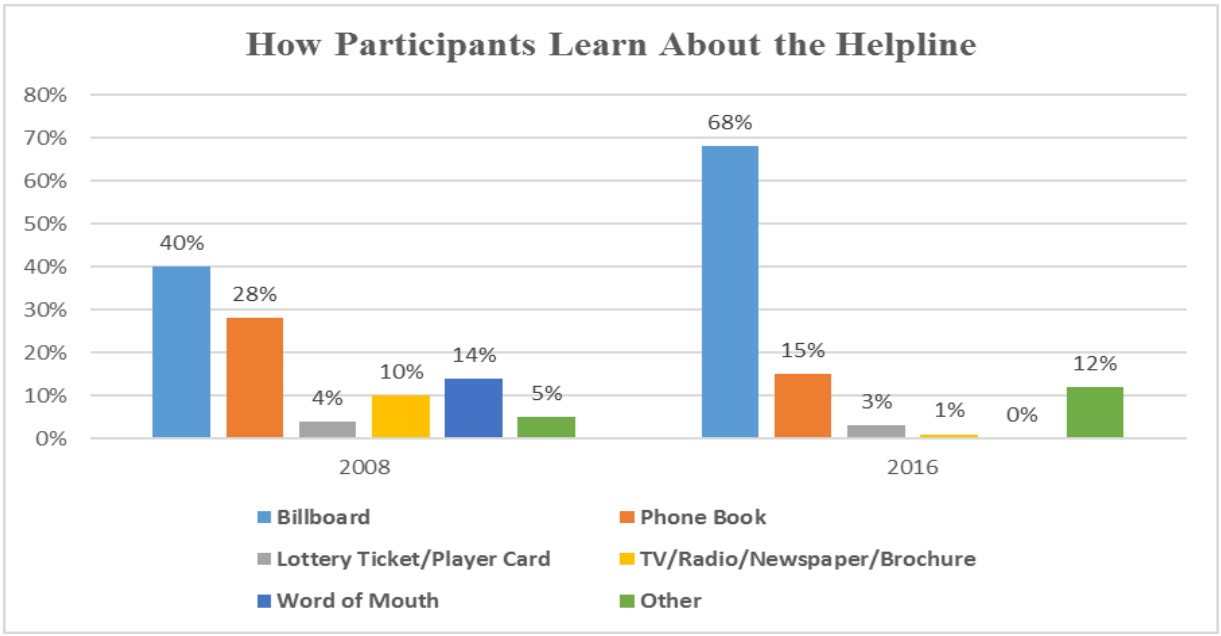


Figure 6.7: How CAHSD Participants Learned about Helpline 2008 and 2016

In 2016, the majority of respondents learned about the CORE program through word of mouth or the media. More people use interpersonal and health/social services as information sources and fewer media sources for CORE awareness in 2016 than in 2008. A summary of the methods through which the participants become aware of CORE are presented in Figure 6.8.

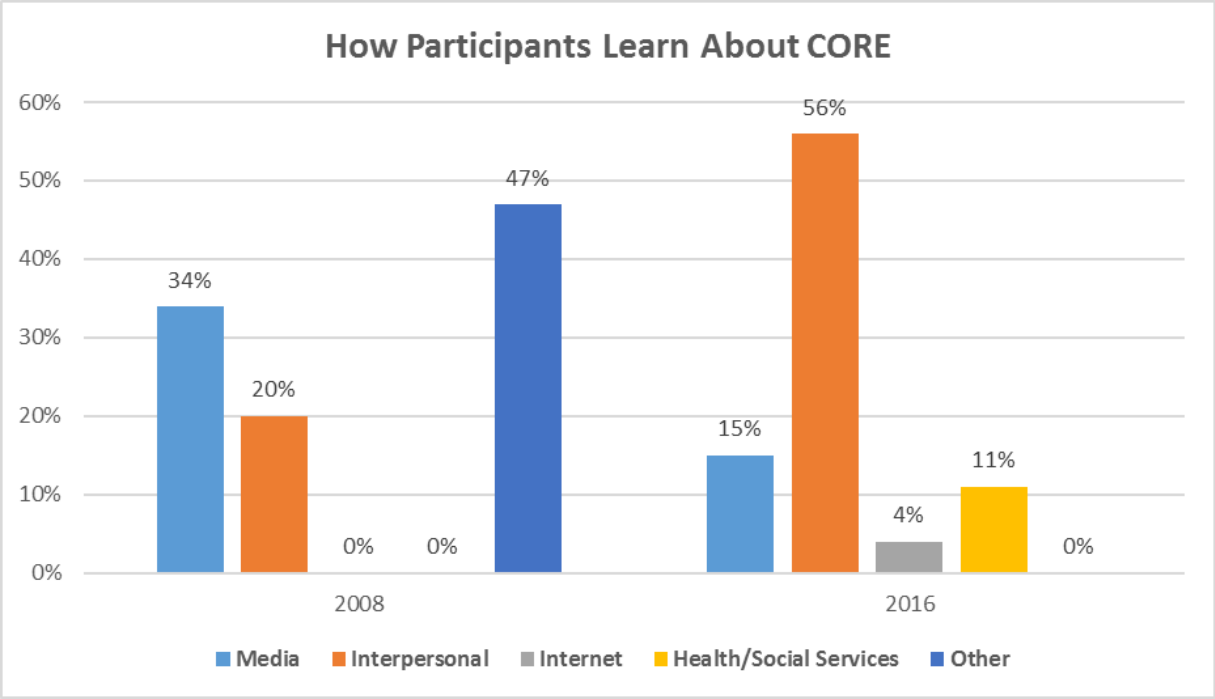


Figure 6.8: How CAHSD Participants Learned about CORE, 2008 and 2016

Summary

The Capital Area Human Services District (CAHSD) is composed of seven parishes in north-central Louisiana, centered in and around metropolitan Baton Rouge and where the vast majority of gambling devices are located primarily in riverboat casinos.

The number of gambling devices in the CAHSD has increased by over 1,000 devices since 2008, but the number of establishments have declined. The increase in gambling devices is likely due to the addition of a riverboat casino, which holds 77% of all gaming devices in the district.

CAHSD gambling attitudes and beliefs reflect a dichotomy. Overwhelmingly, residents believe the harm gambling causes either somewhat or far outweighs its benefits. Yet nearly 73% of the CAHSD population do not believe that gambling is morally wrong. Citizens of the district indicate that the major benefit to gambling is the creation of job opportunities, but also note that problems associated with gambling include addiction and financial consequences. More than half of the population feel that gambling accessibly is "fine," but 34% believe gambling is too widely available. Again, more than half of the population believes the economic benefits outweigh the harm.

Analysis of access to and treatment capacity proves confounding, as there appears to be no accurate data collection system for treatment beyond those supports previously described. Over half of survey respondents were aware of Gamblers Anonymous 12-Step Program, the Louisiana Office for Addictive, and 73% were aware of the toll-free Helpline. However, less than 10% knew of the states only inpatient

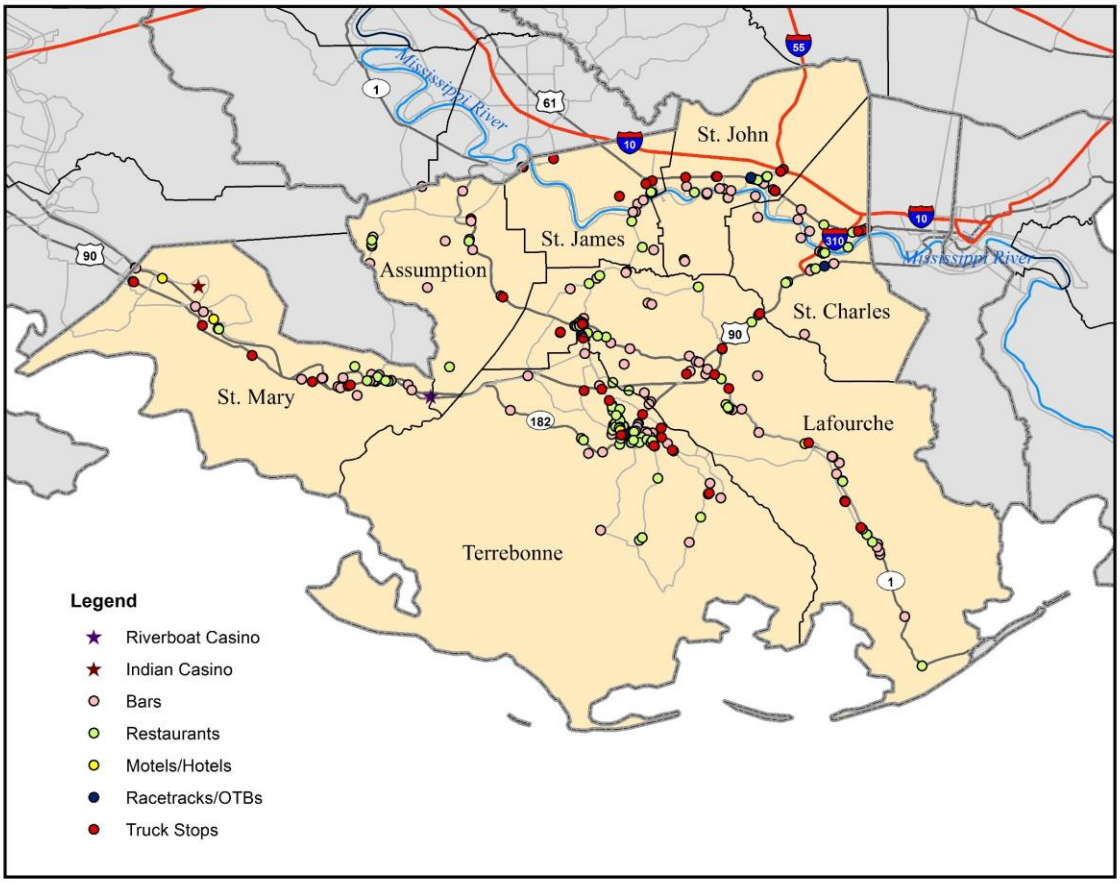
recovery center (CORE). Anecdotally, respondents identified other supports, as did providers of the above services.

The most important finding is that CAHSD residents likely gambled more and lost more money than in 2008; thus, reflecting increased prevalence rates of potentially problem gamblers (4.6% (+/- 2.6%)) and potential pathological gamblers (4.6% (+/- 2.6%)) in the district.

CHAPTER 7

SOUTH CENTRAL LOUISIANA HUMAN SERVICES AUTHORITY RESULTS AND FINDINGS

South Central Louisiana Human Services Authority (SCLHSA)



The South Central Louisiana Human Services Authority (SCLHSA) is located in south-central Louisiana and consists of seven parishes: Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne. Terrebonne Parish and Lafourche Parish are the two most populous parishes with a combined adult population of almost 150,000 residents, accounting for nearly half of the SCLHSA's total adult population. From 2008 to 2016, however, the SCLHSA lost approximately 7,000 residents from its adult population.

Gaming Data

The Louisiana State Police Gaming Enforcement Division provided the gaming data for this study. The information collected and analyzed includes: location and mapping of establishments, number of operating establishments, license type, the number of gaming devices (slots and/or video poker), and per capita rates for establishments, devices and revenue (if provided).

Spatial analysis of the regional map indicates that gambling establishments are present in all seven parishes in the SCLHSA. This includes a riverboat casino and a Tribal casino, both located in St. Mary Parish. Consequently, 46% of the SCLHSA's gaming devices are located in St. Mary Parish with 85% of the devices located in the two casinos. Between 2008 and 2016, the total number of SCLHSA gambling devices decreased from 5,719 to 5,159, respectively. This trend occurred in all parishes except St. John the Baptist, where the number of devices increased by 32, attributable to the abundance of truck stops with gaming devices. Similarly, the number of SCLHSA gambling establishments decreased from 512 to 365, respectively, a trend that was consistent across all parishes in SCLHSA, again excluding St. John the Baptist. In this parish, the number of truck stops with accessibility to gambling increased by a total of six establishments, and a racetrack (or off-track betting establishment) was introduced with 61 new gambling devices. Table 7.1 provides a parish-by-parish report on the number of gaming devices and gaming establishments in the authority.

Table 7.1: SCLHSA Gambling Establishments and Devices

Parish	License Type	Number of Gaming Devices		Number of Establishments	
		2008	2016	2008	2016
Assumption	Bars	66	32	22	12
	Restaurants	30	13	10	4
	Truck Stops	67	110	2	3
	Parish Total	**163**	**155**	**34**	**19**
Lafourche	Bars	224	154	74	54
	Restaurants	100	74	34	24
	Motels/Hotels	12	5	2	1
	Racetracks/Off-track	60	50	1	1
	Truck Stops	496	507	12	12
	Parish Total	**892**	**790**	**123**	**92**
St. Charles	Bars	59	41	20	14
	Restaurants	77	32	26	10
	Racetracks/Off-track	0	61	0	1
	Truck Stops	93	87	2	3
	Parish Total	**229**	**221**	**48**	**28**
St. James	Bars	36	25	12	10
	Restaurants	15	9	5	3
	Truck Stops	269	276	6	6
	Parish Total	**320**	**310**	**23**	**19**
St. John the Baptist	Bars	77	73	26	20
	Restaurants	47	16	16	7
	Racetracks/Off-track	95	73	1	1
	Truck Stops	125	214	3	6
	Parish Total	**344**	**376**	**46**	**34**
St. Mary	Bars	137	110	45	35
	Restaurants	53	21	18	9
	Motels/Hotels	6	6	1	1
	Truck Stops	232	214	5	5
	Riverboat Casino	850	800	1	1
	Indian Casino	1,500	1,200	1	1
	Parish Totals	**2,788**	**2,351**	**71**	**52**
Terrebonne	Bars	246	184	83	65
	Restaurants	213	128	72	44
	Motels/Hotels	15	2	2	1
	Racetracks/Off-track	106	82	1	1
	Truck Stops	413	560	9	10
	Parish Total	**993**	**956**	**167**	**121**
	Region Total	**5,719**	**5,159**	**512**	**365**

Per Capita Rates Gaming Establishments and Devices

Of note, per capita rates for both establishments and devices should be interpreted with caution; as reported in the methodology section, the adult population is calculated using two different operational definitions. The adult population for 2016 is defined as 21 years and older (legal gambling age). The 2008 study defined the adult population as 18 years and older, legal adult age. Therefore, a comparison of the two reporting periods was not provided for this section. The discrepancy is noted in the limitations section of the report with suggestions for future reporting cycles and data collection procedures.

Tables 7.2 and 7.3 provide information on per capita rates on gaming establishments and devices per 1,000 adults. For this study, 2015 census estimates were used to calculate the rates. Only adults of legal gambling age (21 years and older) were used for the 2016 study, a change from the 2008 methodology.

The data indicates that Terrebone Parish has the highest number of gaming establishments per capita (1.53 per 1,000 adults); St. Charles has the lowest at 0.76. Cumulatively, the per capita rate for SCLHSA gaming establishments was 1.27 with little variance between parishes. The data on gaming devices per capita depicts a much boarder range per 1,000 adults, with a high of 61.46 in St. Mary and low of 5.97 in St. Charles. Cumulatively, the per capita rate for SCLHSA gaming devices was 17.89.

Table 7.2: SCLHSA Establishments per 1,000 Adults

Parish	Adult Population			Gaming Establishments			Sites/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Assumption	16,722	17,643	16,890	36	34	19	2.15	1.93	1.12
Lafourche	66,491	70,419	70,029	149	123	92	2.24	1.75	1.31
St. Charles	33,506	38,812	37,034	46	48	28	1.37	1.24	0.76
St. James	14,957	15,940	15,593	36	23	19	2.41	1.44	1.22
St. John the Baptist	29,614	34,845	31,274	1	46	34	0.03	1.32	1.09
St. Mary	37,611	37,717	38,254	81	71	52	2.15	1.88	1.36
Terrebonne	73,988	79,845	79,280	173	167	121	2.34	2.09	1.53
SCLHSA (Total)	272,890	295,221	288,354	522	512	365	1.91	1.73	1.27

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Table 7.3: SCLHSA Devices per 1,000 Adults

Parish	Adult Population			Gaming Devices			Devices/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Assumption	16,722	17,643	16,890	296	163	155	17.7	9.24	9.18
Lafourche	66,491	70,419	70,419	900	892	790	13.54	12.67	11.22
St. Charles	33,506	38,812	37,034	320	229	221	9.55	5.90	5.97
St. James	14,957	15,940	15,593	296	320	310	19.79	20.08	19.88
St. John the Baptist	29,614	34,845	31,274	88	344	376	2.97	9.87	12.02
St. Mary	37,611	37,717	38,254	1,770	2,778	2,351	47.06	73.65	61.46
Terrebonne	73,988	79,845	79,280	1,394	993	956	18.84	12.44	12.06
SCLHSA (Total)	272,890	295,221	288,354	5,064	5,719	5,159	18.56	19.37	17.89

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Louisiana Problem Gambler's Helpline

Established in 2001, the Louisiana Problem Gambler's Helpline is a toll-free, confidential information and referral line that assists individuals in the state of Louisiana who are affected by gambling problems. The data provided for this report is more extensive than what was available in 2008. The raw data allows for the analysis of subpopulations within a specific region, including age, ethnicity, employment status, etc. However, because of the small *N*s, some indicators (e.g., mental health, suicide, etc.) could not be disaggregated beyond the state level.

Figure 7.1 provides a breakdown of the origination of intake calls in the SCLHSA by number and percentage. The data depicts that most calls came from Terrebonne and Lafourche Parish, the two most populous parishes in the authority and very few came from other parishes in the SCLHSA.

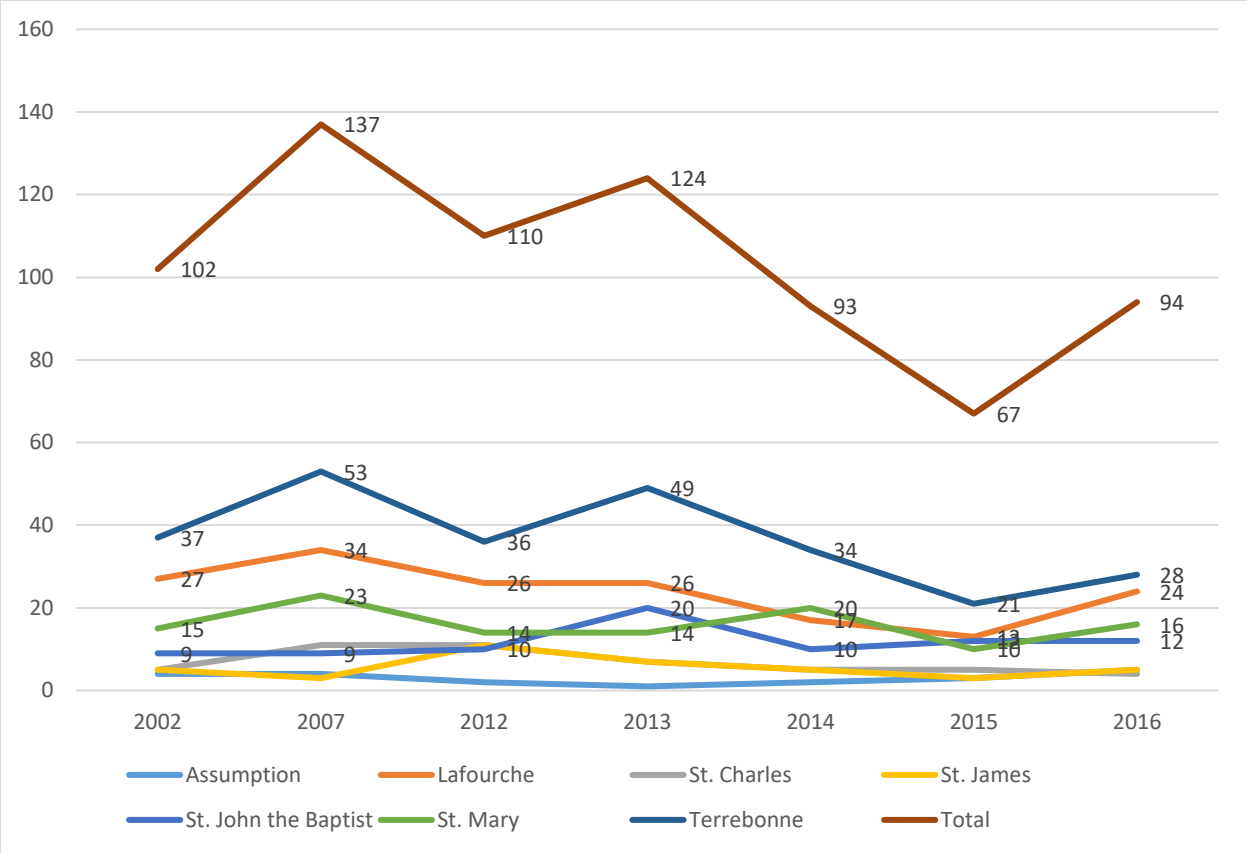


Figure 7.1: SCLHSA Helpline Data: Frequency of Intake Calls

Table 7.4 illustrates a person originating a call to the Helpline. In the majority of cases, the gambler called the Helpline to seek help for him or herself. Otherwise, calls to the Helpline are made by a variety of individuals inquiring about gambling, signs of problems, and services. Immediate family members (mother, father, etc.) constitute the second largest number of callers, demonstrating a concern for a family member and a desire for information related to services, signs of gambling problems/addiction, etc.

Table 7.4: SCLHSA Helpline Data: Relationship of Gambler to Caller

SCLHSA	Assumption					Lafourche					St. Charles				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	2	1	2	3	4	18	18	13	10	18	10	5	2	4	3
Family	0	0	0	0	1	5	5	3	2	4	0	0	2	1	1
Non Family	0	0	0	0	0	1	1	0	1	2	0	2	1	0	0
Unwilling	0	0	0	0	0	2	2	1	0	0	1	0	0	0	0
SCLHSA	**St. James**					**St. John**					**St. Mary**				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	8	7	4	3	5	8	12	9	10	11	10	14	13	10	14
Family	3	0	1	0	0	2	7	1	2	0	2	0	5	0	2
Non Family	0	0	0	0	0	0	1	0	0	1	2	0	1	0	0
Unwilling	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0

SCLHSA	Terrebonne				
	2012	2013	2014	2015	2016
Self	23	38	28	15	21
Family	10	8	5	5	5
Non Family	3	3	1	1	2
Unwilling	0	0	0	0	0

Caring Communities Youth Survey (CCYS)

The Caring Communities Youth Survey (CCYS) is a biennial survey administered (with parental permission) to all Louisiana 6th, 8th, 10th and 12th grade public and private school students. Since 2010, the survey item bank has included youth gaming indicators. Overall, the trend statewide has declined on these indicators for each grade level since 2010.

Although causal inferences cannot be made when comparing adult with youth gambling attitudes, acceptable norms, endorsed at the community level can have positive or adverse effects on youth. Since morality has its inception in the home, examining youth gambling indicators and adult attitudes at the individual level may yield more granular findings.

SCLHSA youth (6th and 8th grade students) report "playing bingo for money" as the most common form of gambling, which may reflect that children view these activities as informal and familial. Louisiana has many bingo parlors with no age restrictions; it is common for parents to bring their children to play bingo. SCLHSA high school seniors reported betting on sports, betting on cards, and playing bingo for money with about the same frequency. Complete information for SCLHSA gambling indicators is presented in the tables below.

Table 7.5: SCLHSA Overall Sample Size by Year and Grade

Sample		Grade 6	Grade 8	Grade 10	Grade 12
2008	11,846	3,623	3,490	2,574	2,159
2010	11,953	3,867	3,517	2,636	1,933
2012	12,785	4,034	3,559	2,965	2,227
2014	4,427	1,357	1,181	1,104	785

Table 7.6: SCLHSA CCYS Percent of Young Gambling by Grade and Game Type

SCLHSA	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
Bet on Sports	21.7	18.8	17.6	22.3	21.6	17.7	21.6	18.9	16.1	17.6	16.8	15.0
Bet on Cards	17.1	13.2	10.0	22.1	18.7	15.3	23.6	17.1	15.0	22.0	18.4	15.3
Played Bingo for Money	30.5	27.4	26.6	26.7	24.3	22.6	22.3	18.9	18.6	19.6	16.5	14.7
Bet on Dice	4.1	3.3	2.5	5.8	4.3	3.6	7.2	4.7	3.3	6.8	6.0	4.8
Bet on Games of Skill	16.7	15.1	14.0	14.8	14.9	12.2	12.9	12.2	11.8	12.1	12.8	9.7

Table 7.7: SCLHSA CCYS Percent of Youth Participation in Gambling by Year and Grade

Gambled in the Past Year	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
SCLHSA	52.2	47.0	47.3	52.5	48.7	42.9	50.3	44.5	39.8	45.5	41.3	35.9
State	47.1	45.3	40.6	50.1	48.6	44.1	46.5	44.0	40.8	41.0	37.8	34.4

Table 7.5 reports the overall sample size by year and grade. Table 7.6 demonstrates the percent of youth who reported gambling and the type of game played. Table 7.7 elicits the percent of youth in grades 6-12 who reported that they gambled in the past year. Overall, youth gambling rates are declining on this indicator in the SCLHSA.

Demographic Data from Participants in Telephone Survey

A summary of the demographic variables describing the participants drawn from the SCLHSA is presented in the following tables. At least 240 Louisiana SCLHSA residents responded to the telephone survey in such a way that their answers could be used in the present study. The number of participants by parish is reported in Table 7.8. The demographic variables (Sex, Marital Status, Race, Employment Status, and Education Level) are summarized in Table 7.9. Annual Income comparisons between the 2008 and 2016 sample is presented in Table 7.10. Finally, the age data for the 2008 and 2016 samples are presented in Table 7.11.

Table 7.8 indicates that about half (51%) of the respondents to the telephone survey reside in Terrebonne Parish or Lafourche Parish, which is expected, given the population concentration in these parishes.

Table 7.8: Participation by Parish: SCLHSA

Parish	Number	%
Assumption	14	6%
Lafourche	47	20%
St. Charles	29	12%
St. James	14	6%
St. John the Baptist	20	8%
St. Mary	41	17%
Terrebonne	75	31%
SCLHSA (Total)	240	100%

A review of Table 7.9 indicates that the sampling periods are similar with the exception of disparity by gender. The 2008 sample included significantly more females than males. In both 2008 and 2016, the majority of participants were either employed or retired/disabled. In both 2008 and 2016, just over 20% of the participants had college degrees, with only 16% reporting that they had less than a high school diploma in 2008 and 6% in 2016.

Table 7.9: SCLHSA Demographic Variables of Participants from 2008 and 2016

	2008		2016	
Sex	**Number**	**%**	**Number**	**%**
Male	77	32%	107	45%
Female	163	68%	133	55%
Marital Status				
Married	160	67%	136	57%
Divorced	25	10%	30	13%
Widowed	25	10%	25	10%
Separated	5	2%	5	2%
Never Married	24	10%	41	17%
Unmarried Couple	1	0%	2	1%
N/A	0	0%	1	0%
Race				
White	183	76%	182	76%
Black	43	18%	39	16%
Hispanic	4	2%	2	1%
Other	9	4%	9	4%
No Answer	1	0%	8	3%
Employment Status				
Employed Full or Part	128	53%	117	49%
Not in Labor Force	40	17%	32	13%
Retired or Disabled	69	28%	88	37%
N/A	3	1%	3	1%
Highest Level Completed				
Less than HS	39	16%	15	6%
HS or GED	89	37%	108	45%
Some Post-Secondary	60	25%	49	20%
Bachelors or more	52	22%	60	25%
N/A	0	0%	8	3%

Table 7.10 indicates income data. Twenty-eight percent of the SCLHSA participants reported that they earned more than $50,000; 52% earned less than $50,000; and 20% declined to report their income.

Table 7.10: Annual Income of SCLHSA Participants from 2016

	2016	
Annual Income	**Number**	**%**
Up to $10,000	33	14%
Up to $20,000	24	10%
Up to $25,000	24	10%
Up to $35,000	18	8%
Up to $50,000	24	10%
Greater than $50,000	68	28%
N/A	49	20%

Table 7.11 illustrates that the average age of the SCLHSA participants was slightly older in 2016 than in 2008. The average age of participants across the state in 2016 was 55 years, which approximates the 2016 SCLHSA average.

Table 7.11: Age of SCLHSA Participants from 2008 and 2016

	Average Age	Std. Dev.	Min.	Max.	n
2008	49.5	15.7	18	88	228
2016	55.5	16.9	21	95	233
Louisiana	55.0	16.7	21	96	2,294

Attitudes and Beliefs about Gambling

Several questions regarding attitudes and beliefs about gambling were asked in the telephone survey. First among those questions was, "Which of the following best describes your belief about the benefits or harm gambling has on society?" Over half of the participants (54%) believed that the harm either far outweighed or somewhat outweighed the benefit of gambling on society. Nineteen percent (19%) believed the benefit and harm were about equal, and only 13% believed the benefit either somewhat or far outweighed the harm. See Figure 7.2 for reference.

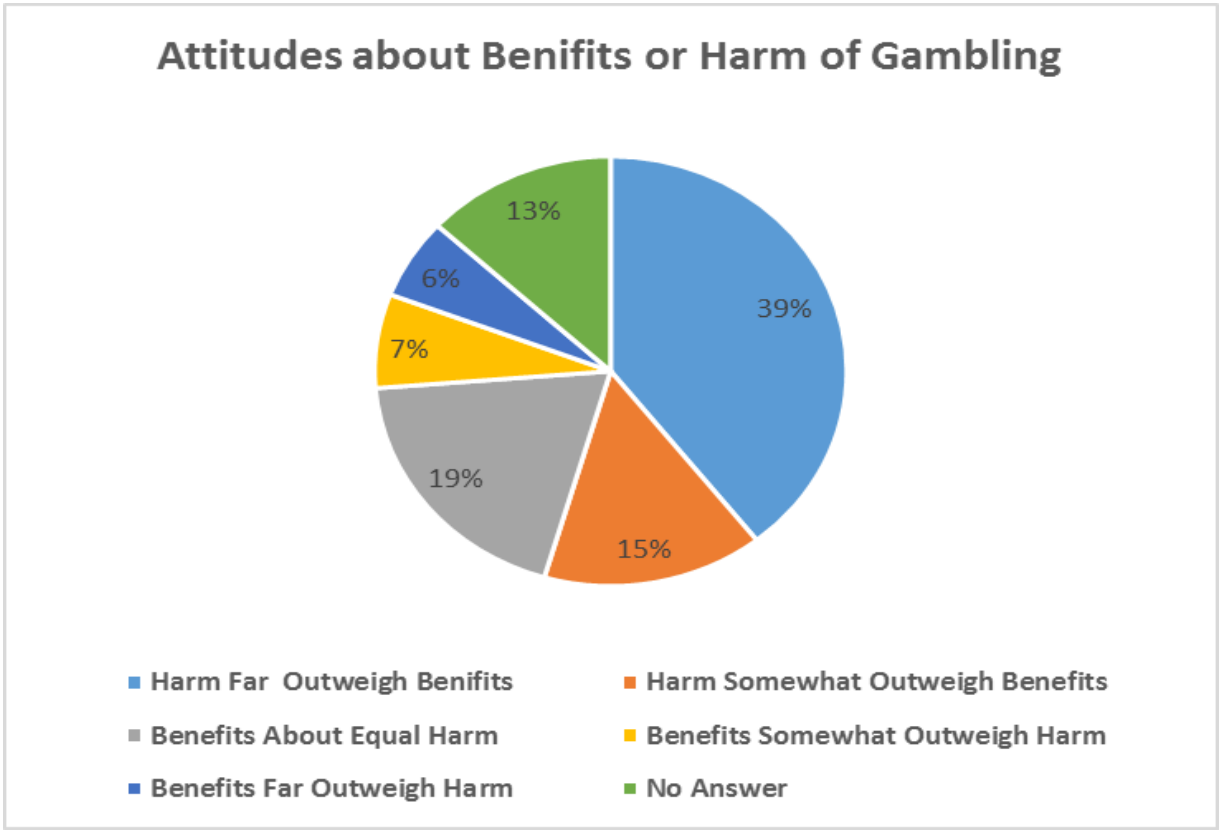


Figure 7.2: SCLHSA Attitudes about Benefits or Harm of Gambling

As denoted in Figure 7.3 below, almost two-thirds of the participants believed that gambling was not morally wrong. Noteworthy is that while the majority viewed gambling as harmful, only 25% considered it moral behavior. This disparity may be due to wording or juxtaposition of the items.

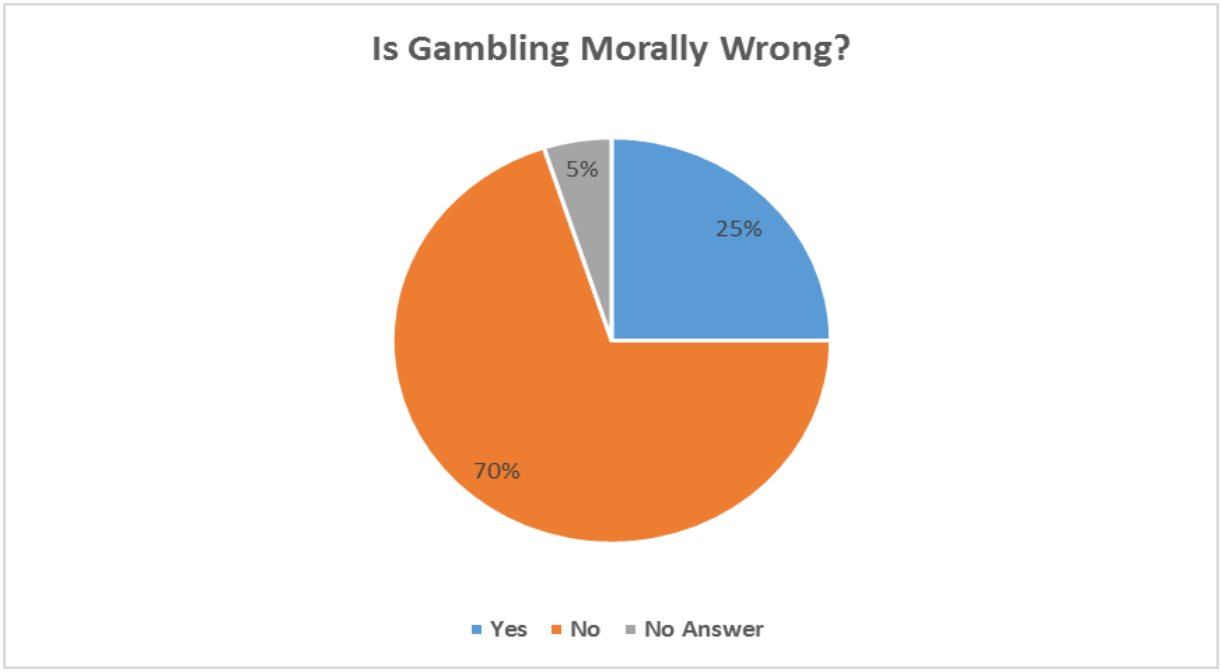


Figure 7.3: SCLHSA Beliefs about the Morality of Gambling

Participants were also asked about their perceptions of positive and negative impacts of gambling in Louisiana. The results appear in Figures 7.4 and Table 7.5. Participants believed that gambling addiction was the most negative impact of gambling, followed by the belief that people who cannot afford to gamble are given the opportunities to do so. Positive beliefs include gambling's impact on Louisiana employment opportunities, expressed by 28% of the sample. It should be noted that an equal number believed that gambling had no positive impact.

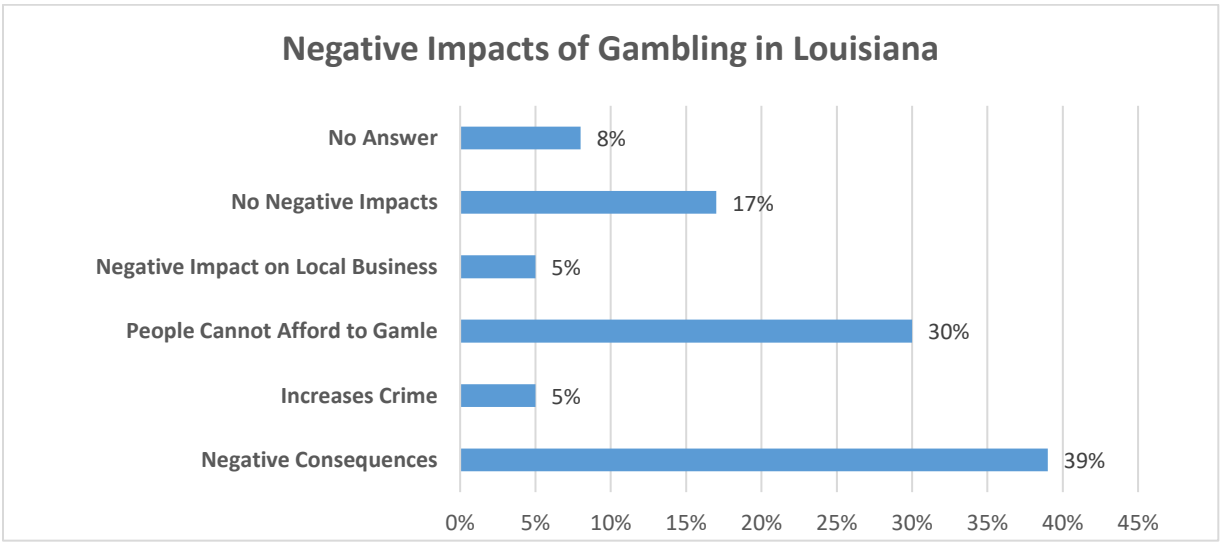


Figure 7.4: SCLHSA Beliefs about Negative Impacts of Gambling in Louisiana

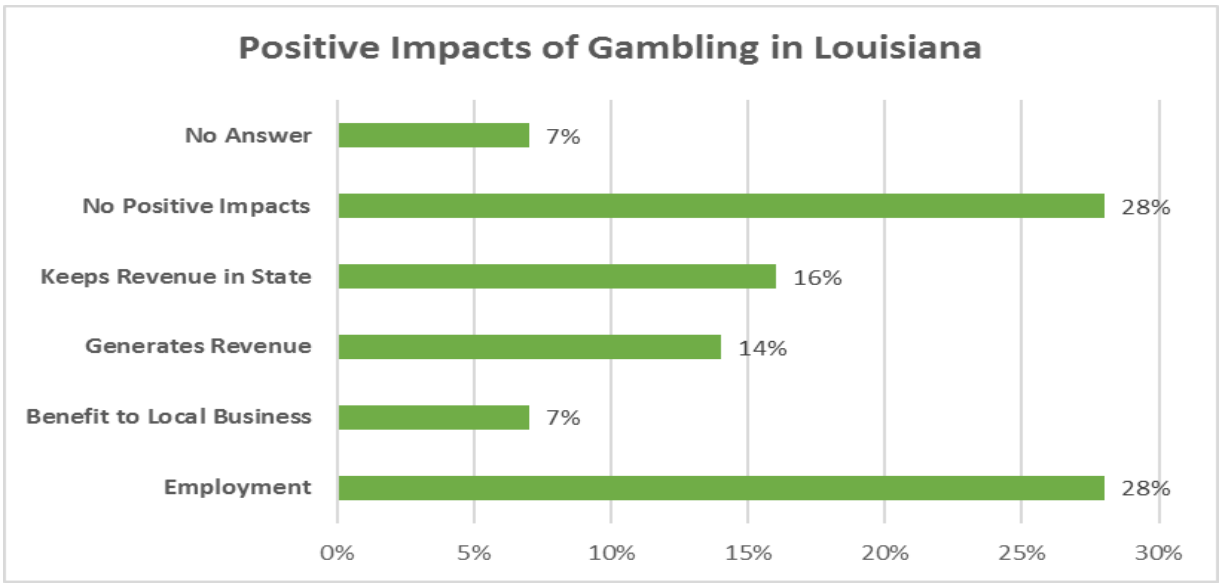


Figure 7.5: SCLHSA Beliefs about Positive Impacts of Gambling in Louisiana

Finally, participants were asked their opinion about the availability of gambling opportunities. Fifty-one percent (51%) believed that the current availability is "fine," while 42% believed that gambling is too widely available. Only 3% believed that gambling was not available enough, as denoted in Figure 7.6.

Figure 7.6: SCLHSA Attitudes about Gambling Opportunities in Louisiana

Potential Problem and Potential Pathological Gambling

Participants were asked about their personal gambling behavior. Several differences are evident in these data. Seventy-seven percent (77%) of the SCLHSA sample who reported that they had gambled in the past reported that the most they had gambled in one day was less than $1,000. Sixty-one percent (61%) had bet $100 or less. Seventy-eight percent (78%) of the participants in the survey reported that the most they had lost in one day was $100 or less. More people reported having never gambled in 2016 than in 2008 and more people gambled between $10 and $1000 in 2016 than in 2008.

Table 7.12: SCLHSA Amount of Money Gambled in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	4	3%	2.7%	51	22%	5.3%
$1.00 or Less	19	13%	5.5%	10	4%	2.6%
$1.01 - $10.00	88	61%	8.0%	34	14%	4.5%
$10.01 - $100.00	26	18%	6.2%	101	43%	6.3%
$100.01 - $1,000.00	3	2%	2.3%	37	16%	4.6%
$1,000.00 - $10,000.00	1	1%	1.3%	2	1%	1.2%
More than $10,000.00	4	3%	2.7%	1	0%	0.8%

Table 7.13: SCLHSA Amount of Money Lost in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	4	3%	2.7%			
$1.00 or Less	19	13%	5.6%	10	5%	3.3%
$1.01 - $10.00	83	58%	8.1%	30	16%	5.4%
$10.01 - $100.00	25	18%	6.3%	104	57%	7.2%
$100.01 - $1,000.00	2	1%	1.9%	34	19%	5.6%
$1,000.00 - $10,000.00	1	1%	1.4%	4	2%	2.1%
More than $10,000.00	8	6%	3.8%	1	1%	1.1%

The South Oaks Gambling Screen (SOGS) questions, which indicate potential problem or potential pathological gambling, elicit a nuanaced picture of gambling behavior. These questions were posed so that respondents could answer in a yes/no format or in a way so that answers could be collapsed into yes/no formats.

Two impressions frame the findings: 1) The questions most likely to elicit a "yes" answer from the participants in the 2016 sample were "gambling more than intended to" and "gone back to win money you lost." 2) "Gambling more than intended to" was also the top answer in the 2008 survey. However, many people might gamble more than they intended occasionally; such an acknowledgement in and of itself is not a primary measure of problems or pathology. The following table summarizes salient items from the SOGS. Margins of error (+/-) are noted in the table, and should be used to project sample estimates to the population of the region.

Table 7.14: SCLHSA Responses to Questions from Telephone Survey, 2008 and 2016

Question	2008		2016	
	%Yes	+/-	%Yes	+/-
Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?	1%	11.3%	4%	2.9%
Do you feel that you have ever had a problem with betting money or gambling?	3%	16.7%	4%	2.8%
Did you ever gamble more than you intended to?	12%	15.0%	17%	5.2%
Have people ever criticized you for gambling, or told you that you had a gambling problem, regardless of whether or not you thought you had one?	3%	16.7%	3%	2.3%
Have you ever felt guilty about the way you gamble or what happens when you gamble?	9%	15.6%	5%	3.1%
Have you ever felt that you would like to stop betting money or gambling, but didn't think you could?	4%	15.7%	2%	2.1%
Have you ever hidden betting slips, lottery tickets, gambling money, IOUs or other signs of gambling from your spouse, children or other important people in your life?	2%	15.8%	1%	1.7%
Have you ever argued with people who you live with over how you handle your money?	7%	15.8%	9%	4.0%
(If you answered yes to last question) Have money arguments ever centered on your gambling?	0%		16%	16.4%
Have you ever borrowed money from someone and not paid them back as a result of your gambling.	1%	19.5%	1%	1.4%
Have you ever lost time from work (or school) due to betting money or gambling?	1%	19.5%	0%	0.0%
Have you ever borrowed money to gamble or to pay for gambling debts?			3%	2.5%
Have your ever gone back to win back money you lost?			12%	4.5%

Potential problem and potential pathological gambling were defined according to participants' scores on the South Oaks Gambling Screen (SOGS) in the present study as in the 2008 and 2002 studies. As can be seen in Table 7.15, the highest rates of problem and pathological gambling were in 2016.

The data indicates a prevalence rate of potential SCLHSA problem gamblers to be 3.75% (+/- 2.4%) and the prevalence rate of potential pathological gamblers to be 2.9% (+/- 2.1%). The projected number of problem and pathological gamblers is calculated by multiplying the percentage of persons identified as problem or pathological gamblers by the population of the region. According to the 2016 survey data and the American Community Survey census estimates of adults 21 and older, the projected estimate of potential problem gamblers in SCLHSA is 8,599 adults. Furthermore, approximately 6,650 potential pathological gamblers are projected for the Authority (Table 7.15). The current 2016 projections for possible problem and possible pathological gamblers are substantially higher than in 2008.

Table 7.15: SCLHSA Rates and Number of Potential Problem and Pathological gamblers

	Potential Problem Gamblers				Potential Pathological Gamblers			
	Vogel & Ardoin	Picard Center			Vogel & Ardoin	Picard Center		
	2002	2008	2016	2016 +/-	2002	2008	2016	2016 +/-
SCLHSA %	2.90%	1.70%	3.75%	2.4%	0.70%	0.80%	2.90%	2.1%
Number	7,914	5,019	8,599	5,511	1,910	2,362	6,650	4,868
State %	3%	1.7%	5.4%	0.9%	1.6%	1.4%	2.9%	0.7%
Number	97,161	54,360	179,239	30,015	51,819	44,767	96,258	22,284

Demographic variables from the 2016 CAHSD sample are cross-tabulated with reported gambling practices in Table 7.16. Respondents are identified by demographic variables and the following indicators:

- whether they never gambled,
- were at risk for gambling problems,
- were possible problem gamblers, or
- were possible pathological gamblers.

Individuals classified as at-risk score between one and two on the SOGS, just below the cut-off for potential problem gambler. Interestingly, often the percentage of participants meeting the criteria for at-risk is higher than participants who scored a zero on the SOGS or have never gambled.

Several observations are notable. First, it appears that problem gamblers are younger than pathological gamblers. Also, males tend to score higher on both indicators as compared to females. However, middle class participants with less education are more likely to be identified as potential pathological gamblers. More potential problem and potential pathological gamblers are tobacco users than non-users. These and other gambling practices by demographics are presented in Table 7.16.

Table 7.16: SCLHSA Demographic Variables by Gambling Practices Categories

	n	Never	At Risk	Possible Problem	Possible Pathological
Age	59.2	55.4	48.6	51.1	55.5
Gender					
Female	133	17%	79%	2%	2%
Male	107	12%	79%	6%	4%
Race					
White	182	13%	82%	3%	2%
Black	39	21%	67%	5%	8%
Other	11	0%	91%	9%	0%
Marital Status					
Married	138	13%	84%	1%	1%
Not Married	101	17%	71%	7%	5%
Employment					
Employed Full/Part	117	9%	82%	5%	3%
Not In Labor Force	32	19%	78%	3%	0%
Retired Disabled	88	20%	74%	2%	3%
Household Income*					
High	92	8%	87%	3%	2%
Middle	42	5%	86%	7%	2%
Low	57	25%	70%	2%	4%
Education Level					
High School or less	123	20%	70%	5%	5%
Some college or more	109	7%	89%	3%	1%
Tobacco User					
Non-user	192	15%	79%	4%	2%
User	47	13%	77%	4%	6%

Treatment

Participants were asked questions about their awareness of Louisiana treatment options. Sixty-one percent (61%) were aware of the Gamblers Anonymous 12-Step Program, 59% knew that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling, and 81% were aware of the toll-free Helpline. However, few participants (10%) had heard of the Center of Recovery (CORE). Therefore, few respondents in this authority are aware of the existence of inpatient services for gamblers. The results are presented in Table 7.17.

Table 7.17: SCLHSA Responses to Awareness of Treatment Options, 2008 and 2016

Question	2008		2016	
	% Yes	+/-	% Yes	+/-
Are you aware of the Gamblers Anonymous 12-Step Program?	59%	8.1%	61%	6.2%
Are you aware that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling?	50%	9.0%	59%	6.3%
Are you aware that Louisiana has a toll-free "problem gambler's" Helpline?	68%	7.3%	81%	5.0%
Have you ever heard of "CORE" ("The Center of Recovery"), a 24-hour residential treatment facility located in Shreveport? Through a contract with the Office for Addictive Disorders, CORE provides treatment for problem gamblers and their families free of charge to Louisiana citizens.	7%	12.5%	10%	3.8%

Participants who indicated they were aware of the Problem Gambler's Helpline were asked several follow-up questions, as were those who indicated that they were aware of the Center of Recovery (CORE). The majority of participants (68%) who were aware of the Helpline learned of it from billboards. The second means by which the public became aware of the Helpline was the telephone book. It appears that the public relied less on the telephone book, word of mouth, and media in 2016 compared to 2008, and relied more on billboards and "other," which may include digital media. The results of the resources participants use to learn about the toll-free Helpline are presented in Figure 7.7.

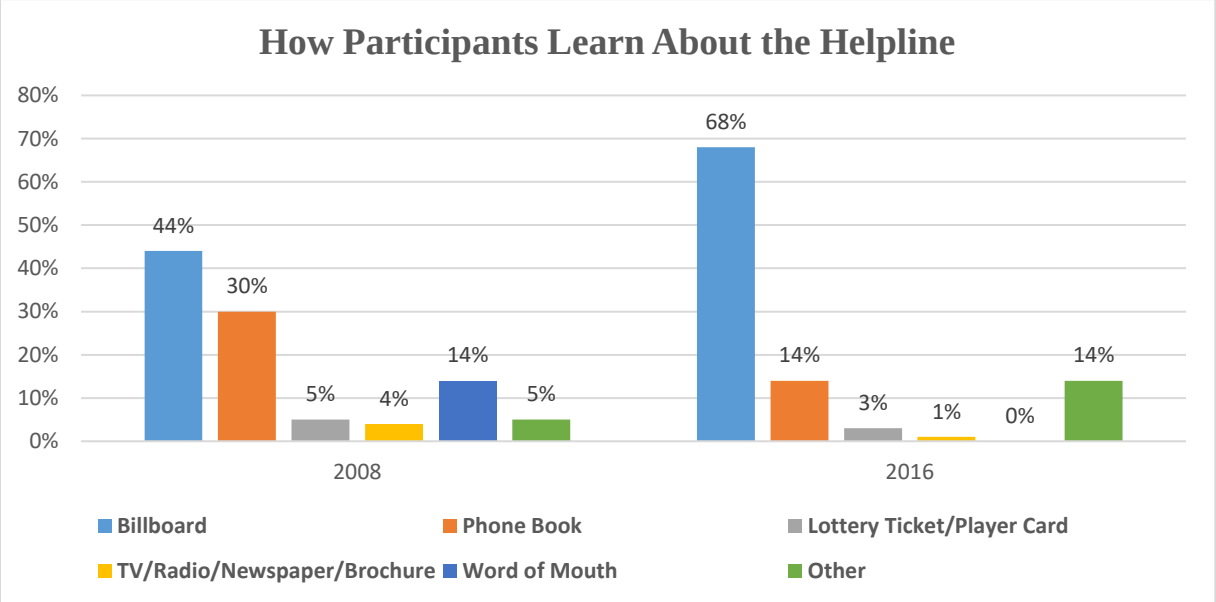


Figure 7.7: How SCLHSA Participants Learned about Helpline, 2008 and 2016

In 2016, the most frequent ways participants learn about the CORE is word of mouth or the media. More people use interpersonal and health/social services as information sources and fewer use media

sources for CORE awareness in 2016 than in 2008. The resources participants use to learn about CORE are presented in Figure 7.8.

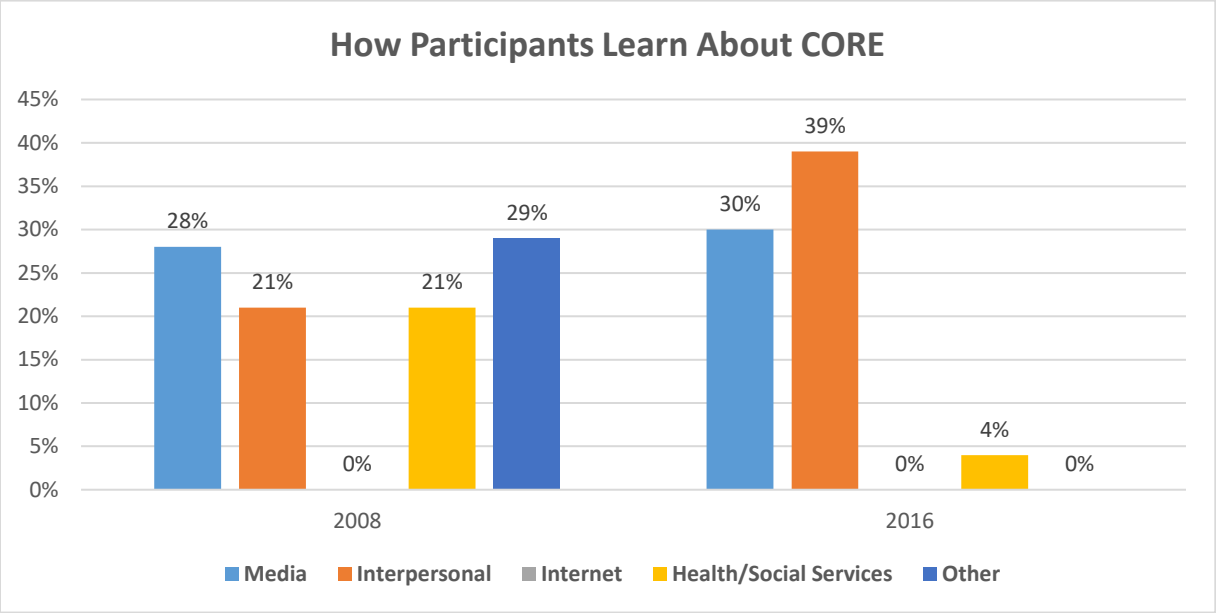


Figure 7.8: How SCLHSA Participants Learned about CORE, 2008 and 2016

Summary

The South Central Louisiana Human Services Authority (SCLHSA) is composed of seven parishes in south-central Louisiana. Terrebonne and Lafourche are the two most populous parishes and are where the vast majority of gambling devices are located.

The number of gambling devices in the SCLHSA has decreased slightly since 2008, and the number of gaming establishments has also declined. These decreases are consistent with a decline in the Authority's adult population. Two casinos in St. Mary Parish account for nearly half of all gaming devices in the SCLHSA.

SCLHSA gambling attitudes and beliefs reflect a dichotomy. Overwhelmingly, residents believe the harm gambling causes either somewhat or far outweighs its benefits. Yet nearly 70% of the SCLHSA population do not believe that gambling is morally wrong. Citizens of the district indicate that the major benefit to gambling is the creation of job opportunities, but also note that problems associated with gambling include addiction and financial consequences. More than half of the population believe that gambling accessibility is "fine," but 42% believe gambling is too widely available. Again, more than half of the population believe the economic benefits outweigh the harm.

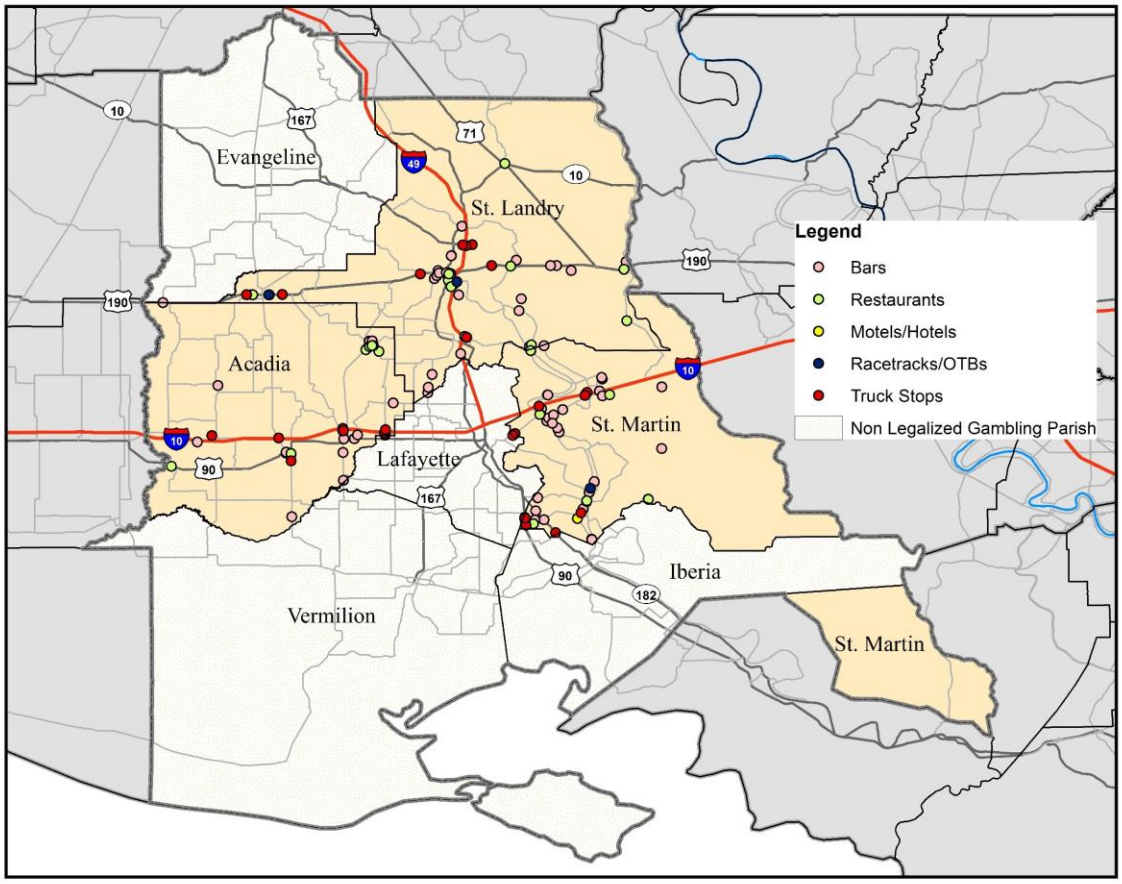
Analysis of access to and treatment capacity proves confounding, as there appears to be no accurate data collection system for treatment beyond those supports previously described. Over half of survey respondents were aware of Gamblers Anonymous 12-Step Program, the Louisiana Office for Addictive, and 81% were aware of the toll-free Helpline. However, less than 10% knew of the states only inpatient recovery center (CORE). Anecdotally, respondents identified other supports, as did providers of the above services.

The most important finding is that SCLHSA residents likely gambled more and lost more money than in 2008; thus, reflecting increased prevalence rates of potentially problem gamblers (3.75% (+/- 2.4%)) and potential pathological gamblers (2.9% (+/- 2.1%)) in the authority.

CHAPTER 8

ACADIANA HUMAN SERVICES DISTRICT RESULTS AND FINDINGS

Acadiana Area Human Services District (AAHSD)



The Acadiana Area Human Services District (AAHSD) is located in south-central Louisiana and consists of seven parishes: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion. Approximately 40% of the adult population resides in Lafayette Parish and the Lafayette metropolitan area. The second most populated areas are St. Landry and Iberia Parishes, making up 26% of the total adult population in the AAHSD. From 2008 to 2016, the AAHSD grew by approximately 30,000 individuals and has maintained steady growth since then, with a population of around 421,000 total residents.

Gaming Data

The Louisiana State Police Gaming Enforcement Division provided the gaming data for this study. The information collected and analyzed includes: location and mapping of establishments, number of operating establishments, license type, the number of gaming devices (slots and/or video poker), and per capita rates for establishments, devices and revenue (if provided).

Spatial analysis of the regional map indicates that gambling establishments are present in three of the seven parishes in the AAHSD. This includes the Evangeline Downs racetrack and off-track betting (OTB) establishment in St. Landry Parish, which accounts for 60% of the AAHSD's gambling devices. The number of gaming establishments in St. Landry Parish decreased since 2008, but the number of devices increased, indicating a consolidation of gaming devices in fewer locations, i.e., the decrease of devices in truck stops versus a fourfold increase in devices at the racetrack and OTB establishments. For example, gaming devices in St. Martin Parish more than doubled from 2008 to 2016 with the addition of one OTB establishment. Local bars, restaurants, and truck stops represent the most frequent type of licensed gaming establishment for the remaining AAHDS parishes.

Table 8.1 provides a parish-by-parish report on the number of gaming devices in the district. No gambling establishments were reported in Evangeline, Iberia, Lafayette, and Vermilion parishes; therefore, they are not listed in the table.

Table 8.1: Gambling Establishments and Devices in AAHSD

Parish	License Type	Number of Gaming Devices		Number of Establishments	
		2008	2016	2008	2016
Acadia	Bars	85	64	28	19
	Restaurants	52	28	18	9
	Truck Stops	317	384	7	6
	Parish Total	**454**	**476**	**53**	**34**
St. Landry	Bars	163	95	55	36
	Restaurants	77	35	27	13
	Racetracks/OTBs	333	1,467	9	2
	Truck Stops	1,700	337	1	8
	Parish Total	**2,273**	**1,934**	**92**	**59**
St. Martin	Bars	193	132	61	33
	Restaurants	51	33	18	6
	Motels/Hotels	12	12	1	1
	Racetracks/OTBs	44	111	1	2
	Truck Stops	657	615	16	7
	Parish Total	**957**	**903**	**97**	**49**
	Region Total	**3,684**	**3,313**	**242**	**142**

Per Capita Rates Gaming Establishments and Devices

Per capita rates for both establishments and devices should be interpreted with caution; as reported in the methodology section, the adult population is calculated using two different operational definitions. The adult population for 2016 is defined as 21 years and older (legal gambling age). The 2008 study defined the adult population as 18 years and older, legal adult age. Therefore, a comparison of the two reporting periods was not provided for this section. The discrepancy is noted in the limitations section of the report with suggestions for future reporting cycles and data collection procedures.

Tables 8.2 and 8.3 provide information on per capita rates on gaming establishments and devices per 1,000 adults. For this study, 2015 census estimates were used to calculate the rates. Also, only adults of legal gambling age (21 years and older) were used for the current study, a change from the 2008 methodology.

The data indicate that St. Martin Parish has the highest number of gaming establishments per capita at 1.29 per 1,000 adults; in contrast, St. Landry Parish has the lowest per capita rate, 0.79. Cumulatively, the per capita rate for AAHSD gaming establishments was 0.39, reflecting that four parishes in the district do not have legalized gambling establishments. The data on gaming devices per capita depicts St. Landry with the highest rate at 33.40 per 1,000 adults, not surprising given the volume of devices located at Evangeline Downs Racetrack & Casino. St. Martin Parish has the next highest rate of gaming devices per capita, followed by Acadia Parish. Cumulatively, the per capita rate for AAHSD gaming devices was 7.87 per 1,000 adults.

Table 8.2: AAHSD Establishments per 1,000 Adults

Parish	Adult Population			Gaming Establishments			Sites/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Acadia	41,320	43,629	43,159	68	53	34	1.65	1.21	0.79
Evangeline	24,946	26,035	23,432	0	0	0	0	0	0
Iberia	51,286	54,639	51,484	0	0	0	0	0	0
Lafayette	138,496	150,965	165,193	0	0	0	0	0	0
St. Landry	61,829	66,733	57,904	100	92	59	1.62	1.38	1.02
St. Martin	34,251	37,799	37,974	88	97	49	2.57	2.57	1.29
Vermilion	38,687	41,612	41,601	0	0	0	0	0	0
AAHSD (Total)	390,815	421,412	420,747	256	242	142	0.66	0.57	0.34

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Table 8.3: AAHSD Devices per 1,000 Adults

Parish	Adult Pop			Gaming Devices			Devices/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Acadia	41,320	43,629	43,159	616	454	476	14.91	10.41	11.03
Evangeline	24,946	26,035	23,432	0	0	0	0	0	0
Iberia	51,286	54,639	51,484	0	0	0	0	0	0
Lafayette	138,496	150,965	165,193	0	0	0	0	0	0
St. Landry	61,829	66,733	57,904	656	2,273	1,934	10.61	34.06	33.40
St. Martin	34,251	37,799	37,974	964	657	903	28.15	17.38	23.78
Vermilion	38,687	41,612	41,601	0	0	0	0	0	0
AAHSD (Total)	390,815	421,412	420,747	2,236	3,384	3,313	5.72	8.03	7.87

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Louisiana Problem Gambler's Helpline

Established in 2001, the Louisiana Problem Gambler's Helpline is a toll-free, confidential information and referral line that assists individuals in the state of Louisiana who are affected by gambling problems. The data provided for this report is much more extensive than in 2008. The raw data allows for the analysis of subpopulations within a specific region, including age, ethnicity, employment status, etc. However, because of small *N*s, some indicators (e.g., mental health, suicide, etc.) could not be disaggregated beyond the state level.

Figure 8.1 provides a breakdown of the origination of intake calls in the AAHSD by number and percentage. The data depicts that most calls came from Lafayette Parish, followed by St. Landry Parish. The number of calls from the AAHSD spiked in 2007, fell in 2012, and have remained consistent since then.

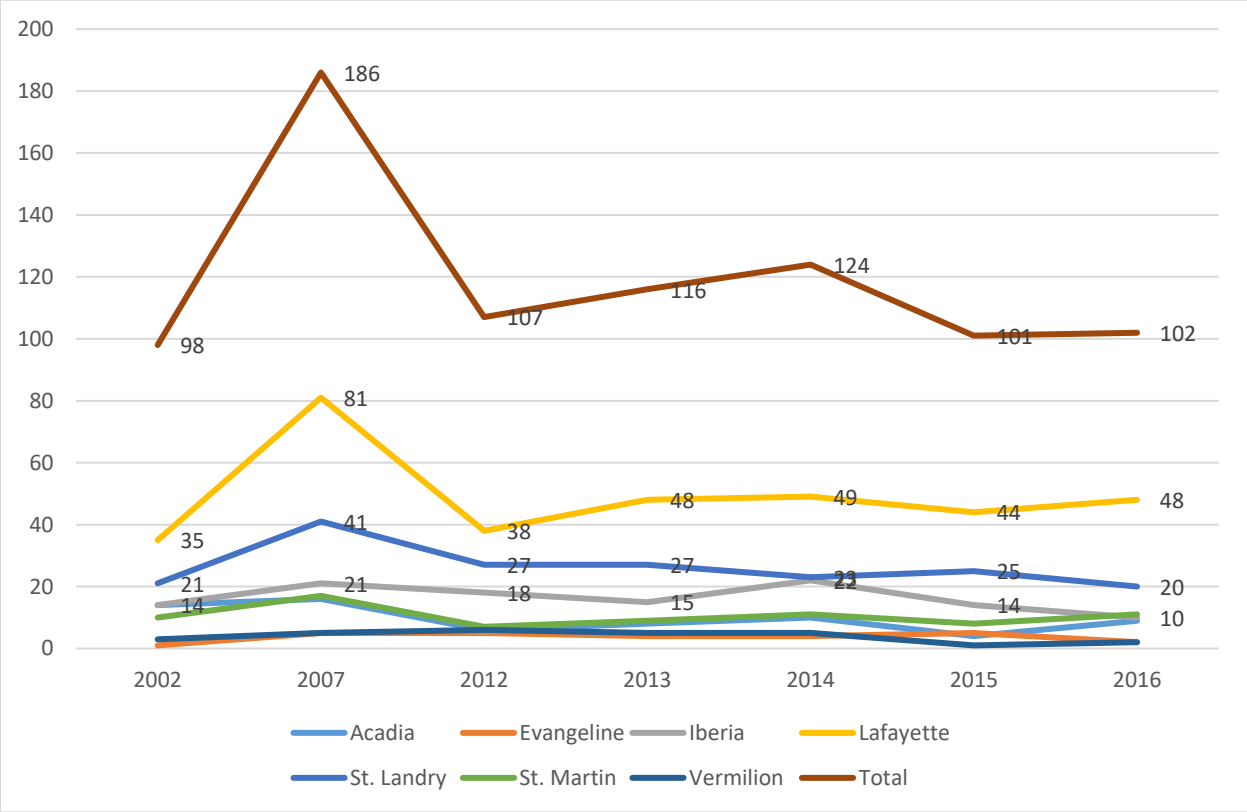


Figure 8.1: AAHSD Helpline Data: Frequency of Intake Calls

Table 8.4 illustrates a person originating a call to the Helpline. In the majority of cases, the gambler called the Helpline to seek help for him or herself. Otherwise, calls to the Helpline are made by a variety of individuals inquiring about gambling, signs of problems, and services. Immediate family members (mother, father, etc.) constitute the second largest number of callers, demonstrating a concern for a family member and a desire for information related to services, signs of gambling problems/addiction, etc.

Table 8.4: AAHSD Helpline Data: Relationship of Gambler to Caller

AAHSD	Acadia					Evangeline					Iberia				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	1	5	7	3	6	4	4	2	3	1	12	11	16	13	8
Family	0	2	2	1	2	1	0	1	2	1	4	3	4	1	2
Non Family	1	1	1	0	1	0	0	1	0	0	1	1	1	0	0
Unwilling	4	0	0	0	0	0	0	0	0	0	1	0	1	0	0
AAHSD	**Lafayette**					**St. Landry**					**St. Martin**				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	23	41	44	37	38	21	23	21	17	14	5	8	7	8	6
Family	7	6	3	6	8	4	3	1	5	5	2	1	2	0	4
Non Family	4	1	2	1	2	1	1	1	3	1	0	0	2	0	1
Unwilling	4	0	0	0	0	1	0	0	0	0	0	0	0	0	0
AAHSD	**Vermilion**														
	2012	2013	2014	2015	2016										
Self	4	4	5	1	1										
Family	2	1	0	0	1										
Non Family	0	0	0	0	0										
Unwilling	0	0	0	0	0										

The subjects of intake calls are equally divided between males and females, as indicated through a review of demographic data from intake calls between 2012 and 2016. The most prevalent racial group represented in the calls is Caucasians, followed by African Americans. The ages of the gamblers are also generally equally distributed across gamblers between the ages of 25 to 64. The data also indicate the majority of calls originated from Lafayette and St. Landry Parish.

Caring Communities Youth Survey (CCYS)

The Caring Communities Youth Survey (CCYS) is a biennial survey administered (with parental permission) to all Louisiana 6th, 8th, 10th and 12th grade public and private school students. Since 2010, the survey item bank has included youth gaming indicators. Overall, the trend statewide has declined on this indicator for each grade level since 2010.

Although causal inferences cannot be made when comparing adult with youth gambling attitudes, acceptable norms, endorsed at the community level, can have positive or adverse effects on youth. Since morality has its inception in the home, examining youth gambling indicators and adult attitudes at the individual level may yield more granular findings. AAHSD youth (6th and 8th grade students) report "betting on sports" and "playing bingo for money" as the most common form of gambling, possibly reflecting that children view these activities as informal since they are betting with peers and not at established gambling sites. Additionally, Louisiana has many bingo parlors with no age restrictions; thus, it is common for parents to bring their children to play bingo. Tenth-grade students in the AAHSD reported playing bingo for money, betting on sports, and betting on cards as the most popular gambling activities. High school seniors bet on

sports and cards more than bingo. Complete information on gambling indicators for AAHSD is presented in the tables below.

Table 8.5: AAHSD Overall Sample Size by Year and Grade

Sample		Grade 6	Grade 8	Grade 10	Grade 12
2008	14,842	4,805	4,487	3,123	2,427
2010	16,578	5,411	4,908	3,530	2,729
2012	15,750	5,086	4,495	3,621	2,548
2014	13,007	3,760	3,594	3,211	2,442

Table 8.6: AAHSD Caring Communities Youth Survey (CCYS) Gambling Indicators

AAHSD	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
Bet on Sports	21.0	21.7	18.7	24.8	21.9	21.5	21.0	21.7	17.7	19.7	16.6	16.5
Bet on Cards	17.4	14.4	12.2	25.6	19.4	17.4	25.0	20.0	16.7	24.0	20.7	16.3
Played Bingo for Money	32.9	28.0	25.2	29.9	27.8	24.5	22.8	19.5	19.3	17.7	15.6	14.7
Bet on Dice	4.6	3.8	3.3	8.0	5.8	5.5	7.9	5.8	4.8	7.5	5.1	6.1
Bet on Games of Skill	16.2	15.3	13.8	16.6	15.5	14.6	14.1	13.4	12.3	14.4	11.0	11.0

Table 8.7: Reported Participation in Gambling by Year and Grade: AAHSD

Gambled in the Past Year	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
AAHSD	53.6	51.5	46.3	57.1	54.1	50.5	51.2	48.3	45.1	47.0	43.9	38.9
State	47.1	45.3	40.6	50.1	48.6	44.1	46.5	44.0	40.8	41.0	37.8	34.4

Table 8.5 reports the overall sample size by year and grade. Table 8.6 demonstrates the percent of youth who reported gambling and the type of game played. Interestingly, students in the AAHSD reported that they gambled in the past year at a higher rate as compared to the state average. Table 8.7 elicits the percent of youth in grades 6-12 who reported that they gambled in the past year. Overall, youth gambling rates are declining on these indicators in this human services district.

Demographic Data from Participants in Telephone Survey

A summary of the demographic variables describing the participants drawn from the AAHSD is presented in the following tables. At least 240 Louisiana AAHSD residents responded to the telephone survey in such a way that their answers could be used in the present study. The number of participants by parish is reported in Table 8.8. The demographic variables (Sex, Marital Status, Race, Employment Status, and Education Level) are summarized in Table 8.9. Annual Income comparisons between the 2008 and 2016 sample is presented in Table 8.10. Finally, the age data for the 2008 and 2016 samples are presented in Table 8.11.

Examination of Table 8.8 indicates that the 46% of the respondents to the telephone survey in this district reside in Lafayette Parish, followed by Iberia Parish (14%). This is not surprising, given the population dynamics in the AAHSD.

Table 8.8: AAHSD Participation by Parish

Parish	Number	%
Acadia	26	11%
Evangeline	5	2%
Iberia	33	14%
Lafayette	110	46%
St. Landry	24	10%
St. Martin	20	8%
Vermilion	22	9%
AAHSD (Total)	240	100%

A review of Table 8.9 indicates that the sampling periods are similar with the exception of disparity by gender. The 2008 sample included significantly more females than males. In both 2008 and 2016, the majority of participants were either employed or retired/disabled. In 2008 and 2016, 25% and 35% of the participants, respectively, had college degrees, with only 13% reporting that they had less than a high school diploma in 2008 and 6% in 2016.

Table 8.9: AAHSD Demographic Variables of Participants from 2008 and 2016

	2008		2016	
Sex	**Number**	**%**	**Number**	**%**
Male	79	33%	114	48%
Female	161	67%	126	53%
Marital Status				
Married	144	60%	144	60%
Divorced	32	13%	31	13%
Widowed	20	8%	24	10%
Separated	5	2%	1	0%
Never Married	36	15%	34	14%
Unmarried Couple	2	1%	3	1%
N/A	1	0%	3	1%
Race				
White	175	73%	180	75%
Black	48	20%	45	19%
Hispanic	6	3%	1	0%
Other	8	3%	9	4%
No Answer	3	1%	5	2%
Employment Status				
Employed Full or Part	127	53%	131	55%
Not in Labor Force	50	21%	26	11%
Retired or Disabled	59	24%	82	34%
N/A	4	2%	1	0%
Highest Level Completed				
Less than HS	33	13%	14	6%
HS or GED	85	35%	88	37%
Some Post-Secondary	57	24%	51	21%
Bachelors or more	60	25%	84	35%
NA	5	2%	3	1%

Table 8.10 indicates income data. Thirty-eight percent (38%) of the AAHSD participants reported they earned more than $50,000 annually. Of note, 22% of the participants declined to specify their income.

Table 8.10: AAHSD Annual Income of Participants, 2016

	2016	
Annual Income	**Number**	**%**
Up to $10,000	23	10%
Up to $20,000	23	10%
Up to $25,000	18	8%
Up to $35,000	18	8%
Up to $50,000	14	6%
Greater than $50,000	92	38%
N/A	52	22%

Table 8.11 illustrates that the average age of the AAHSD participants was slightly older in 2016 than in 2008. The average age of participants across the state in 2016 was 55 years, which approximates the 2016 AAHSD average.

Table 8.11: AAHSD Age of Participants from 2008 and 2016

	Average Age	Std. Dev.	Min.	Max.	n
2008	50.6	15.6	18	90	224
2016	54.5	16.7	21	90	235
Louisiana	55.0	16.7	21	96	2,294

Attitudes and Beliefs about Gambling

Several questions regarding attitudes and beliefs about gambling were included in the telephone survey. In response to the first question, "Which of the following best describes your belief about the benefits or harm gambling has on society?" more than half of the participants (55%) believed that the harm either far outweighed or somewhat outweighed the benefit of gambling on society. Twenty-one percent (21%) believed the benefit and harm were about equal, and only 8% believed the benefit either somewhat or far outweighed the harm. See Figure 8.2 for specific findings.

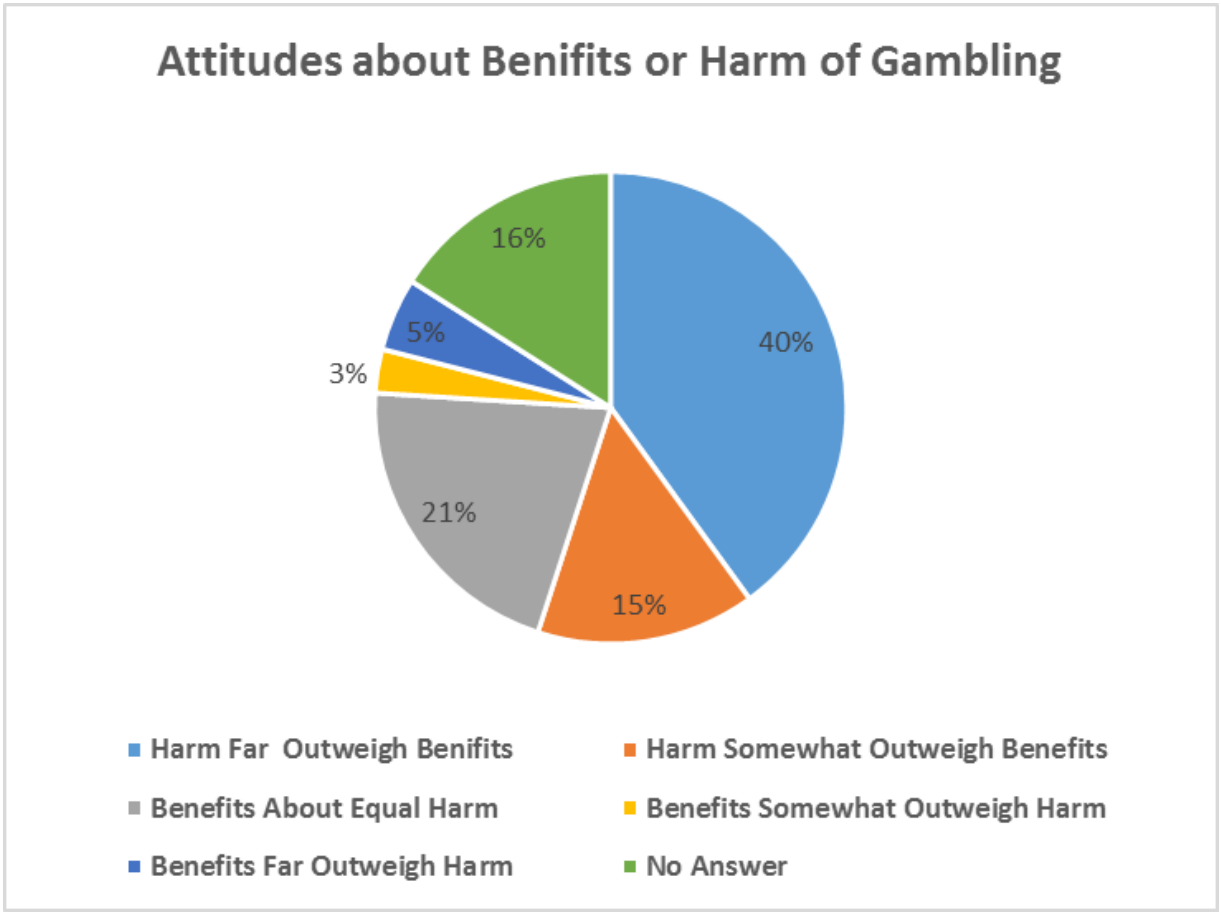


Figure 8.2: AAHSD Attitudes about Benefits or Harm of Gambling

As denoted in Figure 8.3 below, almost two-thirds of the participants believed that gambling was not morally wrong. Noteworthy is that while the majority viewed gambling as harmful, only 28% considered it moral behavior. This disparity may be due to wording or juxtaposition of the items.

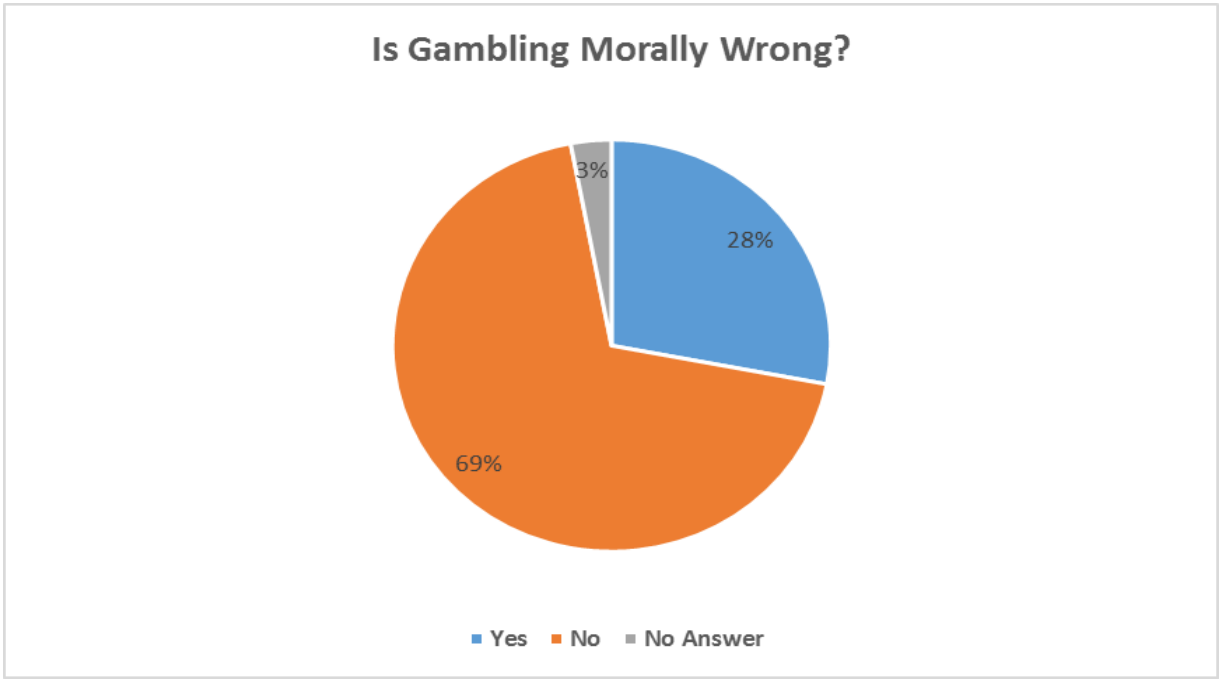


Figure 8.3: AAHSD Beliefs about the Morality of Gambling

Participants were also asked about the perceived positive and negative impacts of gambling in Louisiana. The results appear in Figures 8.4 and 8.5. Participants believed that gambling addiction was the most negative impact of gambling, followed by the belief that people who cannot afford to gamble are given the opportunities to do so. The most strongly endorsed belief about the positive impact of gambling in Louisiana was that gambling provided for employment opportunities but nearly the same number of participants thought that there were no positive impacts of gambling in the state.

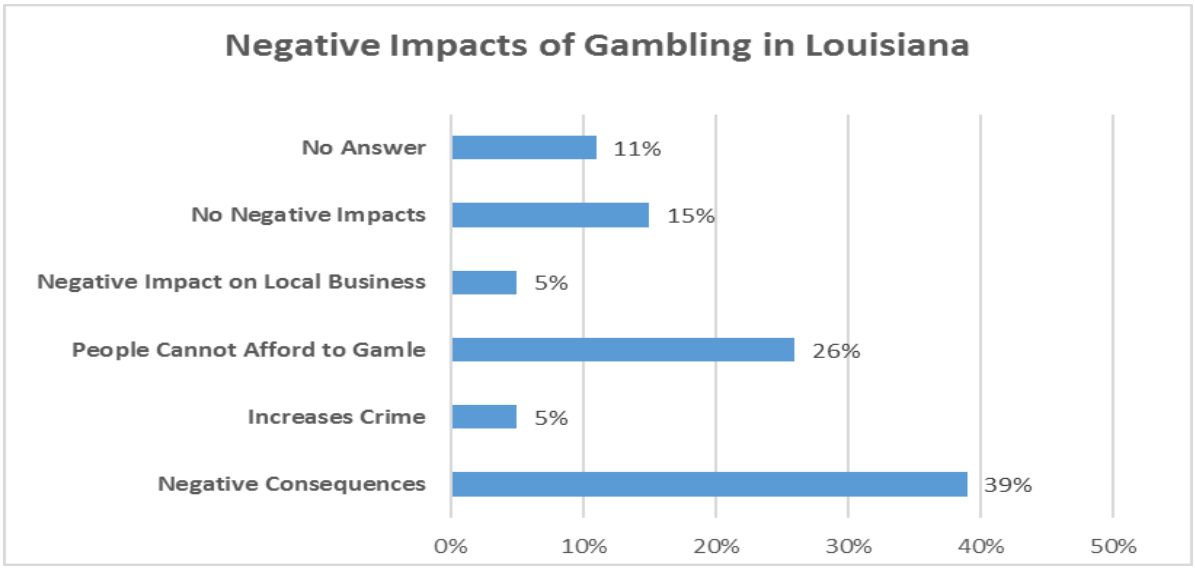


Figure 8.4: AAHSD Beliefs about Negative Impacts of Gambling in Louisiana

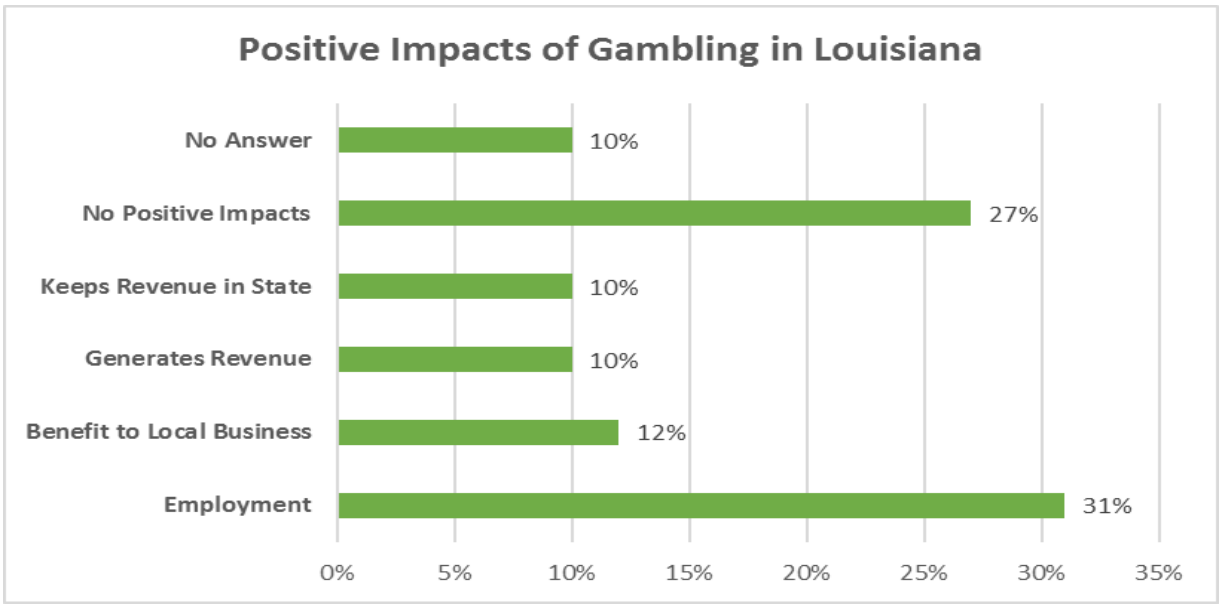


Figure 8.5: AAHSD Beliefs about Positive Impacts of Gambling in Louisiana

Finally, participants were asked their opinions about access to gambling opportunities. Forty-seven percent (47%) believed that current access is "fine," while 45% believed that gambling is too widely available. Only 3% believed that gambling was not available enough, denoted in Figure 8.6 below.

Figure 8.6: AAHSD Attitudes about Gambling Opportunities in Louisiana

Potential Problem and Potential Pathological Gambling

Participants were asked questions regarding their gambling behavior. Details regarding the amount of money gambled in one day and the amount of money lost in one day appear in Tables 8.12 and 8.13. In 2016, most of the sample from AAHSD, who reported that they had gambled in the past, reported that the most they had gambled in one day was less than $1,000. One-third of the respondents reported they had never gambled. The largest amount of money the respondents reported they had lost in one day was similar to the amount they reported to have gambled. Considerably more people reported having never gambled in 2016 than in 2008 and more people lost between $10 and $100 (in one day) in 2016 than in 2008, when more than half said they lost less than $10 in one day.

Table 8.12: AAHSD Amount of Money Gambled in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	7	5%	3.9%	69	29%	5.8%
$1.00 or Less	18	14%	6.0%	17	7%	3.3%
$1.01 - $10.00	70	54%	8.6%	42	18%	4.8%
$10.01 - $100.00	23	18%	6.6%	78	33%	6.0%
$100.01 - $1,000.00	6	5%	3.6%	26	11%	4.0%
$1,000.00 - $10,000.00	0	0%	0.0%	5	2%	1.8%
More than $10,000.00	5	4%	3.3%	1	0%	0.8%

Table 8.13: AAHSD Amount of Money Lost in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	7	5%	3.9%			
$1.00 or Less	16	13%	5.7%	15	9%	4.4%
$1.01 - $10.00	66	52%	8.7%	31	19%	6.0%
$10.01 - $100.00	28	22%	7.2%	91	55%	7.6%
$100.01 - $1,000.00	4	3%	3.0%	22	13%	5.2%
$1,000.00 - $10,000.00	1	1%	1.5%	5	3%	2.6%
More than $10,000.00	6	5%	3.7%	1	1%	1.2%

The South Oaks Gambling Screen (SOGS) questions, which indicate potential problem or potential pathological gambling, elicit a nuanaced picture of gambling behavior. These questions were posed so that respondents could answer in a yes/no format or in a way so that answers could be collapsed into yes/no formats.

Two impressions frame the findings: 1) The questions most likely to elicit a "yes" answer from the participants in the 2016 sample are "gambling more than intended to" and "gone back to win money you lost." 2) "Gambling more than intended to" is also the top answer in the 2008 survey. However, many people might gamble more than they intended occasionally, and that statement in and of itself is not a primary measure of problems or pathology. The following table summarizes salient items from the SOGS. Margins of error (+/_) noted in the table, should be used to project sample estimates to the population of the district.

Table 8.14: AAHSD Responses to Questions from Telephone Survey, 2008 and 2016

Question	2008		2016	
	%Yes	+/-	%Yes	+/-
Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?	3%	12.6%	3%	2.5%
Do you feel that you have ever had a problem with betting money or gambling?	2%	19.4%	4%	2.8%
Did you ever gamble more than you intended to?	20%	15.1%	15%	5.1%
Have people ever criticized you for gambling, or told you that you had a gambling problem, regardless of whether or not you thought you had one?	4%	17.2%	4%	2.7%
Have you ever felt guilty about the way you gamble or what happens when you gamble?	6%	16.5%	8%	3.8%
Have you ever felt that you would like to stop betting money or gambling, but didn't think you could?	5%	17.4%	4%	2.7%
Have you ever hidden betting slips, lottery tickets, gambling money, IOUs or other signs of gambling from your spouse, children or other important people in your life?	0%		2%	2.0%
Have you ever argued with people who you live with over how you handle your money?	7%	16.7%	11%	4.4%
(If you answered yes to last question) Have money arguments ever centered on your gambling?	2%	19.4%	19%	16.8%
Have you ever borrowed money from someone and not paid them back as a result of your gambling.	1%	19.5%	1%	1.4%
Have you ever lost time from work (or school) due to betting money or gambling?	2%		1%	1.0%
Have you ever borrowed money to gamble or to pay for gambling debts?			4%	2.7%
Have your ever gone back to win back money you lost?			13%	4.8%

Potential problem and potential pathological gambling were defined according to participants' scores on the South Oaks Gambling Screen (SOGS) in the present study as in the 2008 and 2002 study. The results indicate a regional increase in both problem and pathological gambling since previous studies. Changes in the rates of problem and pathological gambling from 2002, 2008 and 2016 are presented in Table 8.15.

The data indicate the prevalence rate of potential AAHSD problem gamblers is 4.58% (+/- 2.6%) and the prevalence rate of potential pathological gamblers to be 3.33% (+/- 2.3%). The projected number of problem and pathological gamblers was calculated by multiplying the percentage of persons identified as problem or pathological gamblers by the population of the district. According to the 2016 survey data and the American Community Survey census estimates of adults 21 and older, the projected estimate of potential problem gamblers in AAHSD is 14,932 adults. Furthermore, approximately 10,853 potential

pathological gamblers are projected for the distrcit. Table 8.15 summarizes prevalence and projection rates. The 2016 projection for both possible problem and possible pathological gamblers is substantially higher compared to 2008.

Table 8.15: AAHSD Rates and Number of Potential Problem and Pathological gamblers

	Potential Problem gamblers				Potential Pathological gamblers			
	Vogel & Ardoin	Picard Center			Vogel & Ardoin	Picard Center		
	2002	2008	2016	2016 +/-	2002	2008	2016	2016 +/-
AAHSD %	2.60%	2.50%	4.58%	2.6%	3.20%	0.40%	3.33%	2.3%
Number	10,161	10,535	14,923	8,614	12,506	1,686	10,853	7,394
State %	3%	1.7%	5.4%	0.9%	1.6%	1.4%	2.9%	0.7%
Number	97,161	54,360	179,239	30,015	51,819	44,767	96,258	22,284

Demographic variables from the 2016 AAHSD sample are cross-tabulated with reported gambling practices in Table 8.16. Respondents are identified by demographic variables and the following indicators:

- whether they never gambled,
- were at risk for gambling problems,
- were possible problem gamblers, or
- were possible pathological gamblers.

Individuals classified as at-risk score between one and two on the SOGS, just below the cut-off for potential problem gambler. Interestingly, often the percentage of participants meeting the criteria for at-risk is higher than participants who scored a zero on the SOGS or have never gambled.

Several observations are notable. First, it appears that problem gamblers are younger than pathological gamblers. Essentially the same number of males and females are identified as potential problem gamblers, but for possible pathological gamblers, there are more males than females. Additionally, African Americans are much more likely to be classified as potential pathological gamblers than Caucasians. However, the highest rate for pathological gamblers are individuals classified as “other” in the racial category. More potential problem and potential pathological gamblers are tobacco users than non-users. This and more can be viewed in Table 8.16.

Table 8.16: AAHSD Demographic Variables by Gambling Practices Categories

	n	Never	At Risk	Possible Problem	Possible Pathological
Age	57.3	55.0	41.4	43.5	54.5
Gender					
Female	126	25%	68%	4%	2%
Male	114	16%	75%	5%	4%
Race					
White	180	20%	77%	2%	1%
Black	45	20%	58%	11%	11%
Other	10	20%	60%	20%	0%
Marital Status					
Married	147	16%	78%	3%	2%
Not Married	90	29%	59%	7%	6%
Employment					
Employed Full/Part	131	16%	75%	5%	4%
Not In Labor Force	26	31%	58%	8%	4%
Retired Disabled	82	26%	70%	2%	2%
Household Income*					
High	106	13%	79%	5%	3%
Middle	36	25%	64%	6%	6%
Low	46	24%	63%	7%	7%
Education Level					
High School or less	102	25%	69%	6%	0%
Some college or more	135	17%	73%	4%	6%
Tobacco User					
Non-user	184	24%	69%	4%	3%
User	56	9%	79%	7%	5%

Treatment

Participants were asked several questions about their awareness of Louisiana treatment options. Sixty-four percent (64%) were aware of the Gamblers Anonymous 12-Step Program, and 62% knew that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling. Sixty-eight percent (68%) were aware of the toll-free Helpline in 2008, and 82% were aware of it in 2016. However, few participants (9% and 11%, respectively) had heard of the Center of Recovery (CORE). Therefore, few respondents in this district are aware of the existence of inpatient services for gamblers. These items were in yes/no format and appear below in Table 8.17.

Table 8.17: AAHSD Responses to Awareness of Treatment Options, 2008 and 2016

Question	2008		2016	
	% Yes	+/-	% Yes	+/-
Are you aware of the Gamblers Anonymous 12-Step Program?	63%	7.8%	64%	6.1%
Are you aware that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling?	55%	8.6%	62%	6.2%
Are you aware that Louisiana has a toll-free "problem gambler's" Helpline?	68%	7.2%	82%	4.9%
Have you ever heard of "CORE" ("The Center of Recovery"), a 24-hour residential treatment facility located in Shreveport? Through a contract with the Office for Addictive Disorders, CORE provides treatment for problem gamblers and their families free of charge to Louisiana citizens.	9%	12.2%	11%	3.9%

Participants who indicated they were aware of the Problem Gambler's Helpline were asked several follow-up questions, as were those who indicated that they had heard of the Center of Recovery (CORE). The majority of participants (69%) who were aware of the Helpline learned of it from billboards. The second most frequent method the public learned about the Helpline was the telephone book. It appears that the public relied less on the telephone book, word of mouth, and media in 2016 compared to 2008, and more on billboards and "other," which may include digital media. The summary of methods participants use to learn about the toll-free Helpline is presented in Figure 8.7.

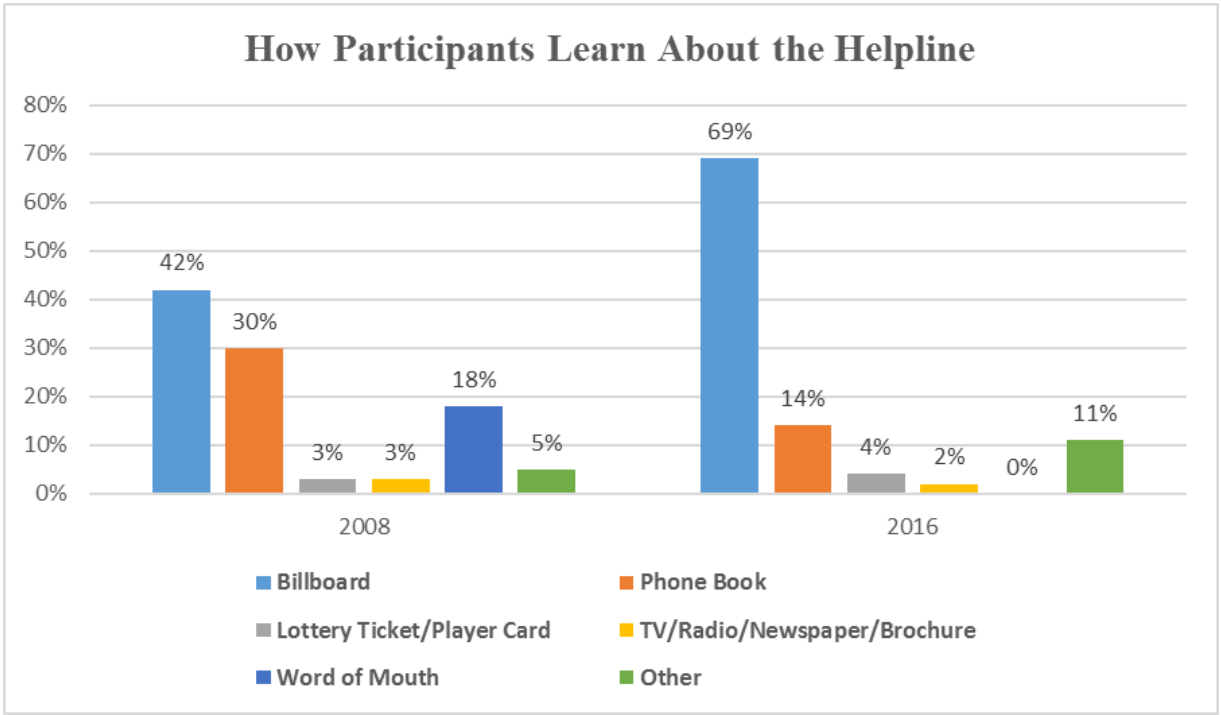


Figure 8.7: How AAHSD Participants Learned about Helpline, 2008 and 2016

In 2016, the most common methods of learning about the CORE were through word of mouth and the media (collectively, 80%). The data regarding the methods by which the participants were made aware of CORE are summarized in Figure 8.8.

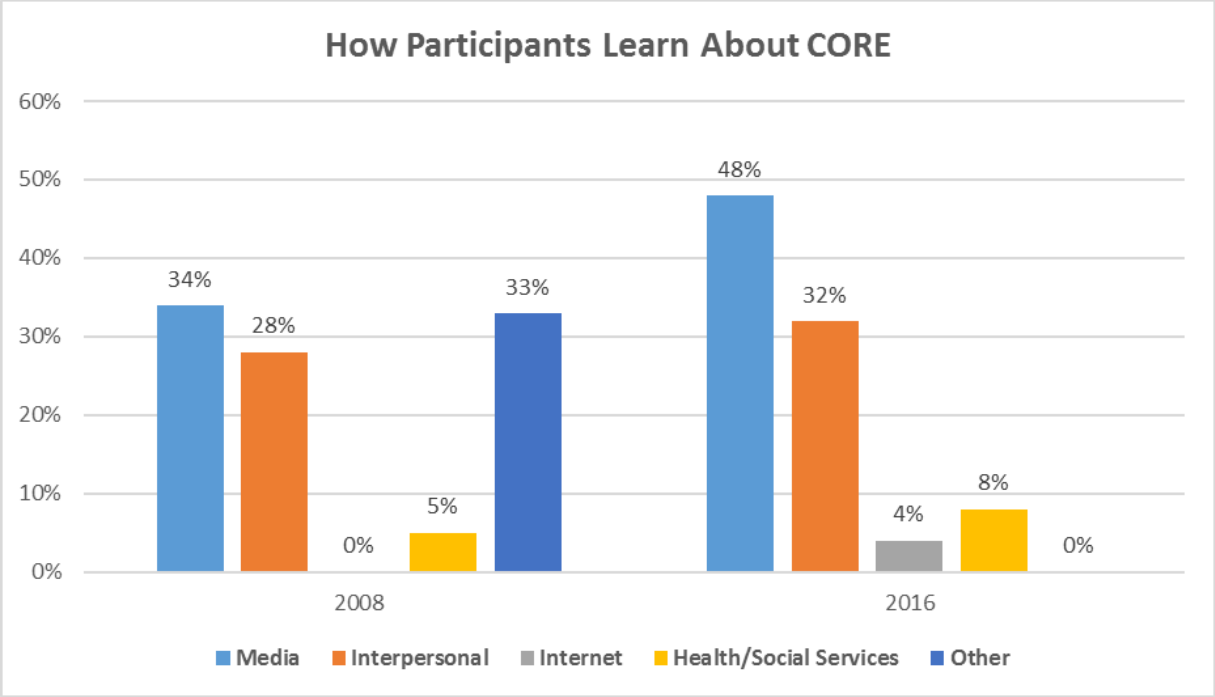


Figure 8.8: How AAHSD Participants Learned about CORE, 2008 and 2016

Summary

The Acadiana Area Human Services District (AAHSD) is composed of seven parishes in southcentral Louisiana. The district's largest city is Lafayette and its most populous parish is Lafayette Parish. However, gambling is not legal in Lafayette Parish; it is legal only in Acadia, St. Landry, and St. Martin Parishes. The center of legalized gambling in the AAHSD is in St. Landry Parish, where the Evangeline Downs Racetrack & Casino (horseracing and off-track betting) is located. In 2016, the number of gambling establishments decreased, but the number of gaming devices increased, indicating a concentration of gaming devices in fewer, larger establishments. Nearly half of the gaming devices in the AAHSD are located at the racetrack or in OTB establishments.

AAHSD gambling attitudes and beliefs about gambling reflect a dichotomy. Overwhelmingly, residents believe the harm gambling causes either somewhat or far outweighs its benefits. Yet nearly 69% of the AAHSD population do not believe that gambling is morally wrong. Citizens of the AAHSD indicate that the major benefit of gambling is the creation of job opportunities, but many also note that problems associated with gambling include addiction and financial consequences. AAHSD participants are split relatively equally as to whether the availability of gambling was "fine" or too widely available.

Analysis of access to and treatment capacity proves confounding, as there appears to be no accurate data collection system for treatment beyond those supports previously described. Over half of survey respondents were aware of Gamblers Anonymous 12-Step Program, the Louisiana Office for Addictive, and 68% were aware of the toll-free Helpline. However, less than 10% knew of the states only inpatient

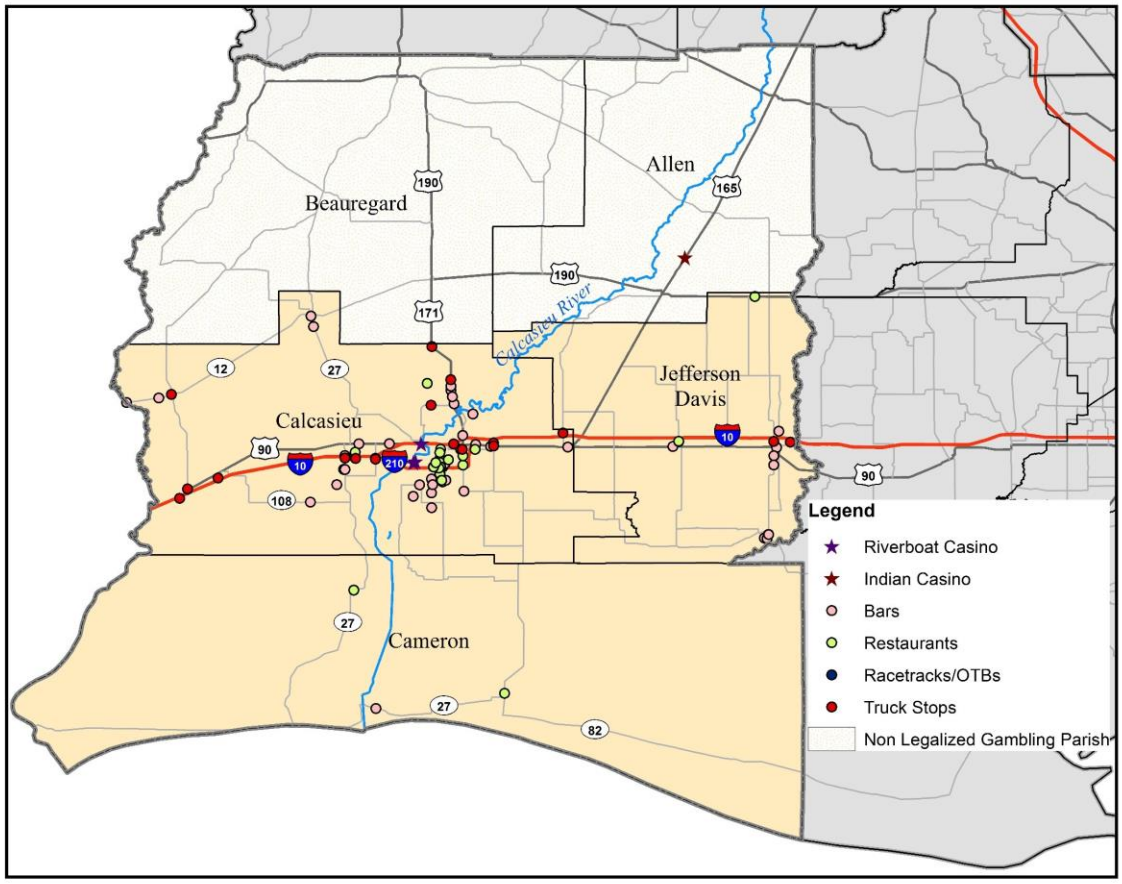
recovery center (CORE). Anecdotally, respondents identified other supports, as did providers of the above services.

The data indicates a prevalence rate of potential problem gamblers in the AAHSD to be 4.8% (+/- 2.6%) and the prevalence rate of potential pathological gamblers to be 3.33% (+/- 2.3%). The rates in both categories reflect an increase since 2008.

CHAPTER 9

IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY RESULTS AND FINDINGS

Imperial Calcasieu Human Services Authority (ImCal)



The Imperial Calcasieu Human Services Authority (ImCal) is located in the southwestern Louisiana and consists of five parishes: Allen, Beauregard, Calcasieu, Jefferson Davis, and Cameron. Approximately 66% of the adult population is located in Calcasieu Parish and in the Lake Charles metropolitan area. The least populated parish is Cameron Parish, making up only 2% of the ImCal's adult population. From 2002 to 2016, the ImCal adult population has remained relatively stable. The area is an industrial center in Louisiana, and as of 2016, the authority has experienced economic growth and promise for rapid economic expansion, primarily in and around the Lake Charles area.

Gaming Data

The Louisiana State Police Gaming Enforcement Division provided the gaming data for this study. The information collected and analyzed includes: location and mapping of establishments, number of operating establishments, license type, the number of gaming devices (slots and/or video poker), and per capita rates for establishments, devices and revenue (if provided).

Spatial analysis of the regional map indicates that gambling establishments are present in four of the five parishes in the ImCal. This includes a Tribal casino in Allen Parish and three riverboat casinos in Calcasieu Parish. Consequently, the majority of the ImCal gaming devices are located at these sites. Local bars are the most frequent type of licensed gambling establishment in the ImCal, but those facilities house a small portion of gaming devices as compared to the authority's casinos. Approximately 68% of the ImCal's gaming devices are located in Calcasieu Parish, and approximately 31% of the authority's gaming devices are located at the Tribal casino in Allen Parish. A small number of gaming devices are found at bars and restaurants throughout the authority.

Table 9.1 provides a parish-by-parish report on the number of gaming devices in the ImCal. No gaming establishments were reported in Beauregard Parish, and, therefore, they are not listed in the table.

Table 9.1: ImCal Gambling Establishments and Devices

Parish	License Type	Number of Gaming Devices		Number of Establishments	
		2008	2016	2008	2016
Allen	Tribal Casino	2,800	3,200	1	1
	Parish Total	**2,800**	**3,200**	**1**	**1**
Calcasieu	Bars	202	140	65	43
	Restaurants	122	53	41	18
	Truck Stops	637	764	18	18
	Racetracks/OTBs	3,500	1,600	3	1
	Riverboat Casino	1,500	4,467	1	3
	Parish Total	**5,961**	**7,024**	**128**	**83**
Cameron	Bars	10	6	3	1
	Restaurants	10	6	3	2
	Motels/Hotels	3	0	1	0
	Parish Total	**23**	**12**	**7**	**3**
Jefferson Davis	Bars	39	31	13	11
	Restaurants	15	8	5	3
	Motels/Hotels	6	0	1	0
	Truck Stops	90	121	2	3
	Parish Total	**150**	**160**	**21**	**17**
ImCal	**Region Total**	**8,934**	**10,396**	**157**	**104**

Per Capita Rates Gaming Establishments and Devices

Of note, per capita rates for both establishments and devices should be interpreted with caution; as reported in the methodology section, the adult population is calculated using different operational definitions. The adult population for 2016 is defined as 21 years and older (legal gambling age). The 2008 study defined the adult population as 18 years and older, legal adult age. Therefore, a comparison of the two reporting periods was not provided for this section. The discrepancy is noted in the limitations section of the report with suggestions for future reporting cycles and data collection procedures.

Tables 9.2 and 9.3 provide information on per capita rates on gaming establishments and devices per 1,000 adults. For this study, 2015 census estimates were used to calculate the rates. Also, only adults of legal gambling age (21 years and older) were used for the current study, a change from the 2008 methodology.

The data indicates that Jefferson Davis Parish has the highest gaming establishments per capita at 0.77 per 1,000 adults; Allen Parish has the lowest at 0.05. When examining the rate of gaming devices per 1,000 adults, Allen Parish has the highest per capita rate at 169.07, due to a large number of devices located at one of only a few Tribal casinos in the state. Considering all of its gambling establishments, Calcasieu is second in the ImCal with a rate of 50.58. Cumulatively, the per capita rate for ImCal gaming devices is 49.41, one of the highest in the state.

Table 9.2: ImCal Establishments per 1,000 Adults

Parish	Adult Population			Gaming Establishments			Sites/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Allen	19,182	19,420	18,927	1	1	1	0.05	0.05	0.05
Beauregard	23,915	26,283	25,736	0	0	0	0	0	0
Calcasieu	133,277	137,039	138,858	163	128	83	1.22	0.93	0.60
Cameron	7,154	5,904	4,841	15	7	3	2.10	1.19	0.62
Jefferson Davis	23,482	22,888	22,047	24	21	17	1.02	0.92	0.77
ImCal (Total)	207,010	211,534	210,409	203	157	104	0.98	0.74	0.49

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Table 9.3: ImCal Devices per 1,000 Adults

Parish	Adult Population			Gaming Devices			Devices/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Allen	19,182	19,420	18,927	3156	2800	3200	164.53	144.18	169.07
Beauregard	23,915	26,283	25,736	0	0	0	0	0	0
Calcasieu	133,277	137,039	138,858	4837	5961	7024	36.29	43.50	50.58
Cameron	7,154	5,904	4,841	45	23	12	6.29	3.90	2.49
Jefferson Davis	23,482	22,888	22,047	70	150	160	2.98	6.55	7.26
ImCal (Total)	207,010	211,534	210,409	8108	8934	10,396	39.17	42.23	49.41

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Louisiana Problem Gambler's Helpline

Established in 2001, the Louisiana Problem Gambler's Helpline is a toll-free, confidential information and referral line that assists individuals in the state of Louisiana who are affected by gambling

problems. The data provided for this report is much more extensive than in 2008. The raw data allows for the analysis of subpopulations within a specific region, including age, ethnicity, employment status, etc. However, some indicators (e.g., mental health, suicide, etc.) could not be disaggregated beyond the state level.

Figure 9.1 provides a breakdown of the origination of intake calls in the ImCal by number and percentage. The data depicts that most calls came from Calcasieu Parish and very few came from other parishes in the ImCal. In fact, the trend from 2002 to 2016 for Calcasieu mirrors that of the entire region.

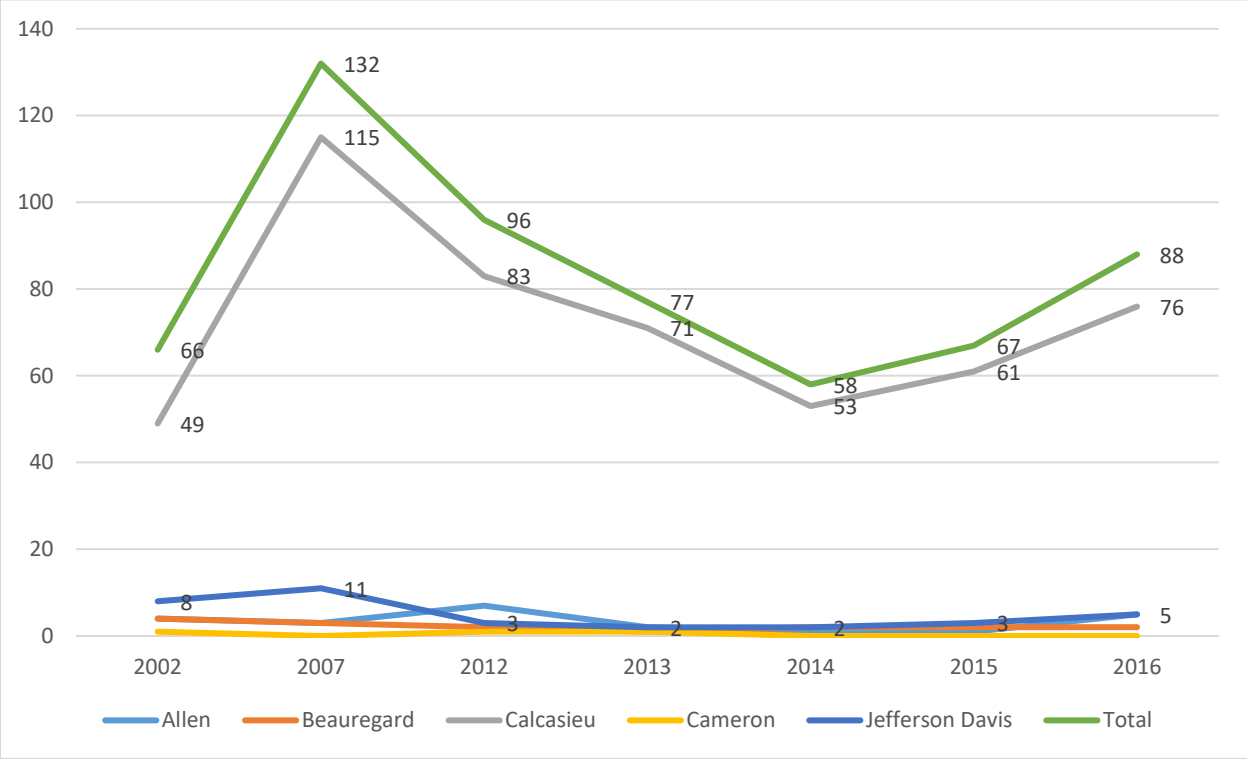


Figure 9.1: ImCal Helpline Data: Frequency of Intake Calls

Table 9.4 illustrates a person originating a call to the Helpline. In the majority of cases, the gambler called the Helpline to seek help for him or herself. Otherwise, calls to the Helpline are made by a variety of individuals inquiring about gambling, signs of problems, and services. Immediate family members (mother, father, etc.) constitute the second largest number of callers, who demonstrate concerned for a family member and want information related to services, signs of gambling problems/addiction, etc.

Table 9.4: ImCal Helpline Data: Relationship of Gambler to Caller

ImCal	Allen					Beauregard					Calcasieu				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	7	2	1	1	4	1	0	1	0	1	66	65	43	48	56
Family	0	0	0	0	1	0	1	0	1	0	11	5	7	8	17
Non Family	0	0	0	0	0	0	0	1	1	1	2	1	2	5	3
Unwilling	0	0	0	0	0	1	0	0	0	0	4	0	1	0	0

ImCal	Cameron					Jefferson Davis				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	0	1	0	0	3	2	2	1	3	3
Family	1	0	0	0	1	1	0	1	0	1
Non Family	0	0	0	0	1	0	0	0	0	1
Unwilling	0	0	0	0	0	0	0	0	0	0

The subjects of the intake calls are divided between males and females (with more males than females), as indicated through an examination of demographic data collected from intake calls between 2012 and 2016. The most prevalent racial group represented in the intake calls is Caucasians, followed by African Americans. The ages of the gamblers are also generally equally distributed across gamblers between the ages of 25 to 44. This data also indicates an overwhelming number of calls coming from Calcasieu Parish.

Caring Communities Youth Survey (CCYS)

The Caring Communities Youth Survey (CCYS) is a biennial survey administered (with parental permission) to all Louisiana 6th, 8th, 10th and 12th grade public and private school students. Since 2010, the survey item bank has included youth gaming indicators. Overall, the trend statewide has declined on this indicator for each grade level since 2010.

Although causal inferences cannot be made when comparing adult with youth gambling attitudes, acceptable norms, endorsed at the community level, can have positive or adverse effects on youth. Since morality has its inception in the home, examining youth gambling indicators and adult attitudes at the individual level may yield more granular findings. ImCal youth (6th and 8th grade students) report "betting on sports" and "playing bingo for money" are the most common form of gambling, which may reflect that children view these activities as informal as they are betting among peers and not at established gambling sites. Louisiana has many bingo parlors with no age restrictions; thus, it is common for parents to bring their children to play bingo. High school seniors indicate that betting on sports, betting on cards, playing bingo, and betting on games of skill were nearly equally attractive. Complete information on gambling indicators for the ImCal is presented in the tables below.

Table 9.5: ImCal Overall Sample Size by Year and Grade

Sample		Grade 6	Grade 8	Grade 10	Grade 12
2008	9,840	2,718	2,742	2,413	1,967
2010	10,002	3,047	2,751	2,345	1,859
2012	8,792	2,485	2,143	2,351	1,813
2014	8,074	2,309	2,290	1,965	1,510

Table 9.6: ImCal Communities that Care Youth Survey (CCYS) Gambling Indicators

ImCal	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
Bet on Sports	17.3	18.1	16.3	21.3	20.5	18.5	18.5	20.0	16.8	14.5	14.1	12.3
Bet on Cards	11.8	9.4	6.8	18.4	15.3	10.8	16.7	14.1	12.4	17.8	12.7	11.1
Played Bingo for Money	24.2	24.1	16.8	24.0	21.7	19.6	19.2	19.2	16.0	15.3	13.1	10.7
Bet on Dice	3.5	2.6	1.5	6.5	4.1	2.4	6.3	5.7	3.1	4.9	3.5	3.2
Bet on Games of Skill	14.0	14.1	11.6	15.7	16.6	14.1	14.6	13.8	12.8	12.1	11.5	8.7

Table 9.7: ImCal Reported Participation in Gambling by Year and Grade

Gambled in the Past Year	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
ImCal	46.2	45.6	38.3	49.9	47.9	42.7	44.4	43.3	39.9	39.6	35.6	30.3
State	47.1	45.3	40.6	50.1	48.6	44.1	46.5	44.0	40.8	41.0	37.8	34.4

Table 9.5 reports the overall sample size by year and grade. Table 9.6 demonstrates the percent of youth who reported gambling and the type of game played. Table 9.7 elicits the percent of youth in grades 6-12 who reported that they gambled in the past year.

Demographic Data from Participants in Telephone Survey

A summary of the demographic variables describing the participants drawn from the ImCal is presented in the following tables. At least 240 Louisiana ImCal residents responded to the telephone survey in such a way that their answers could be used in the present study. The number of participants by parish is reported in Table 9.8. The demographic variables (Sex, Marital Status, Race, Employment Status, and Education Level) are summarized in Table 9.9. Annual Income comparisons between the 2008 and 2016 sample is presented in Table 9.10. Finally, the age data for the 2008 and 2016 samples are presented in Table 9.11.

Examination of Table 9.8 clearly indicates that the majority (66%) of the respondents to the telephone survey in this region reside in Calcasieu Parish. This is not surprising, given the population concentration in this parish. Twenty-eight percent (28%) of the participants indicated Beauregard or Jefferson Davis as their parish of residence.

Table 9.8: ImCal Participation by Parish

Parish	Number	%
Allen	8	3%
Beauregard	33	14%
Calcasieu	159	66%
Cameron	7	3%
Jefferson Davis	33	14%
ImCal (Total)	240	100%

A review of Table 9.9 indicates that the sampling periods are similar with the exception of disparity by gender. The 2008 sample included significantly more females than males. In both 2008 and 2016, the majority of participants were either employed or retired/disabled. In both 2008 and 2016, about one-third of the participants had college degrees, with only 8% reporting that they had less than a high school diploma in 2008 and 4% in 2016.

Table 9.9: ImCal Demographic Variables of Participants from 2008 and 2016

	2008		2016	
Sex	**Number**	**%**	**Number**	**%**
Male	74	31%	103	43%
Female	166	69%	137	57%
Marital Status				
Married	146	61%	135	56%
Divorced	27	11%	22	9%
Widowed	33	14%	36	15%
Separated	3	1%	9	4%
Never Married	28	12%	33	14%
Unmarried Couple	3	1%	3	1%
N/A	0	0%	2	1%
Race				
White	192	80%	178	74%
Black	35	15%	42	18%
Hispanic	4	2%	4	2%
Other	7	3%	12	5%
No Answer	2	1%	4	2%
Employment Status				
Employed Full or Part	129	54%	128	53%
Not in Labor Force	42	18%	18	8%
Retired or Disabled	69	28%	93	39%
N/A	0	0%	1	0%
Highest Level Completed				
Less than HS	20	8%	10	4%
HS or GED	91	38%	89	37%
Some Post-Secondary	55	23%	65	27%
Bachelors or more	71	30%	74	31%
N/A	3	1%	2	1%

Table 9.10 indicates income data. About a third of the ImCal participants reported that they earned more than $50,000 annually. Of note, 16% of the participants declined to specify their income.

Table 9.10: ImCal Annual Income of Participants

	2016	
Annual Income	**Number**	**%**
Up to $10,000	19	8%
Up to $20,000	27	11%
Up to $25,000	27	11%
Up to $35,000	20	8%
Up to $50,000	22	9%
Greater than $50,000	86	36%
N/A	39	16%

Table 9.11 illustrates that the average age of the ImCal participants was slightly older in 2016 than in 2008. The average age of participants across the state in 2016 was 55 years, which approximates the 2016 ImCal average.

Table 9.11: ImCal Age of Participants from 2008 and 2016

	Average Age	Std. Dev.	Min.	Max.	n
2008	50.6	14.7	18	85	227
2016	55.5	15.8	21	94	224
Louisiana	55.0	16.7	21	96	2,294

Attitudes and Beliefs about Gambling

Several questions regarding the participants' attitudes and beliefs about gambling were asked in the telephone survey. First among those questions was, "Which of the following best describes your belief about the benefits or harm gambling has on society?" More than half of the participants (55%) believed that the harm either far outweighed or somewhat outweighed the benefit of gambling on society. Twenty-one percent (21%) felt the benefit and harm were about equal, and 13% believed the benefit either somewhat or far outweighed the harm. See Figure 9.2 for reference.

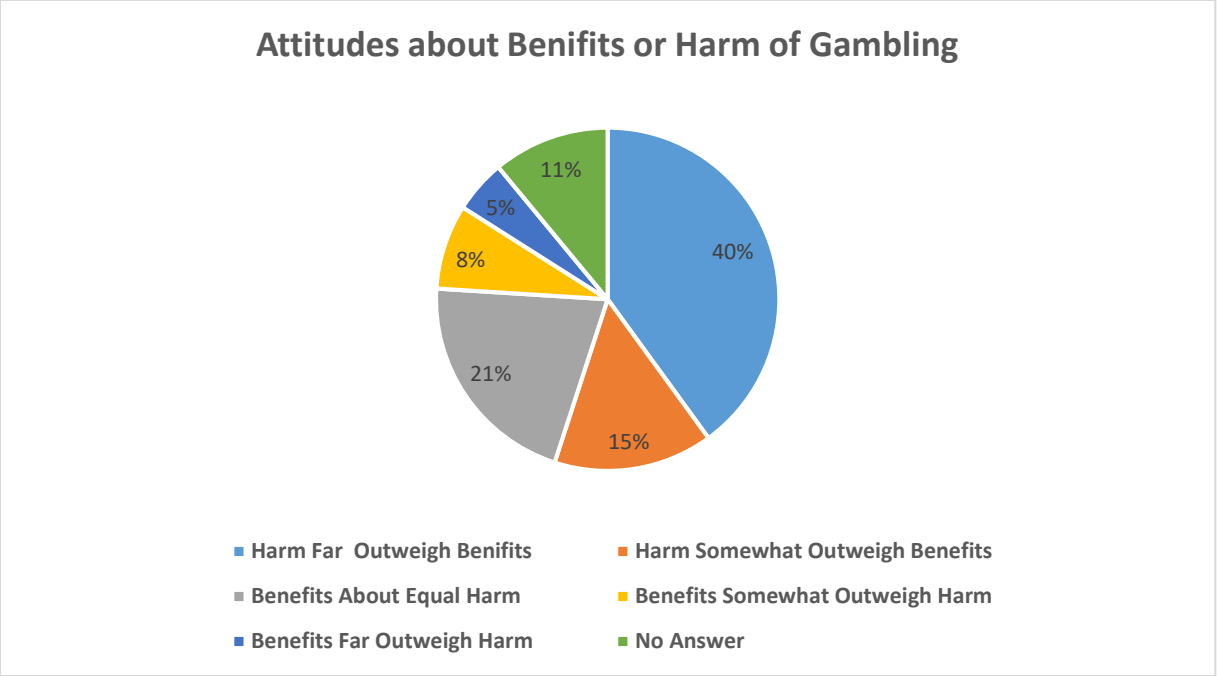


Figure 9.2: ImCal Attitudes about Benefits or Harm of Gambling

As denoted in Figure 9.3 below, over half of the participants believed that gambling was not morally wrong. Noteworthy is that while the majority viewed gambling as harmful, only 36% considered it moral behavior. This disparity may be due to wording or juxtaposition of the items.

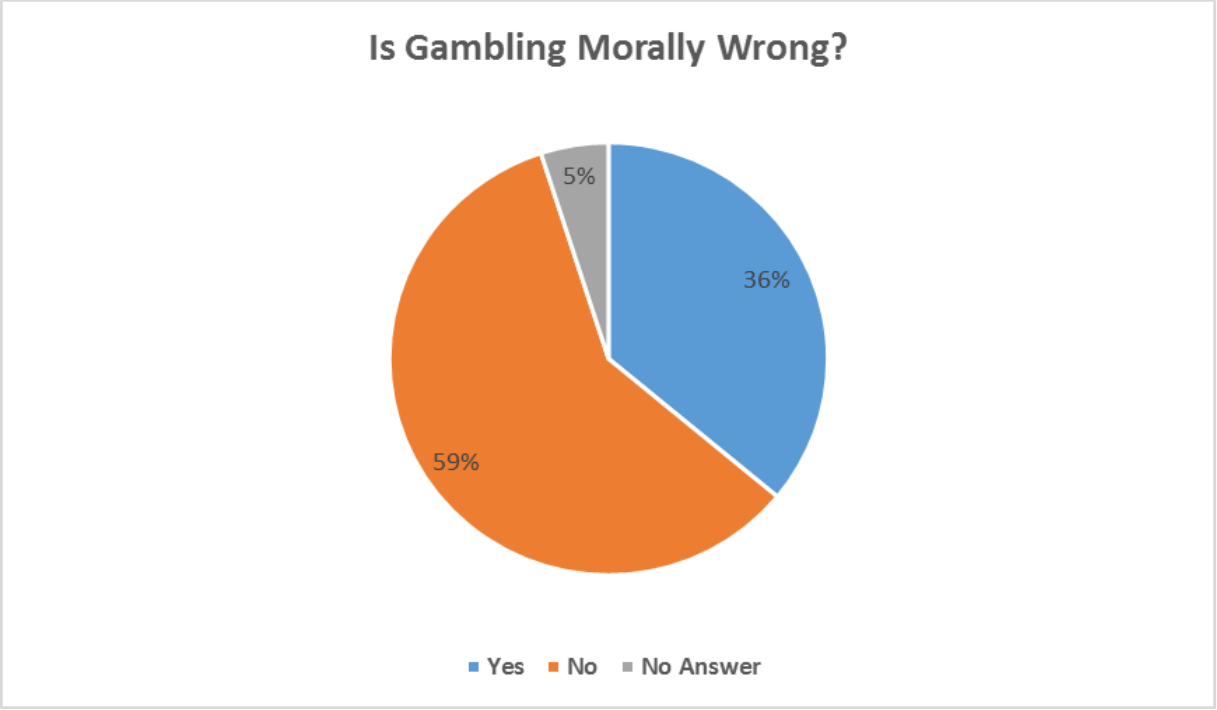


Figure 9.3: ImCal Beliefs about the Morality of Gambling

Participants were also asked about their perceived positive and negative impact of gambling in Louisiana. The results appear in Figures 9.4 and 9.5 below. Participants believed that gambling addiction

was the most negative impact of gambling, followed by the belief that people who cannot afford to gamble are given the opportunities to do so. The most strongly endorsed belief about the positive impact of gambling in Louisiana was that gambling provided for employment opportunities. This belief was expressed by 52% of the sample. It should be noted that 18% believed that gambling had no positive impact.

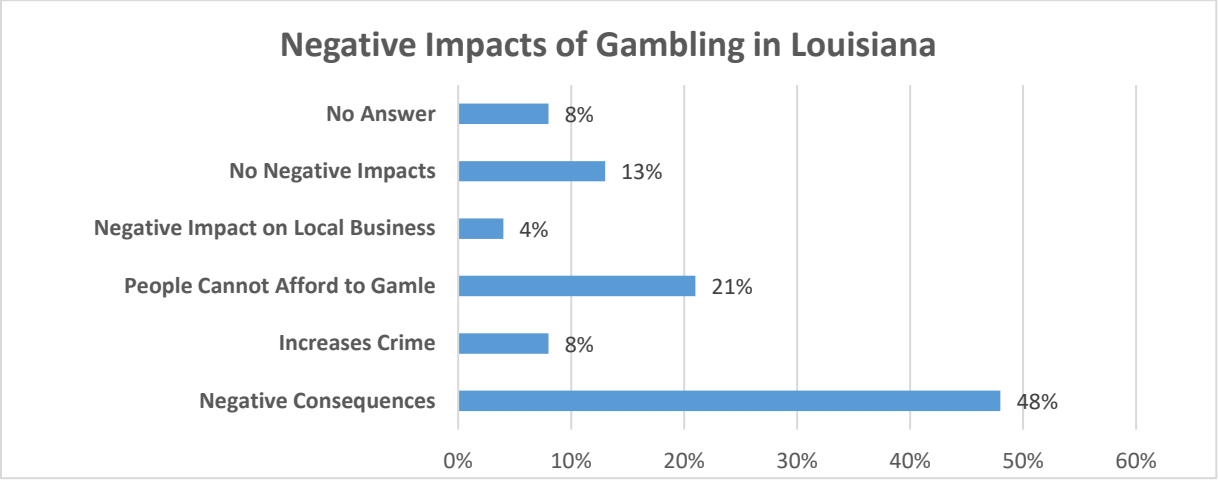


Figure 9.4: ImCal Beliefs about Negative Impacts of Gambling in Louisiana

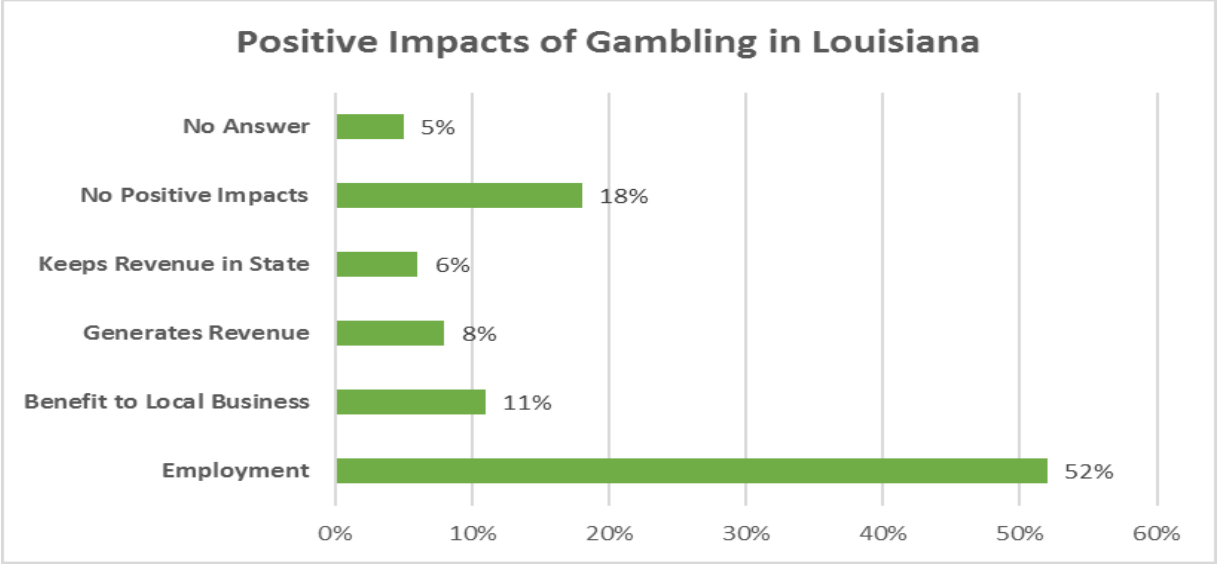


Figure 9.5: ImCal Beliefs about Positive Impacts of Gambling in Louisiana

Finally, participants were asked their opinion about the availability of gambling opportunities. Sixty percent (60%) believed that the current availability was "fine," while 34% thought that gambling was too widely available. Only 2% believed that gambling was not available enough. See Figure 9.6.

Figure 9.6: ImCal Attitudes about Gambling Opportunities in Louisiana

Potential Problem and Potential Pathological gambling

Participants were asked questions about their personal gambling behavior. Several interesting differences are evident in these data. Fifty-seven percent (57%) of the sample from ImCal who reported that they had gambled in the past indicated that the most they had gambled in one day was less than $100. Nearly one-third of the respondents noted that they had never gambled. About half of those who gambled reported that the most they had lost in one day was between $10 and $100. Considerably more people reported having never gambled in 2016 than in 2008.

Table 9.12: ImCal Amount of Money Gambled in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	2	1%	1.9%	66	28%	5.6%
$1.00 or Less	21	14%	5.7%	14	6%	3.0%
$1.01 - $10.00	96	68%	7.6%	33	14%	4.4%
$10.01 - $100.00	21	14%	5.7%	89	37%	6.1%
$100.01 - $1,000.00	2	1%	1.9%	32	13%	4.3%
$1,000.00 - $10,000.00	2	1%	1.9%	6	3%	2.0%
More than $10,000.00	2	1%	1.9%	0	0%	0.0%

Table 9.13: ImCalAmount of Money Lost in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	9	6%	3.9%			
$1.00 or Less	21	14%	5.7%	12	7%	3.8%
$1.01 - $10.00	93	64%	7.8%	33	19%	5.9%
$10.01 - $100.00	19	13%	5.5%	90	52%	7.4%
$100.01 - $1,000.00	2	1%	1.9%	33	19%	5.9%
$1,000.00 - $10,000.00	0	0%	0.0%	5	3%	2.5%
More than $10,000.00	2	1%	1.9%	0	0%	0.0%

The South Oaks Gambling Screen (SOGS) questions, which indicate potential problem or potential pathological gambling, elicit a nuanaced picture of gambling behavior. These questions were posed so that respondents could answer in a yes/no format or in a way so that answers could be collapsed into yes/no formats.

Two impressions frame the findings: 1) The questions most likely to elicit a "yes" answer from the participants in the 2016 sample were "gambling more than intended to" and "gone back to win money you lost." 2) "Gambling more than intended to" was also a top answer in the 2008 survey. However, many people might gamble more than they intended occasionally, and that statement in and of itself is not a primary measure of problems or pathology. The following table summarizes some of the more salient items from the SOGS. Margins of error are noted in the table, which should be used when projecting sample estimates to the population of the authority.

Table 9.14: ImCal Responses to Questions from Telephone Survey, 2008 and 2016

Question	2008		2016	
	%Yes	+/-	%Yes	+/-
Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?	3%	12.6%	2%	1.8%
Do you feel that you have ever had a problem with betting money or gambling?	3%	15.0%	4%	2.7%
Did you ever gamble more than you intended to?	18%	14.5%	14%	4.9%
Have people ever criticized you for gambling, or told you that you had a gambling problem, regardless of whether or not you thought you had one?	5%	15.1%	3%	2.5%
Have you ever felt guilty about the way you gamble or what happens when you gamble?	7%	15.1%	8%	3.8%
Have you ever felt that you would like to stop betting money or gambling, but didn't think you could?	3%	15.0%	3%	2.3%
Have you ever hidden betting slips, lottery tickets, gambling money, IOUs or other signs of gambling from your spouse, children or other important people in your life?	1%	19.5%	3%	2.5%
Have you ever argued with people who you live with over how you handle your money?	5%	15.1%	6%	3.5%
(If you answered yes to last question) Have money arguments ever centered on your gambling?	2%	15.8%	8%	15.6%
Have you ever borrowed money from someone and not paid them back as a result of your gambling.	2%	15.8%	1%	1.5%
Have you ever lost time from work (or school) due to betting money or gambling?	0%	0%	1%	1.0%
Have you ever borrowed money to gamble or to pay for gambling debts?			1%	1.0%
Have your ever gone back to win back money you lost?			13%	4.8%

Potential problem and potential pathological gambling were defined according to participants' scores on the South Oaks Gambling Screen (SOGS) in the present study as in the 2008 and 2002 study. The results indicate a regional increase in both problem and pathological gambling since previous studies. Changes in the rates of problem and pathological gambling from 2002, 2008 and 2016 are presented in Table 9.15.

The data indicates a 2016 prevalence rate of potential problem gamblers in the ImCal to be 4.17% (+/- 2.5%) and the prevalence rate of potential pathological gamblers to be 1.25% (+/- 1.4%). Given the estimates of problem and pathological gambling and the adult population, a projected number of problem and pathological gamblers within the ImCal is calculated by multiplying the percentage of persons identified as problem or pathological gamblers by the people of the authority. According to the 2016 survey data and the American Community Survey census estimates of adults 21 and older, the projected number

of potential problem gamblers is 21,395 for this area. Furthermore, approximately 6,418 potential pathological gamblers are projected for the ImCal. The projections for problem gamblers are substantially higher than the projections for 2008. However, the prevalence rates for potential pathological gamblers decreased by 50%. The projections appear in Table 9.15 alongside prevalence rates.

Table 9.15: ImCal Rates and Number of Potential Problem and Pathological gamblers

	Potential Problem gamblers				Potential Pathological gamblers			
	Vogel & Ardoin	Picard Center			Vogel & Ardoin	Picard Center		
	2002	2008	2016	2016 +/-	2002	2008	2016	2016 +/-
ImCal %	1.50%	0.40%	4.17%	2.5%	1.50%	2.50%	1.25%	1.4%
Number	3,105	846	21,395	12,981	3,105	5,288	6,418	7,218
State %	3%	1.7%	5.4%	0.9%	1.6%	1.4%	2.9%	0.7%
Number	97,161	54,360	179,239	30,015	51,819	44,767	96,258	22,284

Demographic variables from the 2016 ImCal sample are cross-tabulated with reported gambling practices in Table 9.16. Respondents are identified by demographic variables and the following indicators:

- whether they never gambled,
- were at risk for gambling problems,
- were possible problem gamblers, or
- were possible pathological gamblers.

Individuals classified as at-risk score between one and two on the SOGS, just below the cut-off for potential problem gambler. Interestingly, often the percentage of participants meeting the criteria for at-risk is much higher than participants that scored a zero on the SOGS or have never gambled.

Several observations are notable. First, it appears that problem gamblers are almost six years younger, on average, than pathological gamblers. Also, more males than females are identified as possible pathological gamblers. Similar to other regions, single individuals are identified as probable problem or pathological gamblers at higher rates than participants who are married. This and more can be viewed in Table 9.16.

Table 9.16: ImCal Demographic Variables by Gambling Practices Categories

	n	Never	At Risk	Possible Problem	Possible Pathological
Age	56.1	55.4	55.6	49.3	55.5
Gender					
Female	137	23%	73%	3%	1%
Male	103	18%	75%	6%	1%
Race					
White	178	21%	73%	4%	2%
Black	42	24%	69%	7%	0%
Other	16	6%	94%	0%	0%
Marital Status					
Married	138	17%	80%	3%	1%
Not Married	100	27%	65%	6%	2%
Employment					
Employed Full/Part	128	17%	77%	4%	2%
Not In Labor Force	18	28%	72%	0%	0%
Retired Disabled	93	25%	70%	5%	0%
Household Income*					
High	108	19%	74%	6%	2%
Middle	47	19%	77%	2%	2%
Low	46	30%	65%	4%	0%
Education Level					
High School or less	99	23%	71%	4%	2%
Some college or more	139	19%	76%	4%	1%
Tobacco User					
Non-user	188	21%	74%	4%	1%
User	49	22%	69%	4%	4%

Treatment

Participants were asked several questions aimed at learning more about their awareness of treatment options in Louisiana. Sixty-three percent (63%) were aware of the Gamblers Anonymous 12-Step Program, 59% knew that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling, and 71% were aware of the toll-free Helpline. Few participants (4.4%) had heard of the Center of Recovery (CORE). Therefore, few respondents in this authority are aware of the existence of inpatient services for gamblers. These items were in yes/no format and appear below in Table 9.17.

Table 9.17: ImCal Responses to Awareness of Treatment Options, 2008 and 2016

Question	2008		2016	
	% Yes	+/-	% Yes	+/-
Are you aware of the Gamblers Anonymous 12-Step Program?	68%	7.2%	63%	6.1%
Are you aware that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling?	55%	8.5%	59%	6.2%
Are you aware that Louisiana has a toll-free "problem gambler's" Helpline?	71%	6.8%	80%	5.1%
Have you ever heard of "CORE" ("The Center of Recovery"), a 24-hour residential treatment facility located in Shreveport? Through a contract with the Office for Addictive Disorders, CORE provides treatment for problem gamblers and their families free of charge to Louisiana citizens.	11%	12.3%	14%	4.4%

Participants who indicated that they were aware of the Problem-Gambler's Helpline were asked several follow-up questions as were those who indicated that they had heard of the Center of Recovery (CORE). The majority of participants (65%) who were aware of the Helpline had learned of it as a result of seeing billboards announcing the service. The next most effective means by which the public became aware of the toll-free Helpline was the telephone book. It appears that the public relied less on word of mouth and television or radio in 2016 as compared to 2008, and more on billboards and "other," which may have included digital media. The complete data regarding the media through which the participants were made aware of the toll-free Helpline is presented in Figure 9.7.

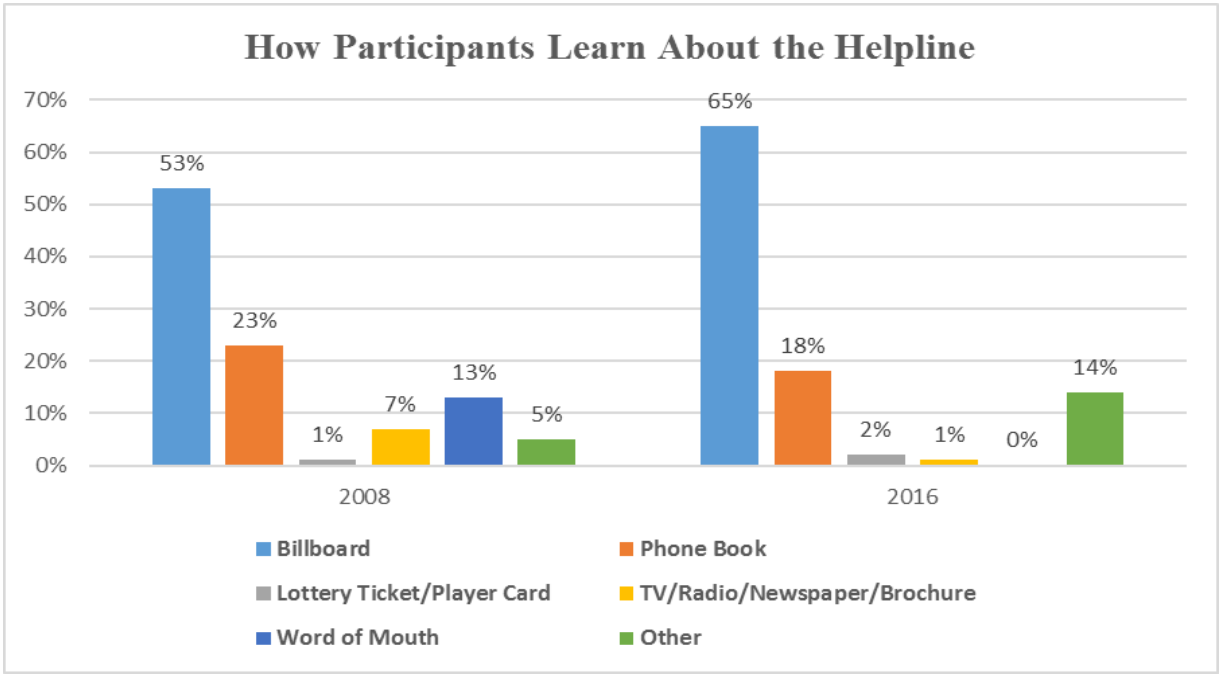


Figure 9.7: How ImCal Participants Learned about Helpline, 2008 and 2016

In 2016, the most effective means of learning about the CORE was through word of mouth or the media. More people utilize interpersonal and health/social services as information sources and fewer media sources for CORE awareness in 2016 than in 2008. The complete data regarding the media through which the participants were made aware of CORE is presented in Figure 9.8.

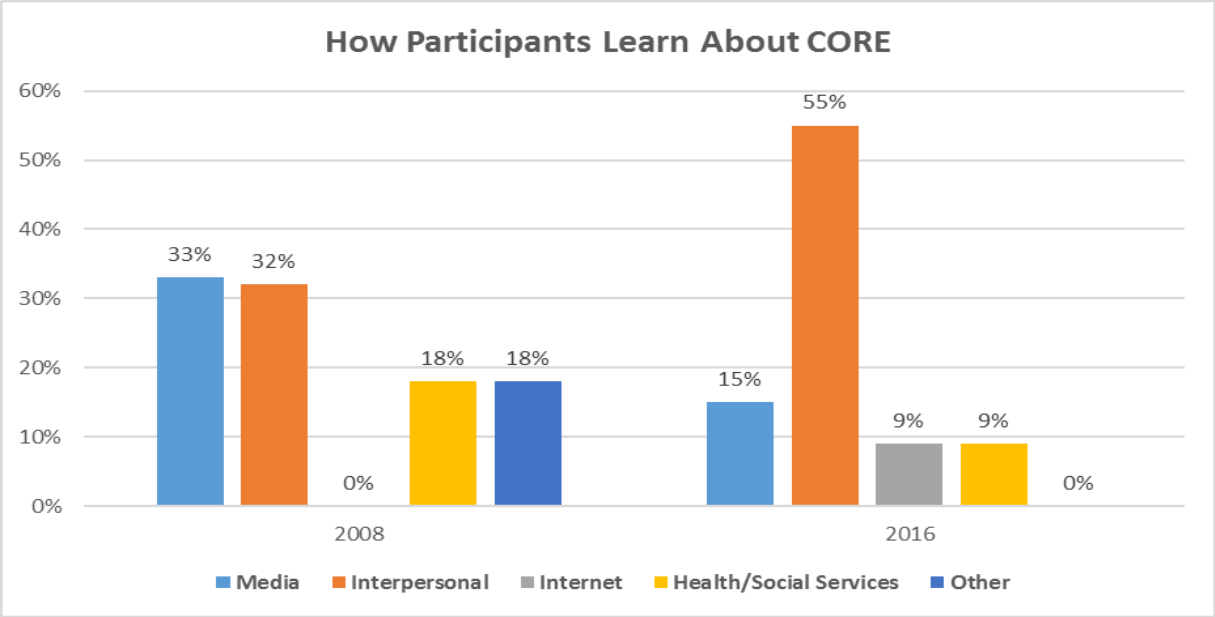


Figure 9.8: How ImCal Participants Learned About CORE, 2008 and 2016

Summary

The Imperial Calcasieu Human Services Authority (ImCal) is composed of five parishes in southwest Louisiana. The majority of the population resides in and around Lake Charles, yet the majority of the gambling activity is located in Allen Parish and its Tribal casino. This casino is close to the Texas border, and anecdotal evidence suggests that many of the people gambling in Lake Charles and in Allen Parish are from Texas. The number of gambling devices in the district has remained generally consistent since 2002, but the number of establishments has declined.

ImCal gambling attitudes and beliefs reflect a dichotomy. The majority of ImCal residents believe the harm gambling causes either somewhat or far outweighs its benefits. Yet, the majority of the ImCal populations does not believe that gambling is morally wrong. Furthermore, citizens of the district believe that the major benefit to gambling is the creation of job opportunities. Again, most believe gambling is problematic, noting that the risks outweigh the benefits.

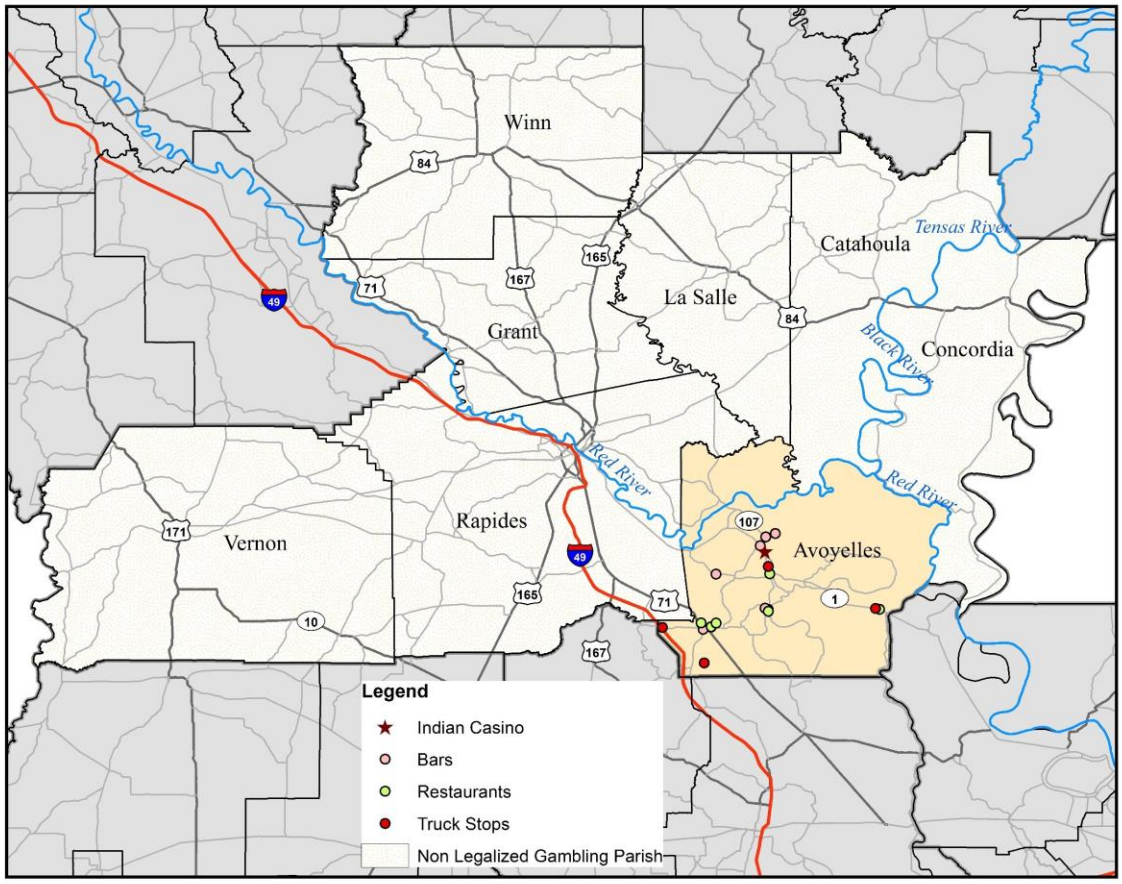
Analysis of access to and treatment capacity proves confounding, as there appears to be no accurate data collection system for treatment beyond those supports previously described. A slight majority of the sample (63%) were aware of the Gamblers Anonymous 12-Step Program, 59% knew that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling, and 80% were aware of the toll-free Helpline. Few participants (14%) had heard of the Center of Recovery (CORE). Anecdotally, respondents identified other supports, as did providers of the above services.

The most important finding is that ImCal residents gambled more money and lost more money gambling than in 2008, but a much higher percentage of the sample population never gambled. The data indicates a prevalence rate of potential problem gamblers in the ImCal to be 4.17% (+/- 2.5%). The prevalence rate of potential pathological gamblers was considerably lower than state estimates (1.25%; +/- 1.4%). The rate in potential problem gambling increased since 2008, but the prevalence rate of potential pathological gamblers decreased.

CHAPTER 10

CENTRAL LOUISIANA HUMAN SERVICES DISTRICT RESULTS AND FINDINGS

Central Louisiana Human Services District (CLHSD)



The Central Louisiana Human Services District (CLHSD) is located in the centermost part of Louisiana and consists of eight parishes: Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, and Winn Parish. The most populous parish is Rapides with a population over 93,000, followed by Vernon and Avoyelles, with populations of 35,000 and 30,000 respectively. Avoyelles Parish is the only parish in the district in which gambling is legal. Since 2002, the adult population of the CLHSD has held steady at around 220,500 residents.

Gaming Data

The Louisiana State Police Gaming Enforcement Division provided the gaming data for this study. The information collected and analyzed includes: location and mapping of establishments, number of operating establishments, license type, the number of gaming devices (slots and/or video poker), and per capita rates for establishments, devices and revenue (if provided).

Spatial analysis of the regional map indicates, as noted that gambling establishments are present in Avoyelles Parish only. This includes a Tribal land based casino, which accounts for most of the gambling in the region with several bars, truck stops, and restaurants also offering gambling opportunities to their patrons.

Table 10.1 provides a parish-by-parish report on the number of gaming devices in the district, Avoyelles being the only parish with gambling devices. No gambling establishments were reported in other parishes.

Table 10.1: Gambling Establishments and Devices in CLHSD

Parish	License Type	Number of Gaming Devices		Number of Establishments	
		2008	2016	2008	2016
Avoyelles	Bars	39	27	13	8
	Restaurants	39	14	13	6
	Truck Stops	73	87	3	4
	Indian Casinos	2,200	2,100	1	1
	Parish Total	**2,351**	**2,572**	**30**	**19**
	Region Total	**2,351**	**2,572**	**30**	**19**

Per Capita Rates Gaming Establishments and Devices

Of note, per capita rates for both establishments and gambling devices should be interpreted with caution; as reported in the methodology section, the adult population is calculated using different operational definitions. The adult population for 2016 is defined as 21 years and older (legal gambling age). The 2008 study defined the adult population as 18 years and older, legal adult age. Therefore, a comparison of the two reporting periods is not provided for this section. The discrepancy is noted in the limitations section of the report with suggestions for future reporting cycles and data collection procedures.

Tables 10.2 and 10.3 provide information on per capita rates on gaming establishments and devices per 1,000 adults. For this study, 2015 census estimates are used to calculate the rates. Also, only adults of legal gambling age (21 years and older) are used for the current study, a change from the 2008 methodology.

The data indicates that Avoyelles Parish has the highest gaming establishments per capita at 0.63 per 1,000 adults. It should be noted that Avoyelles is the only parish with legalized gaming establishments in the district. The rate of gambling devices per capita is 85.16 per 1,000 adults, which can be attributed to the high volume of devices at the Tribal casino.

Table 10.2: CLHSD Establishments per 1,000 Adults

Parish	Adult Population			Gaming Establishments			Sites/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Avoyelles	30,364	31,898	30,203	35	30	19	1.15	0.94	0.63
Catahoula	8,103	8,024	7,594	0	0	0	0	0	0
Concordia	14,618	14,519	14,887	0	0	0	0	0	0
Grant	13,406	14,758	16,760	0	0	0	0	0	0
La Salle	10,369	10,719	10,970	0	0	0	0	0	0
Rapides	91,973	96,796	93,275	0	0	0	0	0	0
Vernon	37,244	31,528	35,620	0	0	0	0	0	0
Winn	12,704	12,268	11,172	0	0	0	0	0	0
CLHSD (Total)	218,781	220,510	220,481	35	30	19	0.16	0.14	0.09

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Table 10.3: CLHSD Devices per 1,000 Adults

Parish	Adult Population			Gaming Devices			Devices/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Avoyelles	30,364	31,898	30,203	2,345	2,351	2,572	77.23	73.70	85.16
Catahoula	8,103	8,024	7,594	0	0	0	0	0	0
Concordia	14,618	14,519	14,887	0	0	0	0	0	0
Grant	13,406	14,758	16,760	0	0	0	0	0	0
La Salle	10,369	10,719	10,970	0	0	0	0	0	0
Rapides	91,973	96,796	93,275	0	0	0	0	0	0
Vernon	37,244	31,528	35,620	0	0	0	0	0	0
Winn	12,704	12,268	11,172	0	0	0	0	0	0
CLHSD (Total)	218,781	220,510	220,481	2,345	2,351	2,572	10.72	10.66	11.67

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Louisiana Problem Gambler's Helpline

Established in 2001, the Louisiana Problem Gambler's Helpline is a toll-free, confidential information and referral line that assists individuals in the state of Louisiana who are affected by gambling problems. The data provided for this report is much more extensive than in 2008. The raw data allows for the analysis of subpopulations within a particular region, including age, ethnicity, employment status, etc. However, some indicators (e.g. mental health, suicide, etc.) could not be disaggregated beyond the state level. Helpline data for CLHSD is presented below.

Figure 10.1 provides a breakdown of the origination of intake calls in the CLHSD by number and percentage. A data depicts that most calls came from Rapides Parish and few calls from any of the remaining parishes in CLHSD. This is not surprising, given the population of Rapides Parish in relation to the others.

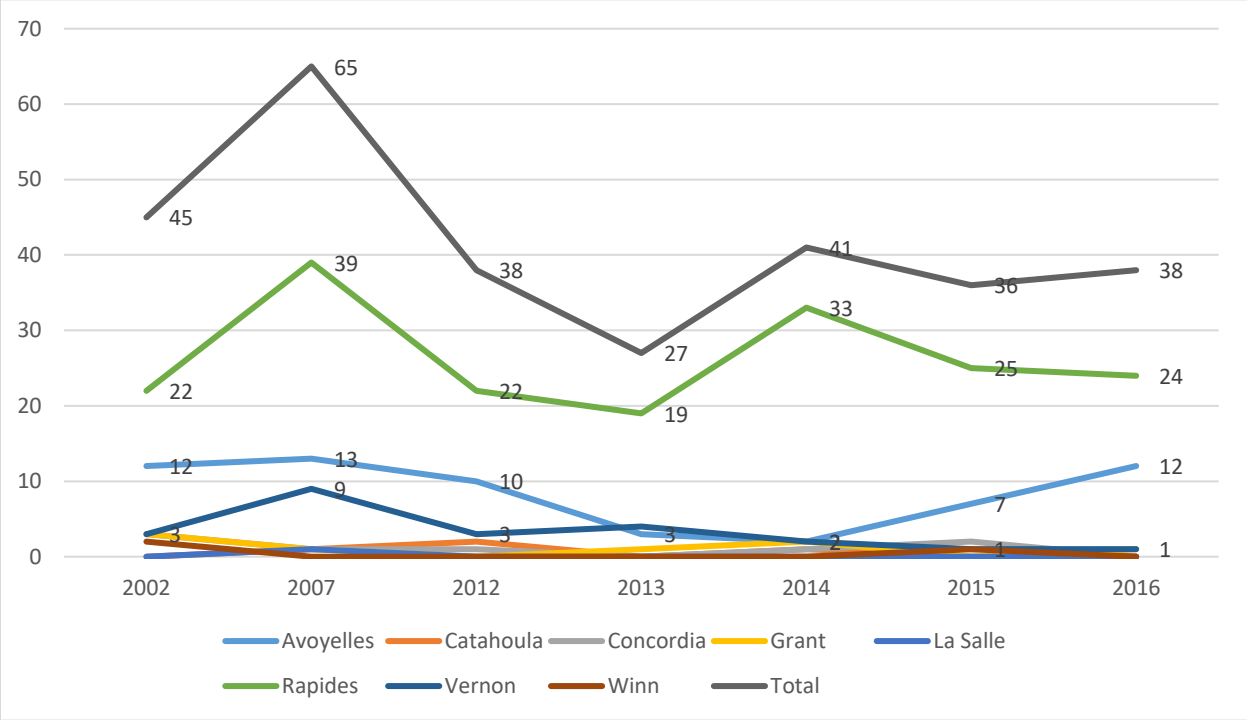


Figure 10.1: CLHSD Helpline Data: Frequency of Intake Calls

Table 10.4 illustrates a person originating a call to the Helpline. In the majority of cases, the gambler called the Helpline to seek help for him or herself. Otherwise, calls to the Helpline are made by a variety of individuals inquiring about gambling, signs of problems, and services. Immediate family members (mother, father, etc.) constitute the second largest number of callers, who demonstrate concerned for a family member and want information related to services, signs of gambling problems/addiction, etc.

Table 10.4: CLHSD Helpline Data: Relationship of Gambler to Caller

CLHSD	Avoyelles					Catahoula					Concordia				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	9	2	1	6	11	2	0	1	0	0	1	0	1	1	0
Family	0	1	1	1	1	0	0	0	0	0	0	0	0	0	0
Non Family	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Unwilling	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CLHSD	**Grant**					**La Salle**					**Rapides**				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	0	1	2	0	1	0	0	0	0	0	18	18	27	23	23
Family	0	0	0	0	0	0	0	0	0	0	2	1	4	2	1
Non Family	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0
Unwilling	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
CLHSD	**Vernon**					**Winn**									
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016					
Self	3	2	2	0	1	0	0	0	1	0					
Family	0	2	0	1	0	0	0	0	0	0					
Non Family	0	0	0	0	0	0	0	0	0	0					
Unwilling	0	0	0	0	0	0	0	0	0	0					

An examination of demographic data collected from intake calls from 2012 through 2016 indicates that the subjects of the calls are about equally divided between males and females with slightly more males than females.

Caring Communities Youth Survey (CCYS)

The Caring Communities Youth Survey (CCYS) is a biennial survey administered (with parental permission) to all Louisiana 6th, 8th, 10th and 12th grade public and private school students. Since 2010, the survey item bank has included youth gaming indicators. Overall, the trend statewide has declined on this indicator for each grade level since 2010.

Although causal inferences cannot be made when comparing adult with youth gambling attitudes, acceptable norms, endorsed at the community level, can have positive or adverse effects on youth. Since morality has its inception in the home, examining youth gambling indicators and adult attitudes at the individual level may yield more granular findings. CLHSD youth (6th and 8th grade students) report "playing bingo for money" as the most common form of gambling, which may reflect that children view this activity as informal and familial. Louisiana has many bingo parlors with no age restrictions; thus, it is common for parents to bring their children to play bingo.

Eighth, 10th, and 12th graders bet on sports more than any other activity, which may reflect that children view these activities as informal as they are betting among peers and not at established gambling sites. Complete information on CLHSD gambling indicators is presented in the tables below.

Table 10.5: CLHSD Overall Sample Size by Year and Grade

Sample		Grade 6	Grade 8	Grade 10	Grade 12
2008	8,235	2,547	2,660	1,733	1,295
2010	6,486	2,403	1,967	1,202	914
2012	8,758	2,924	2,582	1,926	1,326
2014	7,556	2,599	2,481	1,455	1,021

Table 10.6: CLHSD Communities that Care Youth Survey (CCYS) Gambling Indicators

CLHSD	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
Bet on Sports	19.1	17.5	16.5	19.6	21.8	18.9	18.3	17.3	18.7	13.5	15.2	14.8
Bet on Cards	13.3	10.3	8.2	16.9	14.9	11.4	18.7	16.0	14.5	18.8	14.5	12.5
Played Bingo for Money	24.4	22.6	18.7	22.8	23.0	17.0	14.5	16.1	14.3	14.1	13.8	11.9
Bet on Dice	3.9	2.9	2.2	4.7	4.7	4.3	5.8	5.3	6.3	4.2	5.0	5.0
Bet on Games of Skill	15.7	13.1	12.1	15.2	15.7	12.4	16.0	13.3	13.7	9.6	11.6	11.7

Table 10.7: CLHSD Reported Participation in Gambling by Year and Grade

Gambled in the Past Year	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
CLHSD	46.8	45.0	36.7	46.7	49.0	42.3	44.4	42.7	42.1	38.4	37.8	35.4
State	47.1	45.3	40.6	50.1	48.6	44.1	46.5	44.0	40.8	41.0	37.8	34.4

Table 10.5 reports the overall sample size by year and grade. Table 10.6 demonstrates the percent of youth who reported gambling and the type of game played. Table 10.7 elicits the percent of youth in grades 6-12 who reported that they gambled in the past year.

Demographic Data from Participants in Telephone Survey

A summary of the demographic variables describing the participants drawn from the CLHSD is presented in the following tables. At least 240 Louisiana CLHSD residents responded to the telephone survey in such a way that their answers could be used in the present study. The number of participants by parish is reported in Table 10.8. The demographic variables (Sex, Marital Status, Race, Employment Status, and Education Level) are summarized in Table 10.9. Annual Income comparisons between the 2008 and 2016 sample is presented in Table 10.10. Finally, the age data for the 2008 and 2016 samples are presented in Table 10.11.

Examination of Table 10.8 clearly indicates that the majority (66%) of the CLHSD respondents to the telephone survey reside in Rapides Parish, followed by Vernon Parish (15%). This is not surprising, given the population concentration in these parishes.

Table 10.8: CLHSD Participation by Parish

Parish	Number	%
Avoyelles	23	10%
Catahoula	4	2%
Concordia	15	6%
Grant	12	5%
La Salle	5	2%
Rapides	128	53%
Vernon	37	15%
Winn	16	7%
CLHSD (Total)	240	100%

A review of Table 10.9 indicates that the sampling periods are similar with the exception of disparity by gender. The 2008 sample included significantly more females than males. In both 2008 and 2016, the majority of participants were either employed or retired/disabled. In both 2008 and 2016, about one-third of the participants had college degrees, with only 8% reporting that they had less than a high school diploma in 2008 and 5% in 2016.

Table 10.9: CLHSD Demographic Variables of Participants from 2008 and 2016

	2008		2016	
Sex	**Number**	**%**	**Number**	**%**
Male	72	30%	100	42%
Female	168	70%	140	58%
Marital Status				
Married	145	60%	139	58%
Divorced	29	12%	28	12%
Widowed	24	10%	27	11%
Separated	5	2%	3	1%
Never Married	29	12%	34	14%
Unmarried Couple	1	0%	6	3%
N/A	7	3%	3	1%
Race				
White	178	74%	184	77%
Black	41	17%	42	18%
Hispanic	6	3%	2	1%
Other	13	5%	7	3%
No Answer	2	1%	5	2%
Employment Status				
Employed Full or Part	121	51%	129	54%
Not in Labor Force	45	18%	29	12%
Retired or Disabled	65	27%	77	32%
N/A	9	4%	5	2%
Highest Level Completed				
Less than HS	20	8%	13	5%
HS or GED	91	38%	97	40%
Some Post-Secondary	55	23%	65	27%
Bachelors or more	71	30%	63	26%
N/A	3	1%	2	1%

Table 10.10 indicates income data. About a third of the CLHSD participants reported that they earned more than $50,000. Twenty-one percent (21%) indicated that their income was between $20,000 and $35,000, and 22% of the participants declined to specify their income.

Table 10.10: CLHSD Annual Income of Participants from 2016

	2016	
Annual Income	**Number**	**%**
Up to $10,000	18	8%
Up to $20,000	22	9%
Up to $25,000	26	11%
Up to $35,000	23	10%
Up to $50,000	15	6%
Greater than $50,000	84	35%
N/A	52	22%

Table 10.11 illustrates that the average age of the CLHSD participants was slightly older in 2016 than in 2008. The mean age of participants across the state in 2016 was 55 years; the CLHSD average age was 53.5 years.

Table 10.11: CLHSD Age of Participants from 2008 and 2016

	Average Age	Std. Dev.	Min.	Max.	n
2008	51.2	15.6	18	89	225
2016	53.5	16.6	21	96	225
Louisiana	55.0	16.7	21	96	2,294

Attitudes and Beliefs about Gambling

Several questions regarding the participants' attitudes and beliefs about gambling were asked in the telephone survey. First among those questions was, "Which of the following best describes your belief about the benefits or harm gambling has on society?" Just over half of the participants (56%) believed that the harm either far outweighed or somewhat outweighed the benefit of gambling on society. Twenty-five percent (25%) thought the benefit and harm were about equal, and only 3% believed the benefit either somewhat or far outweighed the harm. See Figure 10.2 for reference.

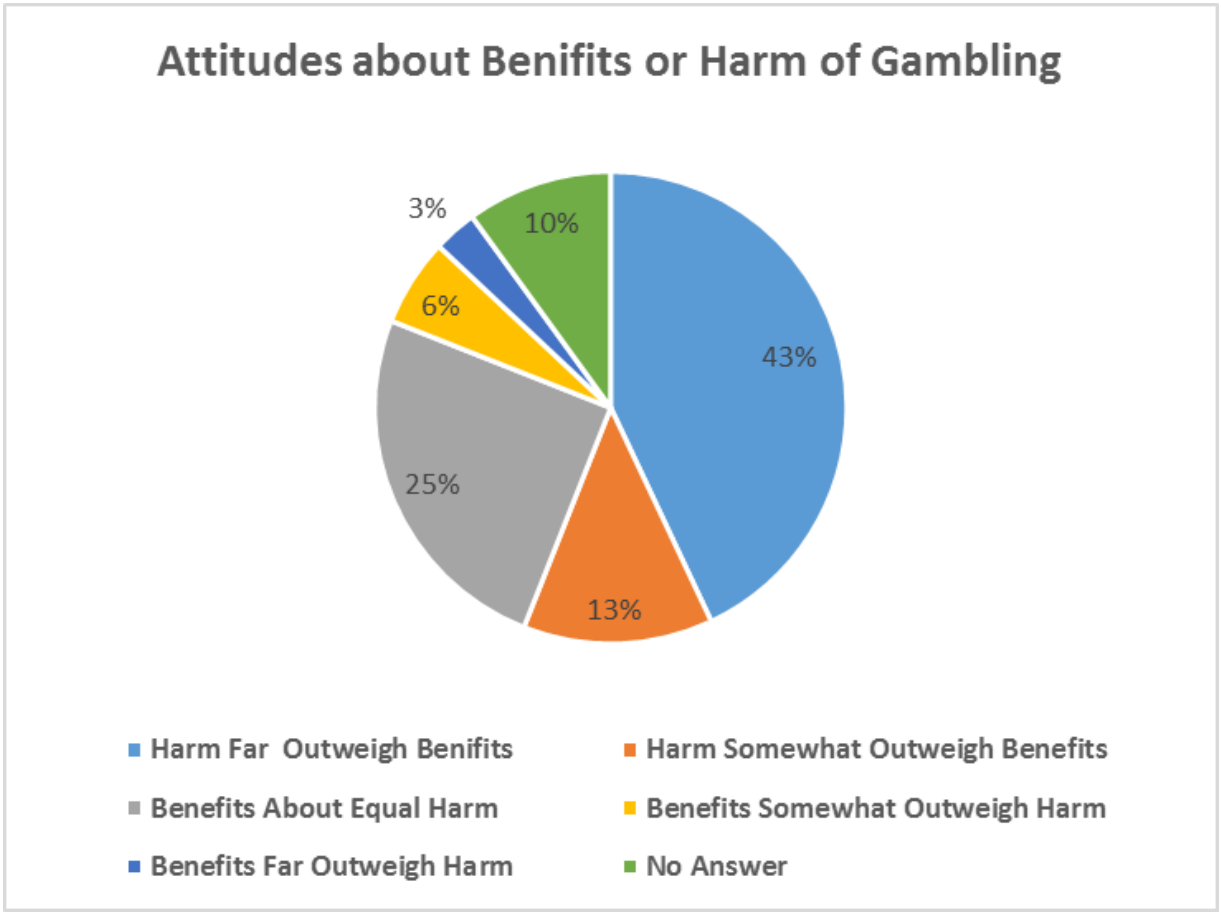


Figure 10.2: CLHSD Attitudes about Benefits or Harm of Gambling

As denoted in Figure 10.3 below, almost two-thirds of the participants believed that gambling was not morally wrong. Noteworthy is that while the majority viewed gambling as harmful, only 39% considered it moral behavior. This disparity may be due to wording or juxtaposition of the items.

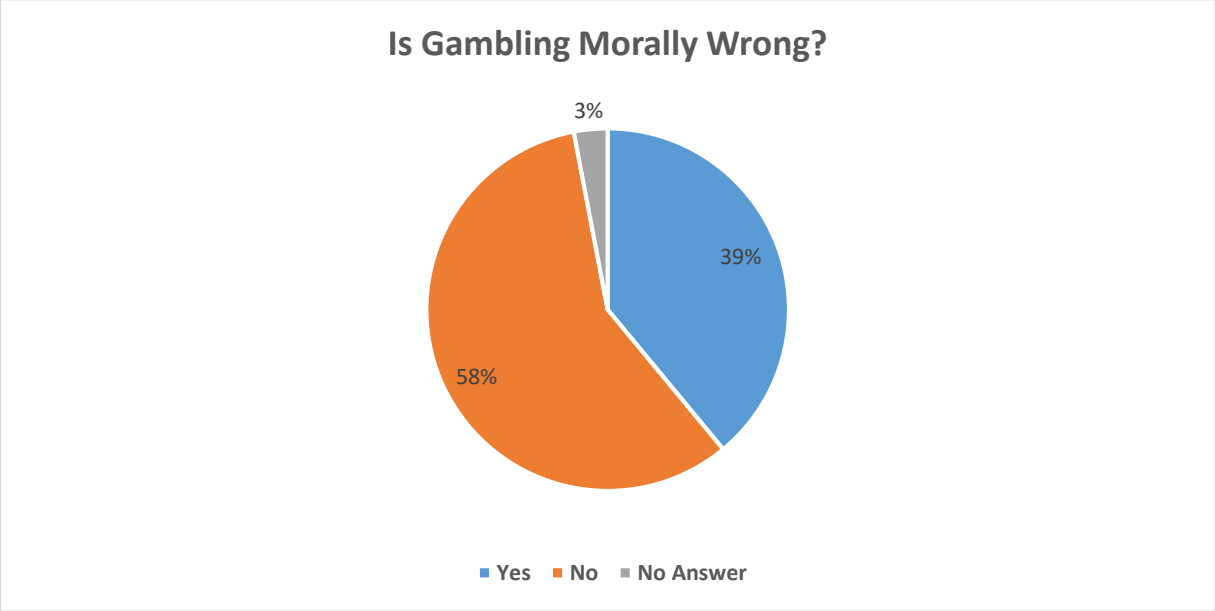


Figure 10.3: CLHSD Beliefs about the Morality of Gambling

Participants were also asked about their perceived positive and negative impact of gambling in Louisiana. The results appear in Figures 10.4 and 10.5 below. Participants believed that gambling addiction was the most negative impact of gambling, followed by the belief that people who cannot afford to gamble are given the opportunities to do so. Positive beliefs include gambling's impact on Louisiana employment opportunities, expressed by 39% of the sample. It should be noted that 30% believed that gambling had no positive impact.

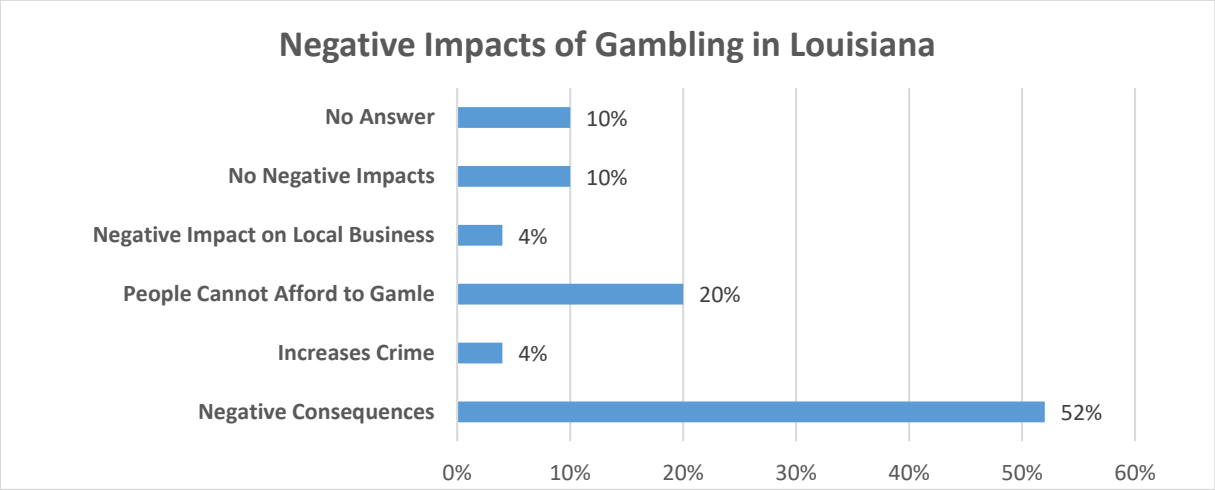


Figure 10.4: CLHSD Beliefs about Negative Impacts of Gambling in Louisiana

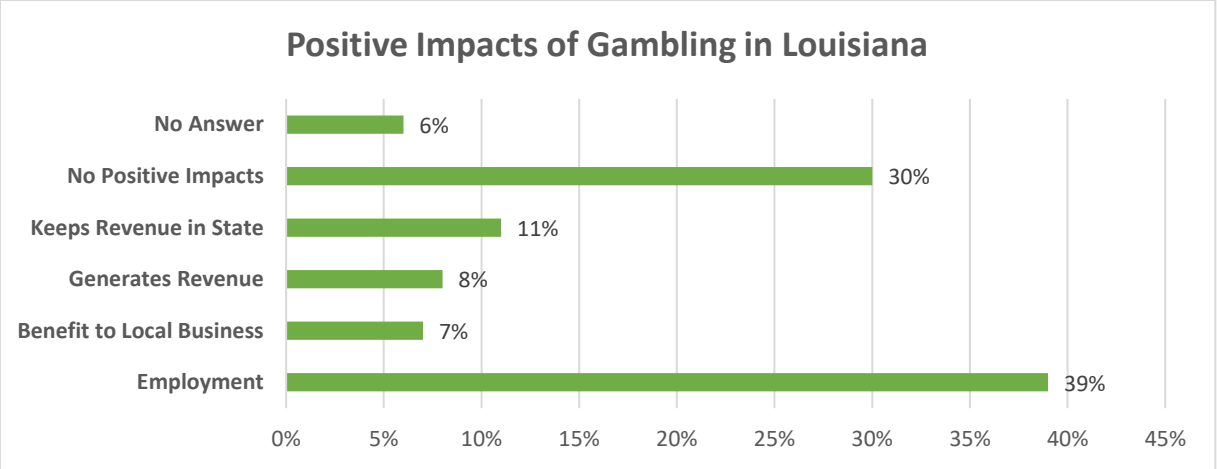


Figure 10.5: CLHSD Beliefs about Positive Impacts of Gambling in Louisiana

Finally, participants were asked their opinion about the availability of gambling opportunities. Fifty-two percent (52%) believed that the current availability was "fine," while 39% believed that gambling was too widely available. Only 3% believed that gambling was not available enough, denoted in Figure 10.6.

Figure 10.6: CLHSD Attitudes about Gambling Opportunities in Louisiana

Potential Problem and Potential Pathological Gambling

Participants were asked questions regarding their gambling behavior. Several interesting differences are evident in these data. Fifty-six percent (56%) of the sample from CLHSD, who reported that they had gambled in the past, reported that the most they had gambled in one day was less than $100. The

largest amount of money the respondents reported that they had lost in one day was similar to the amount they reported to have gambled at less than $100, which was reported by 78% of the participants in the survey. Considerably more people reported having never gambled in 2016 than in 2008.

Table 10.12: CLHSD Amount of Money Gambled in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	6	5%	4.2%	73	31%	5.8%
$1.00 or Less	15	14%	6.4%	15	6%	3.1%
$1.01 - $10.00	60	55%	9.3%	35	15%	4.5%
$10.01 - $100.00	26	24%	7.9%	84	35%	6.1%
$100.01 - $1,000.00	1	1%	1.8%	27	11%	4.0%
$1,000.00 - $10,000.00	0	0%	0.0%	4	2%	1.6%
More than $10,000.00	2	2%	2.5%	1	0%	0.8%

Table 10.13: CLHSD Amount of Money Lost in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	6	6%	4.3%			
$1.00 or Less	17	16%	6.8%	14	9%	4.3%
$1.01 - $10.00	57	52%	9.4%	29	18%	5.8%
$10.01 - $100.00	25	23%	7.9%	84	51%	7.7%
$100.01 - $1,000.00	0	0%	0.0%	30	18%	5.9%
$1,000.00 - $10,000.00	0	0%	0.0%	4	2%	2.4%
More than $10,000.00	4	4%	3.5%	3	2%	2.1%

The South Oaks Gambling Screen (SOGS) questions, which indicate potential problem or potential pathological gambling, elicit a nuanaced picture of gambling behavior. These questions were posed so that respondents could answer in a yes/no format or in a way so that answers could be collapsed into yes/no formats.

As denoted in Table 10.14, the questions most likely to elicit a "yes" answer from the participants in the 2016 sample were "gambling more than intended to" and "gone back to win back money you lost." "Gambling more than intended to" was also a top answer in the 2008 survey. However, many people might gamble more than they intended occasionally, and that statement in and of itself is not a primary measure of problems or pathology. The following table summarizes some of the more salient items from the SOGS. Margins of error are noted in the table below, which should be used when projecting sample estimates to the population of the district.

Table 10.14: CLHSD Responses to Questions from Telephone Survey, 2008 and 2016

Question	2008		2016	
	%Yes	+/-	%Yes	+/-
Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?	2%	13.7%	5%	3.1%
Do you feel that you have ever had a problem with betting money or gambling?	3%	19.3%	5%	3.1%
Did you ever gamble more than you intended to?	15%	17.0%	15%	5.2%
Have people ever criticized you for gambling, or told you that you had a gambling problem, regardless of whether or not you thought you had one?	2%	19.4%	5%	3.3%
Have you ever felt guilty about the way you gamble or what happens when you gamble?	8%	17.7%	8%	3.9%
Have you ever felt that you would like to stop betting money or gambling, but didn't think you could?	3%	19.3%	4%	2.8%
Have you ever hidden betting slips, lottery tickets, gambling money, IOUs or other signs of gambling from your spouse, children or other important people in your life?	3%	19.3%	2%	2.1%
Have you ever argued with people who you live with over how you handle your money?	7%	25.0%	8%	4.0%
(If you answered yes to last question) Have money arguments ever centered on your gambling?	1%	19.5%	20%	20.2%
Have you ever borrowed money from someone and not paid them back as a result of your gambling.	2%	19.4%	1%	1.5%
Have you ever lost time from work (or school) due to betting money or gambling?	0%	0.0%	1%	1.5%
Have you ever borrowed money to gamble or to pay for gambling debts?			2%	1.8%
Have your ever gone back to win back money you lost?			15%	5.1%

Potential problem and potential pathological gambling were defined according to participants' scores on the South Oaks Gambling Screen (SOGS) in the present study as in the 2008 and 2002 study. The results indicate a regional increase in both problem and pathological gambling since previous studies. Changes in the rates of problem and pathological gambling from 2002, 2008 and 2016 are presented in Table 10.15.

The data indicates a prevalence rate of potential CLHSD problem gamblers in be 5.0% (+/- 2.8%) and the prevalence rate of potential pathological gamblers to be 2.1% (+/- 1.8%). Given the estimates of problem and pathological gambling and the adult population, a projected number of problem and pathological gamblers within the CLHSD is calculated by multiplying the percentage of persons identified as problem or pathological gamblers by the population of the district. According to the 2016 survey data and the American Community Survey census estimates of adults 21 years and older, the projected estimate

for potential problem gamblers is 18,735 adults. Furthermore, approximately 7,806 potential pathological gamblers are projected for the CLHSD. The prevalence rate for potential problem gamblers is substantially higher than the rates in 2008. The prevalence rate for pathological gamblers increased, but only moderately when compared to 2008. It is important to remember only one out of eight parishes in the district has legalized gambling. The projections appear in Table 10.15 alongside prevalence rates.

Table 10.15: CLHSD Rates and Number of Problem and Pathological Gamblers

	Potential Problem Gamblers				Potential Pathological Gamblers			
	Vogel & Ardoin	Picard Center			Vogel & Ardoin	Picard Center		
	2002	2008	2016	2016 +/-	2002	2008	2016	2016 +/-
CLHSD %	2.5%	0.8%	5.0%	2.8%	0.8%	1.3%	2.1%	1.8%
Number	5,470	1,764	18,735	10,332	1,750	2,867	7,806	6,771
State %	3%	1.7%	5.4%	0.9%	1.6%	1.4%	2.9%	0.7%
Number	97,161	54,360	179,239	30,015	51,819	44,767	96,258	22,284

Demographic variables from the 2016 CLHSD sample are cross-tabulated with reported gambling practices in Table 10.16. Respondents are identified by demographic variables and the following indicators:

- whether they never gambled,
- were at risk for gambling problems,
- were possible problem gamblers, or
- were possible pathological gamblers.

Individuals classified as at-risk score between one and two on the SOGS, just below the cut-off for potential problem gambler. Interestingly, often the percentage of participants meeting the criteria for at-risk is much higher than participants that scored a zero on the SOGS or have never gambled.

Several observations are notable. First, it appears that problem gamblers are younger than pathological gamblers. Also, essentially the same number of males and females are identified as potential problem gamblers, but regarding possible pathological gamblers, the data indicates there are more males than females. More pathological gamblers are identified as not in the labor force (but were not disabled or retired) than persons who are employed full-time. Additionally, persons with less than a high school diploma have been identified as potential pathological gamblers more than persons who have had at least some college experience. Finally, more potential problem and potential pathological gamblers are tobacco users than non-users. This and more can be viewed in Table 10.16.

Table 10.16: CLHSD Demographic Variables by Gambling Practices Categories

	n	Never	At Risk	Possible Problem	Possible Pathological
Age	56.3	52.7	51.3	48.5	53.5
Gender					
Female	140	26%	67%	5%	1%
Male	100	20%	72%	5%	3%
Race					
White	184	20%	73%	5%	2%
Black	42	40%	52%	5%	2%
Other	9	22%	67%	0%	11%
Marital Status					
Married	145	22%	71%	5%	2%
Not Married	92	27%	65%	5%	2%
Employment					
Employed Full/Part	129	21%	71%	6%	2%
Not In Labor Force	29	14%	72%	7%	7%
Retired Disabled	77	32%	65%	3%	0%
Household Income*					
High	99	19%	74%	4%	3%
Middle	49	20%	69%	8%	2%
Low	40	28%	65%	5%	3%
Education Level					
High School or less	110	28%	62%	5%	5%
Some college or more	128	20%	75%	5%	0%
Tobacco User					
Non-user	174	26%	68%	4%	1%
User	65	17%	71%	8%	5%

Treatment

Participants were asked several questions which were aimed at learning more about their awareness of treatment options in Louisiana. Fifty-five percent (55%) were aware of the Gamblers Anonymous 12-Step Program, 47% knew that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling, and 55% were aware of the toll-free Helpline. However, few participants (11%) had heard of the Center of Recovery (CORE). Therefore, few respondents in this district are aware of the existence of inpatient services for gamblers. These items were presented in yes/no format and appear below in Table 10.17.

Table 10.17: CLHSD Responses to Awareness of Treatment Options, 2008 and 2016

Question	2008		2016	
	% Yes	+/-	% Yes	+/-
Are you aware of the Gamblers Anonymous 12-Step Program?	55%	8.5%	64%	6.1%
Are you aware that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling?	47%	9.3%	61%	6.2%
Are you aware that Louisiana has a toll-free "problem gambler's" Helpline?	55%	8.5%	73%	5.6%
Have you ever heard of "CORE" ("The Center of Recovery"), a 24-hour residential treatment facility located in Shreveport? Through a contract with the Office for Addictive Disorders, CORE provides treatment for problem gamblers and their families free of charge to Louisiana citizens.	11%	11.8%	11%	4.0%

Participants who indicated that they were aware of the Problem Gambler's Helpline were asked several follow-up questions, as were those who indicated that they had heard of the Center of Recovery (CORE). The majority of participants (72%) who were aware of the Helpline learned of it by seeing billboards. It appears that the public relied less on the telephone book and focused almost exclusively on billboards. The complete data regarding the media through which the participants were made aware of the toll-free Helpline is presented in Figure 10.7.

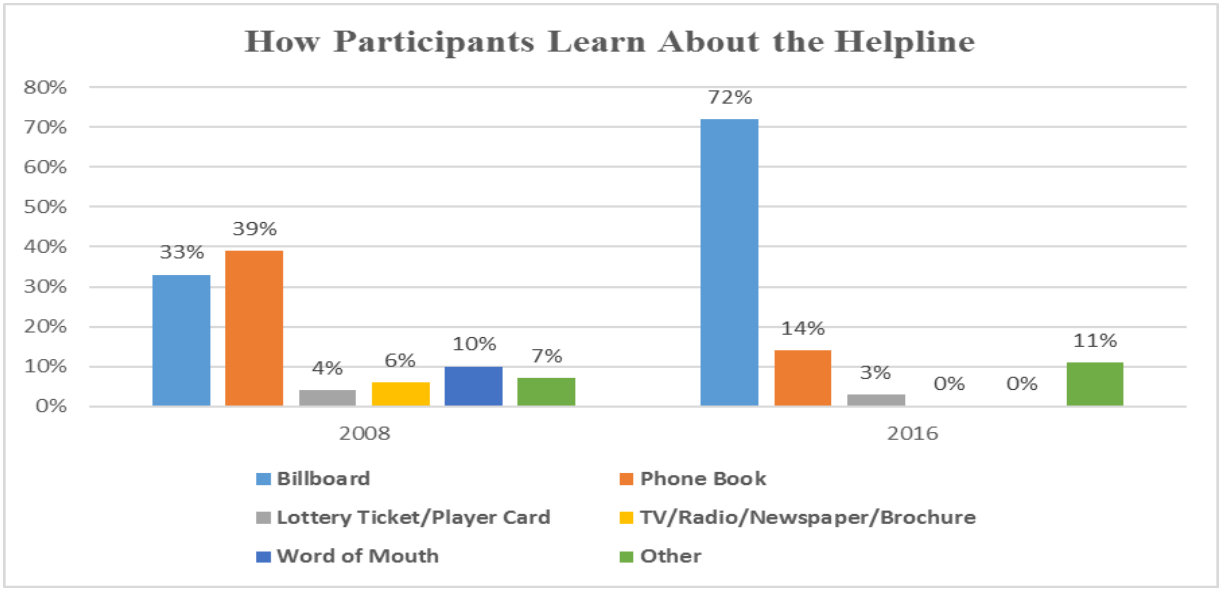


Figure 10.7: How CLHSD Participants Learned About Helpline 2008 and 2016

In 2016, the most effective means of learning about the CORE was through word of mouth or the media (collectively 59%). More people utilized interpersonal and health/social services as information

sources and fewer media sources for CORE awareness in 2016 than in 2008. The complete data regarding the media through which the participants were made aware of CORE is presented in Figure 10.8.

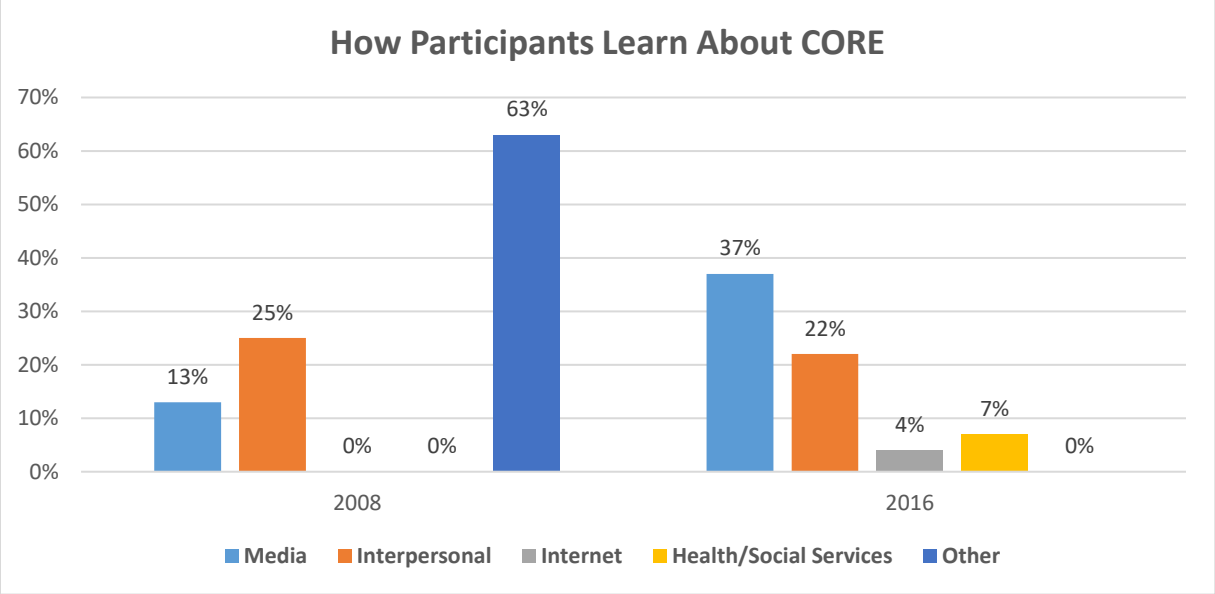


Figure 10.8: How CLHSD Participants Learned About CORE, 2008 and 2016

Summary

The Central Louisiana Human Services District (CLHSD) is composed of eight parishes in central Louisiana, a significant amount of the population located in and around metropolitan Alexandria. The only parish with legalized gambling is Avoyelles Parish, and the vast majority of gambling devices are located primarily in the Tribal casino there.

The number of gambling devices in the district has remained generally consistent since 2008, but the number of establishments declined substantially. The Tribal casino in Avoyelles Parish houses 82% of all gaming devices in the region.

Gambling attitudes and beliefs in the CLHSD reflect a dichotomy. Overwhelmingly, residents believe the harm gambling causes either somewhat or far outweighs its benefits. Yet, nearly 58% of the CLHSD population does not believe that gambling is morally wrong. Citizens of the district indicate, however, that the major benefit to gambling is the creation of job opportunities, but also note that problems associated with gambling include addiction and financial consequences. More than half of the population feel that gambling accessibly is “fine,” but 39% believe gambling is too widely available.

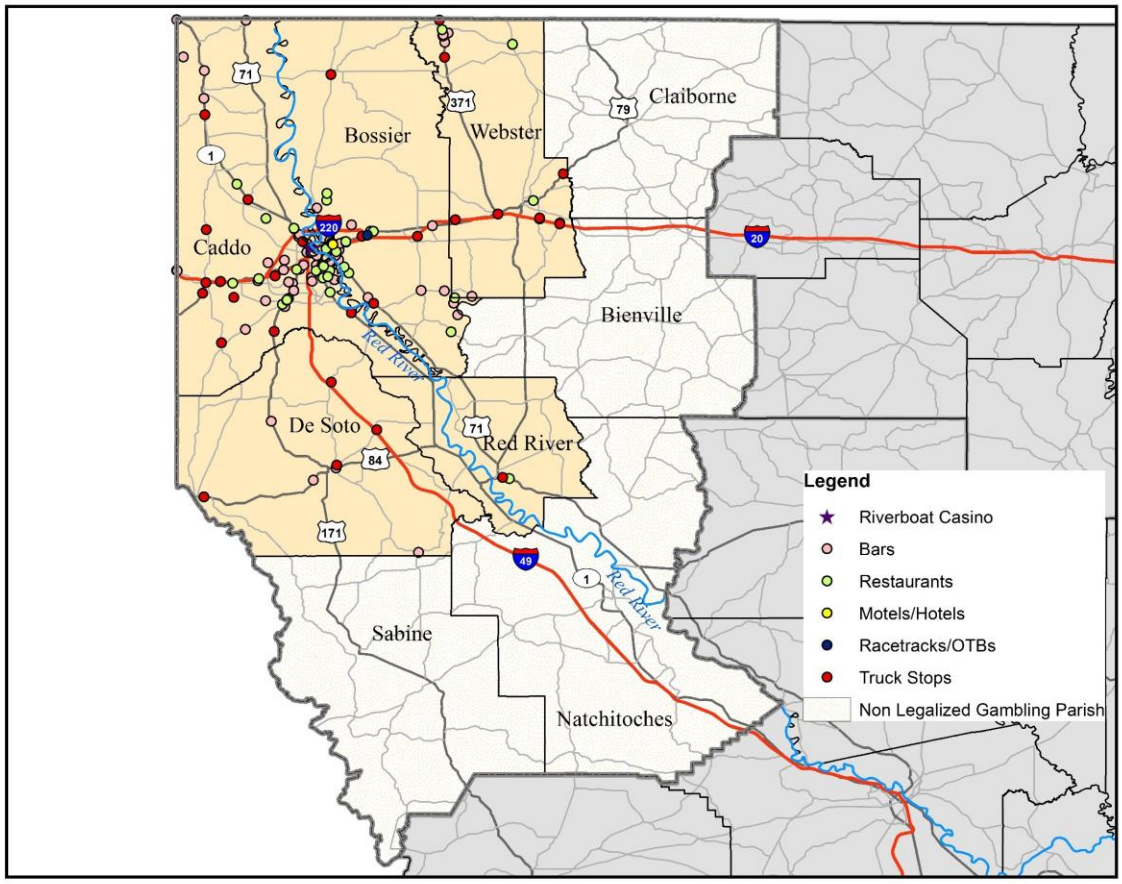
Analysis of access to and treatment capacity proves confounding, as there appears to be no accurate data collection system for treatment beyond those supports previously described. Over half of survey respondents were aware of Gamblers Anonymous 12-Step Program, 47% knew that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling, and 55% were aware of the toll-free Helpline. Few participants (11%) had heard of the Center of Recovery (CORE).

The most important finding is that CLHSD residents likely gambled more and lost more money than in 2008; thus, reflecting increased prevalence rates of potential problem gamblers (5.0% (+/- 2.8%)) and potential pathological gamblers (2.1% (+/- 1.8%)).

CHAPTER 11

NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT RESULTS AND FINDINGS

Northwest Louisiana Human Services District (NLHSD)



The Northwest Louisiana Human Services District (NLHSD) is located in northwestern Louisiana and consists of nine parishes: Caddo, Bossier, Webster, Claiborne, Bienville, DeSoto, Red River, Sabine, and Natchitoches. The majority of the NLHSD adult population resides in Caddo and Bossier Parishes; the remaining areas are mostly rural. Although only five parishes allow gambling, the number of gambling establishments and gaming devices is substantial in this district.

Gaming Data

The Louisiana State Police Gaming Enforcement Division provided gaming data for this study. The information collected and analyzed includes location and mapping of establishments, the number of operating establishments, license type, number of gaming devices (slots and/or video poker), and per capita rates for establishments, devices and revenue (if provided).

Spatial analysis of the regional map indicates that gaming establishments are present in five of the nine NLHSD parishes. The majority of gaming establishments and gambling devices are located in two

adjacent parishes, Caddo and Bossier, and are housed in the six operating riverboat casinos and a horse track. Combined, these two parishes have 140 gambling establishments and nearly 10,000 gaming devices. Cumulatively, the area has 169 gambling establishments and 10,959 gaming devices, including video poker and slot machines.

Interestingly, the number of establishments in the NLHSD has declined since 2008 when 269 gaming sites were in operation. However, the number of gaming devices remained relatively unchanged between reporting periods. The NLHSD has nearly twice as many gaming devices as any other region in Louisiana. Table 11.1 provides a parish-by-parish report on the number of gambling establishments and gaming devices in the NLHSD. No gambling establishments were reported in four of the nine NLHSD parishes, and, therefore, they are not listed in the table.

Table 11.1: NLHSD Gambling Establishments and Devices

Parish	License Type	Number of Gaming Devices		Number of Establishments	
		2008	2016	2008	2016
Bossier	Bars	105	69	35	25
	Restaurants	90	45	30	15
	Motels/Hotels	12	12	1	1
	Truck Stops	133	112	4	4
	Racetracks/OTBs	5,000	1,402	3	1
	Riverboat Casino	1,400	5,048	1	4
	Parish Total	**6,740**	**6,688**	**74**	**50**
Caddo	Bars	191	160	62	54
	Restaurants	203	60	68	20
	Motels/Hotels	9	9	1	1
	Truck Stops	461	451	13	13
	Riverboat Casino	2,700	2,600	2	2
	Parish Total	**3,564**	**3,280**	**146**	**90**
De Soto	Bars	9	12	3	4
	Restaurants	3	0	1	4
	Truck Stops	198	156	5	0
	Parish Total	**210**	**168**	**9**	**8**
Red River	Bars	9	0	3	0
	Restaurants	6	3	1	1
	Truck Stops	75	72	5	1
	Parish Total	**90**	**75**	**9**	**2**
Webster	Bars	27	18	9	7
	Restaurants	24	9	8	3
	Truck Stops	304	324	8	9
	Parish Total	**355**	**351**	**25**	**19**
	Region Total	**10,959**	**10,562**	**261**	**169**

Per Capita Rates Gaming Establishments and Devices

Of note, per capita rates for both establishments and devices should be interpreted with caution; as reported in the methodology section, the adult population is calculated using different operational definitions. The adult population for 2016 is defined as 21 years and older (legal gambling age). The 2008 study defined the adult population as 18 years and older (legal adult age). Therefore, a comparison of both reporting periods is not provided for this section. The discrepancy is noted in the limitations section of the report with suggestions for future reporting cycles and data collection procedures.

Tables 11.2 and 11.3 provide information on per capita rates on gaming establishments and devices per 1,000 adults. For this study, 2015 census estimates are used to calculate the rates. Also, only adults of legal gambling age (21 years and older) are used for the current study, a change from the 2008 methodology.

The data indicates the number of NLHSD gaming establishments per capita is 0.43 per 1,000 adults. Webster Parish has the highest gaming establishments per capita at 0.64, while Red River has the lowest at 0.32. From 2008 to 2016, there was a decrease in gaming establishments, 261 to 169, respectively. Additionally, the data indicates the number of gambling devices per capita is 26.86 per 1,000 adults. Bossier Parish has the highest gambling devices per capita at 76.04 machines per 1,000 adults, followed by Caddo at 17.98. Both of these parishes have operating riverboat casinos. From 2008 to 2016, there was only a slight decline in the number of gambling devices, from 10,959 to 10,562, respectively.

Table 11.2: NLHSD Establishments per 1,000 Adults

Parish	Adult Population			Gaming Establishments			Sites/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Bienville	11,452	11,458	10,248	0	0	0	0	0.00	0
Bossier	70,783	78,602	87,957	89	74	50	1.26	0.94	0.57
Caddo	184,581	188,570	182,472	198	146	90	1.07	0.77	0.49
Claiborne	12,537	12,573	12,749	0	0	0	0	0.00	0
De Soto	18,254	19,651	19,268	11	9	8	0.60	0.46	0.42
Natchitoches	28,919	29,015	27,041	0	0	0	0	0.00	0
Red River	6,726	6,830	6,252	15	7	2	2.23	1.02	0.32
Sabine	17,313	17,894	17,368	0	0	0	0	0.00	0
Webster	31,122	31,583	29,900	32	25	19	1.03	0.79	0.64
NLHSD (Total)	381,687	396,176	393,255	345	261	169	0.90	0.66	0.43

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Table 11.3: NLHSD Devices per 1,000 Adults

Parish	Adult Population			Gaming Devices			Devices/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Bienville	11,452	11,458	10,248	0	0	0	0	0.00	0
Bossier	70,783	78,602	87,957	4,212	6,740	6,688	59.51	85.75	76.04
Caddo	184,581	188,570	182,472	3,753	3,564	3,280	20.33	18.90	17.98
Claiborne	12,537	12,573	12,749	0	0	0	0	0.00	0
De Soto	18,254	19,651	19,268	275	210	168	15.07	10.69	8.72
Natchitoches	28,919	29,015	27,041	0	0	0	0	0.00	0
Red River	6,726	6,830	6,252	103	90	75	15.31	13.18	12
Sabine	17,313	17,894	17,368	0	0	0	0	0.00	0
Webster	31,122	31,583	29,900	323	355	351	10.83	11.24	11.74
NLHSD (Total)	381,687	396,176	393,255	8,666	10,959	10,562	22.70	27.66	26.86

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Louisiana Problem Gambler's Helpline

Established in 2001, the Louisiana Problem Gambler's Helpline is a toll-free, confidential information and referral line that assists individuals in the state of Louisiana who are affected by gambling problems. The data provided for this report is much more extensive than in 2008. The raw data allows for the analysis of subpopulations within a specific region, including age, ethnicity, employment status, etc. However, some indicators (e.g., mental health, suicide, etc.) could not be disaggregated beyond the state level.

Figure 11.1 provides a breakdown of the origination of intake calls in the NLHSD by number and percentage. The data indicates that most calls came from Caddo Parish, the most populous parish in the NLHSD, followed by Bossier Parish and with relatively few calls coming from other parishes. The figure demonstrates that the total number of calls from the district declined sharply from 2007 to 2013. However, the numbers of calls have increased incrementally since 2013.

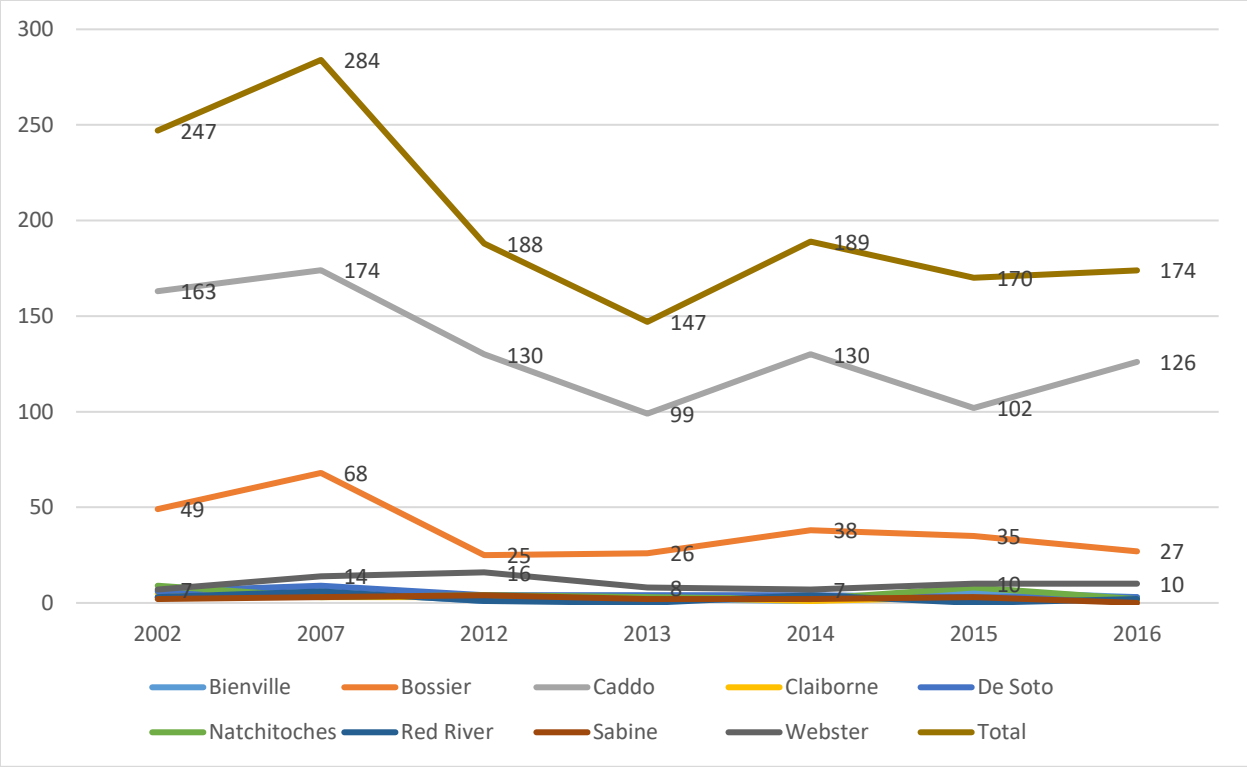


Figure 11.1: NLHSD Helpline Data: Frequency of Intake Calls

Table 11.4 illustrates a person originating a call to the Helpline. In the majority of cases, the gambler called the Helpline to seek help for him or herself. Otherwise, calls to the Helpline are made by a variety of individuals inquiring about gambling, signs of problems, and services. Immediate family members (mother, father, etc.) constitute the second largest number of callers, who demonstrate concerned for a family member and want information related to services, signs of gambling problems/addiction, etc.

Table 11.4: NLHSD Helpline Data: Relationship of Gambler to Caller

NLHSD	Bienville					Bossier					Caddo				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	1	0	1	5	2	23	20	32	28	19	98	83	106	77	97
Family	0	1	0	1	1	2	4	4	5	7	21	11	17	17	23
Non Family	0	1	0	0	0	0	2	1	2	1	3	4	4	7	6
Unwilling	0	0	0	0	0	0	0	1	0	0	8	1	3	1	0
NLHSD	**Claiborne**					**De Soto**					**Natchitoches**				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	3	3	0	3	0	4	3	3	1	3	3	3	2	6	1
Family	0	0	0	0	1	0	1	1	2	0	0	0	0	2	1
Non Family	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0
Unwilling	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NLHSD	**Red River**					**Sabine**					**Webster**				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	1	0	4	0	2	4	2	1	2	0	12	8	7	4	6
Family	0	0	0	0	0	0	0	1	1	0	3	0	0	5	3
Non Family	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1
Unwilling	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Caring Communities Youth Survey (CCYS)

The Caring Communities Youth Survey (CCYS) is a biennial survey administered (with parental permission) to all Louisiana 6th, 8th, 10th and 12th grade public and private school students. Since 2010, the survey item bank has included youth gaming indicators. Overall, the trend statewide has declined on this indicator for each grade level since 2010.

Although causal inferences cannot be made when comparing adult with youth gambling attitudes, acceptable norms, endorsed at the community level, can have positive or adverse effects on youth. Since morality has its inception in the home, examining youth gambling indicators and adult attitudes at the individual level may yield more granular findings. NLHSD youth (in all surveyed grade levels) report "betting on sports" and "playing bingo for money" as the most common form of gambling, which may reflect that children view these activities as informal as they are betting among peers and not at established gambling sites. Louisiana has many bingo parlors with no age restrictions; thus, it is common for parents to bring their children to play bingo. Types of youth gambling activities change as grade level (age) increases. Betting on sports is the most popular form of gambling for the tenth and twelfth-grade students. Complete information on gambling indicators for region one is presented in the tables below.

Table 11.5: NLHSD Overall Sample Size by Year and Grade

Sample		Grade 6	Grade 8	Grade 10	Grade 12
2008	15,043	4,726	4,680	3,040	2,597
2010	13,290	4,680	4,165	2,405	2,040
2012	14,560	4,763	4,260	3,258	2,279
2014	15,526	5,131	4,744	3,325	2,326

Table 11.6: NLHSD Communities that Care Youth Survey (CCYS) Gambling Indicators

NLHSD	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
Bet on Sports	19.1	18.8	17.5	22.4	21.2	20.2	22.7	19.0	19.8	18.5	15.9	16.7
Bet on Cards	11.5	8.3	6.8	19.1	15.4	11.6	17.9	14.1	13.1	17.4	11.7	12.6
Played Bingo for Money	26.1	23.0	22.4	24.1	24.8	20.9	20.6	17.0	16.2	14.0	12.3	11.7
Bet on Dice	3.7	2.9	2.2	7.1	5.7	4.3	8.1	6.1	5.9	8.4	6.4	6.3
Bet on Games of Skill	14.8	13.2	11.9	16.8	15.8	13.7	14.5	14.0	13.9	12.3	11.3	12.5

Table 11.7: NLHSD Reported Participation in Gambling by Year and Grade

Gambled in the Past Year	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
NLHSD	45.1	43.5	41.0	49.6	48.1	44.9	46.5	42.6	41.3	40.3	34.9	34.5
State	47.1	45.3	40.6	50.1	48.6	44.1	46.5	44.0	40.8	41.0	37.8	34.4

Table 11.5 reports the overall sample size by year and grade. Table 11.6 demonstrates the percent of youth who reported gambling and the type of game played. Table 11.7 elicits the percent of youth in grades 6-12 who reported that they gambled in the past year. Overall, youth gambling rates are declining on this indicator in the region, a trend similar to the state indicator.

Demographic Data from Participants in Telephone Survey

A summary of the demographic variables describing the participants drawn from the NLHSD is presented in the following tables. At least 240 Louisiana NLHSD residents responded to the telephone survey in such a way that their answers could be used in the present study. The number of participants by parish is reported in Table 11.8. The demographic variables (Sex, Marital Status, Race, Employment Status, and Education Level) are summarized in Table 11.9. Annual Income comparisons between the 2008 and 2016 sample is presented in Table 11.10. Finally, the age data for the 2008 and 2016 samples are presented in Table 11.11.

Examination of Table 11.8 clearly indicates that the majority (75%) of the respondents to the telephone survey reside in two parishes: Caddo and Bossier. Participation in the remaining areas is negligible.

Table 11.8: NLHSD Participation by Parish

Parish	Number	%
Bienville	5	2%
Bossier	32	13%
Caddo	138	58%
Claiborne	4	2%
De Soto	8	3%
Natchitoches	19	8%
Red River	3	1%
Sabine	10	4%
Webster	21	9%
NLHSD (Total)	240	100%

A review of Table 11.9 indicates that the sampling periods are similar with the exception of disparity by gender. In this sample, females are represented more than males. In both 2008 and 2016, the majority of participants were either employed or retired/disabled. Thirty-five percent (35%) of the participants reported they had a college degree in 2008 as opposed to 38% in 2016. Only 8% in 2008 and 4% in 2016 indicated that they had less than a high school diploma.

Table 11.9: NLHSD Demographic Variables of Participants from 2008 and 2016

	2008		2016	
Sex	**Number**	**%**	**Number**	**%**
Male	69	29%	90	38%
Female	171	71%	150	63%
Marital Status				
Married	144	60%	142	59%
Divorced	36	15%	30	13%
Widowed	20	8%	29	12%
Separated	5	2%	3	1%
Never Married	31	13%	35	15%
Unmarried Couple	2	1%	0	0%
N/A	2	1%	1	0%
Race				
White	167	70%	159	66%
Black	58	24%	73	30%
Hispanic	9	4%	1	0%
Other	5	2%	3	1%
No Answer	1	0%	4	2%
Employment Status				
Employed Full or Part	118	49%	113	47%
Not in Labor Force	42	17%	24	10%
Retired or Disabled	78	32%	102	43%
N/A	2	1%	1	0%
Highest Level Completed				
Less than HS	19	8%	9	4%
HS or GED	70	29%	88	37%
Some Post-Secondary	65	27%	51	21%
Bachelors or more	84	35%	92	38%
N/A	2	1%	0	0%

Table 11.10 indicates income data. More than a third of the participants from NLHSD reported that they earned more than $50,000. Twenty-three percent (23%) reported that they earned up to $20,000. Of note, 19% of the participants declined to specify their income.

Table 11.10: Annual Income of Participants from NLHSD, 2016

	2016	
Annual Income	**Number**	**%**
Up to $10,000	27	11%
Up to $20,000	28	12%
Up to $25,000	19	8%
Up to $35,000	23	10%
Up to $50,000	16	7%
Greater than $50,000	82	34%
N/A	45	19%

Table 11.11 illustrates that the average age of the NLHSD participants was slightly older in 2016 than in 2008. The average age of participants across the state in 2016 was 55 years, which approximates the 2016 NLHSD average.

Table 11.11 Age of NLHSD Participants from 2008 and 2016

	Average Age	Std. Dev.	Min.	Max.	n
2008	51.3	15.4	18	88	228
2016	56.8	16.7	21	90	234
Louisiana	55.0	16.7	21	96	2,294

Attitudes and Beliefs about Gambling

Several questions regarding the participants' attitudes and beliefs about gambling were asked in the telephone survey. First among those questions was, "Which of the following best describes your belief about the benefits or harm gambling has on society?" Just over half of the participants (56%) believed that the harm either far outweighed or somewhat outweighed the benefit of gambling on society. Twenty-five percent (25%) thought the benefit and harm were about equal, and only 8% believed the benefit either somewhat or far outweighed the harm. See Figure 11.2 for reference.

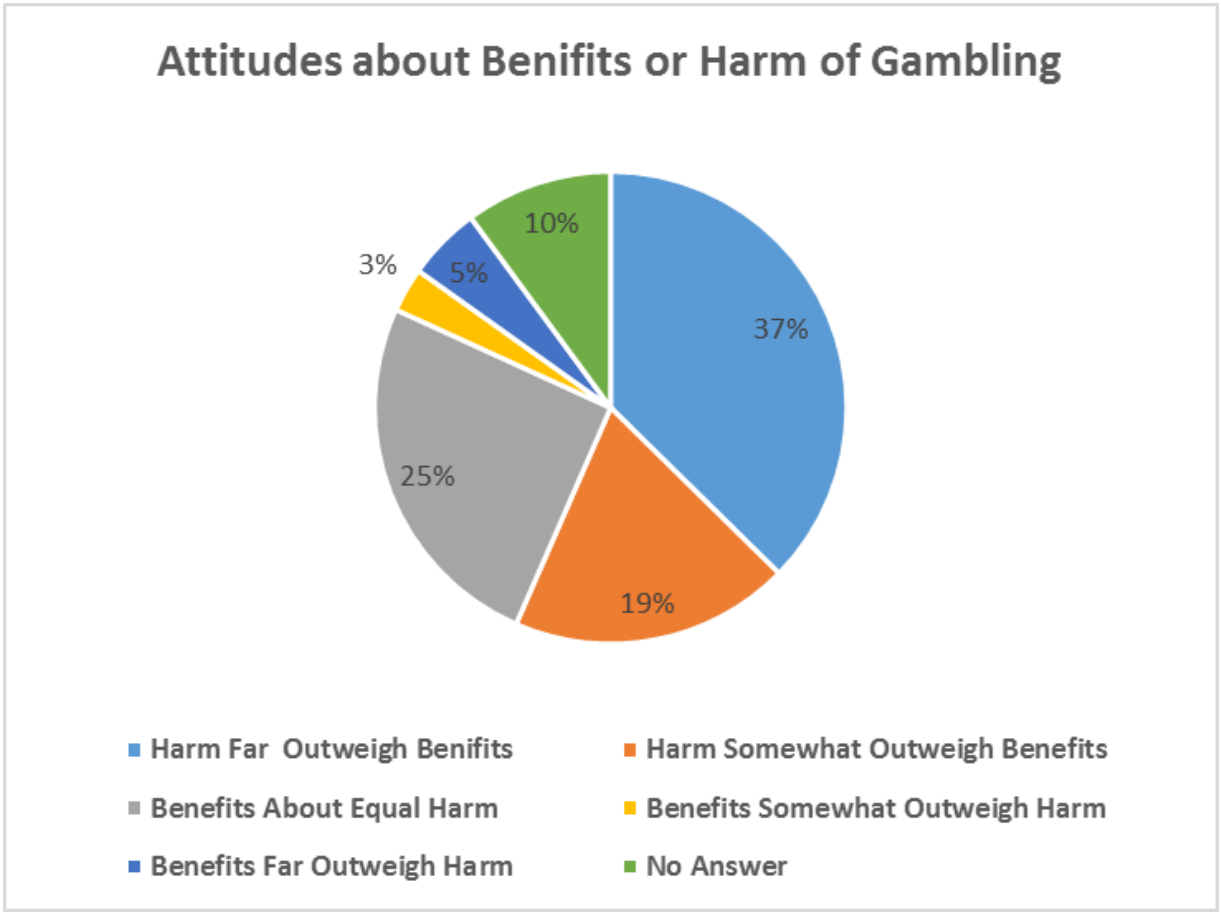


Figure 11.2: NLHSD Attitudes about Benefits or Harm of Gambling

As denoted in Figure 11.3 below, almost two-thirds of the participants believed that gambling was not morally wrong. Noteworthy is that while the majority viewed gambling as harmful, only 38% considered it moral behavior. This disparity may be due to wording or juxtaposition of the items.

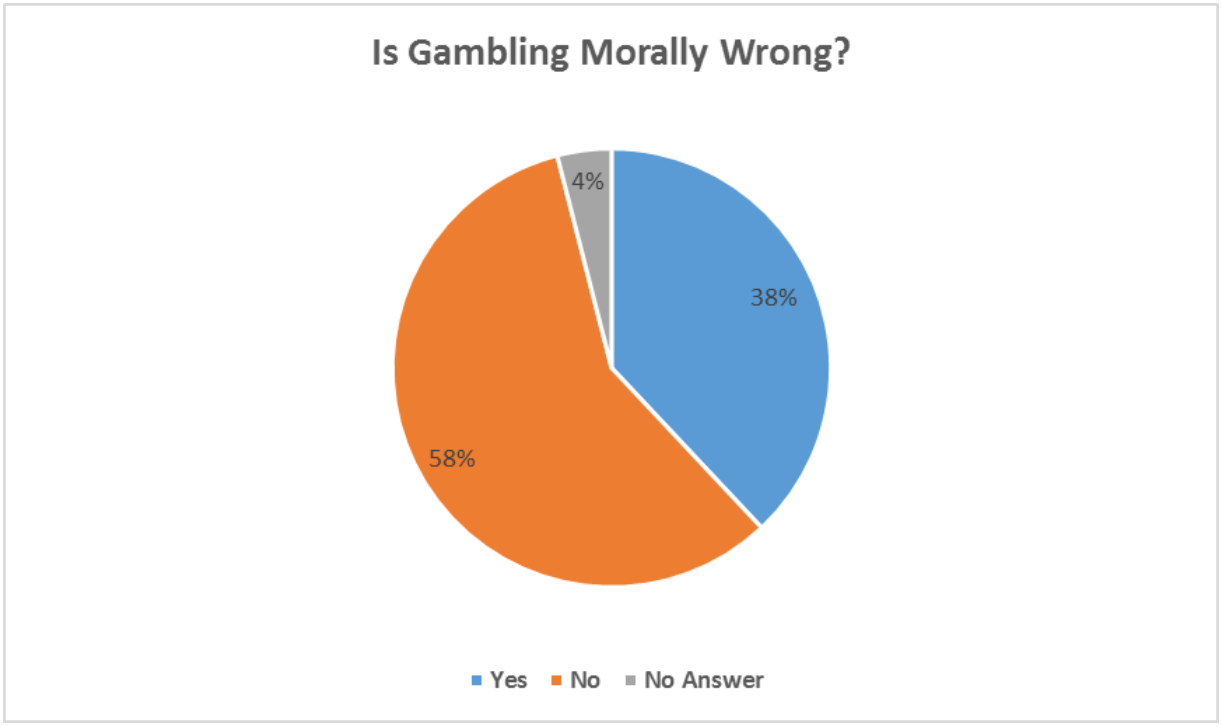


Figure 11.3: NLHSD Beliefs about the Morality of Gambling

Participants were also asked about their perceived positive and negative impact of gambling in Louisiana. The results appear in Figures 11.4 and 11.5 below. Participants believed that gambling addiction was the most negative impact of gambling, followed by the belief that people who cannot afford to gamble are given the opportunities to do so. Positive beliefs include gambling's impact on Louisiana employment opportunities, expressed by 42% of the sample. It should be noted that 23% believed that gambling had no positive impact.

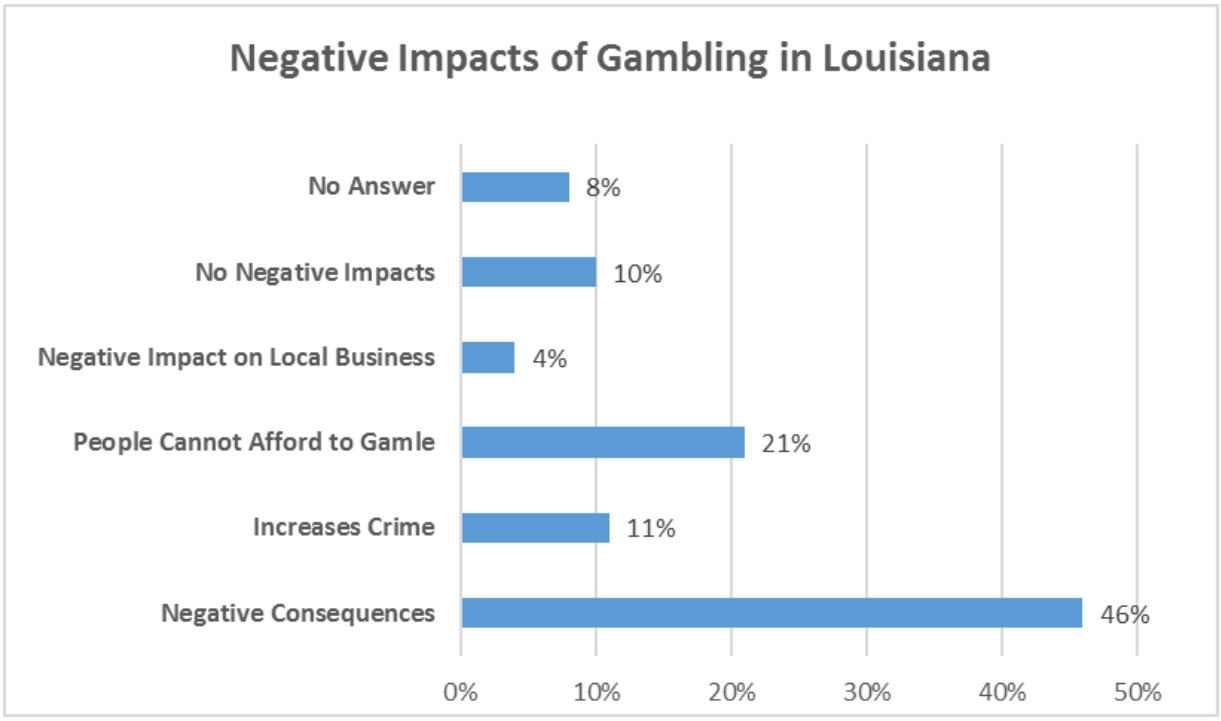


Figure 11.4: NLHSD Beliefs about Negative Impacts of Gambling in Louisiana

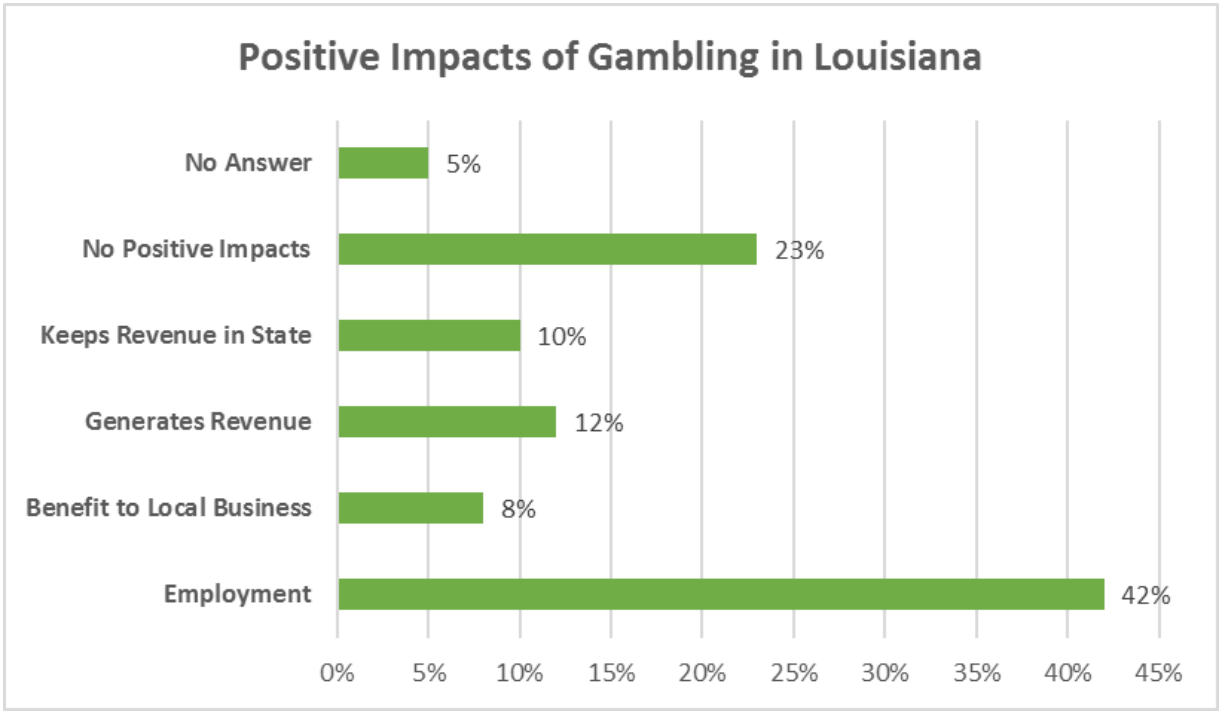


Figure 11.5: NLHSD Beliefs about Positive Impacts of Gambling in Louisiana

Finally, participants were asked their opinion about the availability of gambling opportunities. Forty-eight percent (48%) believed that the current availability is "fine," while 41% believed that gambling is too widely available. Only 6% believed that gambling is not available enough, denoted in Figure 11.6 below.

Figure 11.6: NLHSD Attitudes about Gambling Opportunities in Louisiana

Potential Problem and Potential Pathological Gambling

Participants were asked questions about their personal gambling behavior. Several interesting differences are evident in these data. Sixty-one percent (61%) of the NLHSD sample, who reported that they had gambled in the past, indicated the most they had gambled in one day was $100 or less. Nearly one-quarter of the respondents noted that the most they had gambled in a day was between $10.00 and $100.00. However, 11% indicated they gambled over $100 but less than $1,000, and 1% indicated that they gambled between $1,000 $10,000 in a single day. Eighty-three percent (83%) indicated they lost $100 or less in one day. Therefore, the largest amount of money the respondents reported that they had lost in one day was similar to the amount they reported to have gambled. Considerably, more people reported having never gambled in 2016 than in 2008.

Table 11.12: NLHSD Amount of Money Gambled in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	5	4%	3.6%	63	27%	5.6%
$1.00 or Less	20	17%	6.7%	15	6%	3.1%
$1.01 - $10.00	67	56%	8.9%	40	17%	4.8%
$10.01 - $100.00	19	16%	6.5%	89	38%	6.2%
$100.01 - $1,000.00	2	2%	2.3%	26	11%	4.0%
$1,000.00 - $10,000.00	2	2%	2.3%	2	1%	1.2%
More than $10,000.00	5	4%	3.6%	1	0%	0.8%

Table 11.13: NLHSD Amount of Money Lost in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	6	5%	4.0%			
$1.00 or Less	16	14%	6.2%	19	11%	4.7%
$1.01 - $10.00	72	62%	8.8%	36	21%	6.1%
$10.01 - $100.00	18	15%	6.5%	87	51%	7.5%
$100.01 - $1,000.00	2	2%	2.3%	25	15%	5.3%
$1,000.00 - $10,000.00	1	1%	1.7%	2	1%	1.6%
More than $10,000.00	2	2%	2.3%	1	1%	1.1%

The South Oaks Gambling Screen (SOGS) questions, which indicate potential problem or potential pathological gambling, elicit a nuanaced picture of gambling behavior. These questions were posed so that respondents could answer in a yes/no format or in a way so that answers could be collapsed into yes/no formats.

As can be determined from Table 11.14, the questions most likely to elicit a "yes" answer from the participants in the 2016 sample were "gambling more than intended to" and "money arguments centering around gambling." "Gambling more than intended to" was also a top answer in the 2008 survey. However, many people might gamble more than they intended occasionally, and that statement in and of itself is not a primary measure of problems or pathology. The following table summarizes some of the more salient items from the SOGS. Margins of error are noted in the table, which should be used when projecting sample estimates to the population of the district.

Table 11.14: NLHSD Responses to Questions from Telephone Survey, 2008 and 2016

Question	2008		2016	
	%Yes	+/-	%Yes	+/-
Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?	1%	13.8%	2%	2.1%
Do you feel that you have ever had a problem with betting money or gambling?	5%	17.4%	4%	2.7%
Did you ever gamble more than you intended to?	18%	16.1%	22%	6.0%
Have people ever criticized you for gambling, or told you that you had a gambling problem, regardless of whether or not you thought you had one?	5%	17.4%	4%	2.7%
Have you ever felt guilty about the way you gamble or what happens when you gamble?	11%	17.0%	13%	4.9%
Have you ever felt that you would like to stop betting money or gambling, but didn't think you could?	6%	17.6%	5%	3.3%
Have you ever hidden betting slips, lottery tickets, gambling money, IOUs or other signs of gambling from your spouse, children or other important people in your life?	1%	19.5%	2%	1.8%
Have you ever argued with people who you live with over how you handle your money?	7%	17.7%	11%	4.6%
(If you answered yes to last question) Have money arguments ever centered on your gambling?	2%	19.4%	19%	16.8%
Have you ever borrowed money from someone and not paid them back as a result of your gambling.	1%	19.5%	0%	0.0%
Have you ever lost time from work (or school) due to betting money or gambling?	0%	0%	1%	1.5%
Have you ever borrowed money to gamble or to pay for gambling debts?			2%	1.8%
Have your ever gone back to win back money you lost?			13%	4.8%

Potential problem and potential pathological gambling were defined according to participants' scores on the South Oaks Gambling Screen (SOGS) in the present study as in the 2008 and 2002 study. The results indicate a regional increase in both problem and pathological gambling since previous studies. Changes in the rates of problem and pathological gambling from 2002, 2008 and 2016 are presented in Table 11.15.

The data indicates a 2016 prevalence rate of potential in the NLHSD to be 6.6% (+/- 3.2%) and the prevalence rate of potential pathological gamblers to be 3.7% (+/- 2.4%). Given the estimates of problem and pathological gambling and the adult population, a projected number of problem and pathological gamblers within the NLHSD is calculated by multiplying the percentage of persons identified as problem or pathological gamblers by the population of the district. According to the 2016 survey data and the American Community Survey census estimates of adults 21 and older, the projected estimate for NLHSD

potential problem gamblers is 26,217. Furthermore, approximately 14,747 potential pathological gamblers are projected for the district. The projections appear in Table 11.15 alongside prevalence rates. The current 2016 projection for both possible problem and possible pathological gamblers is substantially higher than in the 2008 study.

Table 11.15: NLHSD Rates and Number of Potential Problem and Pathological Gamblers

	Potential Problem Gamblers				Potential Pathological Gamblers			
	Vogel & Ardoin	Picard Center			Vogel & Ardoin	Picard Center		
	2002	2008	2016	2016 +/-	2002	2008	2016	2016 +/-
NLHSD %	2.60%	2.90%	6.67%	3.2%	2.00%	0.80%	3.75%	2.4%
Number	9,924	11,489	26,217	12,411	7,634	3,169	14,747	9,452
State %	3%	1.7%	5.4%	0.9%	1.6%	1.4%	2.9%	0.7%
Number	97,161	54,360	179,239	30,015	51,819	44,767	96,258	22,284

Demographic variables from the 2016 NLHSD sample are cross-tabulated with reported gambling practices in Table 11.16. Respondents are identified by demographic variables and the following indicators:

- whether they never gambled,
- were at risk for gambling problems,
- were possible problem gamblers, or
- were possible pathological gamblers.

Individuals classified as at-risk score between one and two on the SOGS, just below the cut-off for potential problem gambler. Interestingly, often the percentage of participants meeting the criteria for at-risk is much higher than participants that scored a zero on the SOGS or have never gambled.

Several observations are notable. First, it appears that problem gamblers are slightly older than pathological gamblers. Of the retired or disabled participants, 8% are potential problem gamblers. However, employment indicators are relatively small and stable for all groups. Finally, non-married individuals are twice as likely to be identified as problem or pathological gamblers when compared to married participants on the same indicator. This and more can be viewed in Table 11.16.

Table 11.16: NLHSD Demographic Variables by Gambling Practices Categories

	n	Never	At Risk	Possible Problem	Possible Pathological
Age	61.8	54.8	58.8	58.8	56.8
Gender					
Female	150	28%	63%	5%	4%
Male	90	14%	73%	9%	3%
Race					
White	159	23%	68%	6%	3%
Black	73	19%	66%	10%	5%
Other	4	50%	50%	0%	0%
Marital Status					
Married	142	26%	68%	4%	2%
Not Married	97	19%	65%	10%	6%
Employment					
Employed Full/Part	113	18%	73%	6%	4%
Not In Labor Force	24	17%	75%	4%	4%
Retired Disabled	102	30%	58%	8%	4%
Household Income*					
High	98	18%	74%	4%	3%
Middle	42	21%	62%	7%	10%
Low	55	24%	60%	15%	2%
Education Level					
High School or less	97	24%	65%	9%	2%
Some college or more	143	22%	68%	5%	5%
Tobacco User					
Non-user	190	27%	65%	5%	3%
User	49	6%	73%	14%	6%

Treatment

Participants were asked several questions aimed at learning more about their awareness of Louisiana treatment options. Sixty-seven percent (67%) were aware of the Gamblers Anonymous 12-Step Program, 58% knew that the Louisiana Office for Addictive Disorders (now, Office of Behavioral Health) provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling, and 82% were aware of the toll-free Helpline. All are increases since 2008, except knowledge of services. However, few participants (20%) had heard of the Center of Recovery (CORE). Therefore, few respondents in this region are aware of the existence of inpatient services for gamblers, which is surprising given the proximity of parishes to the treatment center. These items were presented in yes/no format and appear in Table 11.17.

Table 11.17: NLHSD Responses to Awareness of Treatment Options, 2008 and 2016

Question	2008		2016	
	% Yes	+/-	% Yes	+/-
Are you aware of the Gamblers Anonymous 12-Step Program?	63%	7.7%	67%	5.9%
Are you aware that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling?	62%	7.8%	58%	6.3%
Are you aware that Louisiana has a toll-free "problem gambler's" Helpline?	72%	6.7%	82%	4.9%
Have you ever heard of "CORE" ("The Center of Recovery"), a 24-hour residential treatment facility located in Shreveport? Through a contract with the Office for Addictive Disorders, CORE provides treatment for problem gamblers and their families free of charge to Louisiana citizens.	20%	11.3%	20%	5.1%

Participants who indicated that they were aware of the Problem Gambler's Helpline were asked several follow-up questions, as were those who reported that they had heard of the Center of Recovery (CORE). The majority of participants (68%) who were aware of the Helpline learned of it by seeing billboards. The next most effective means by which the public became aware of the toll-free Helpline was the telephone book or "other." It appears that the public relied much less on the telephone book, word of mouth, and television or radio in 2016 as compared to 2008. The complete data regarding the media through which the participants were made aware of the toll-free Helpline is presented in Figure 11.7.

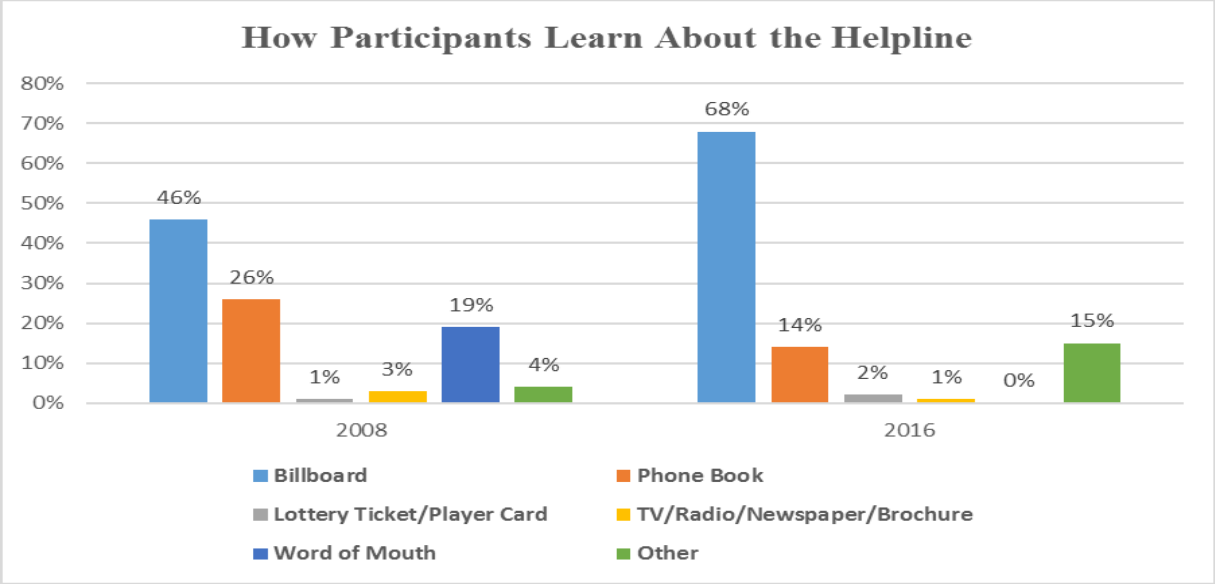


Figure 11.7: How NLHSD Participants Learned about Helpline 2008 and 2016

In 2016, the most effective means of learning about the CORE was through word of mouth, media, or health and social services. More people utilized the internet and health/social services as a source for

information in 2016 than in 2008. The complete data regarding the media through which the participants were made aware of CORE is presented in Figure 11.8.

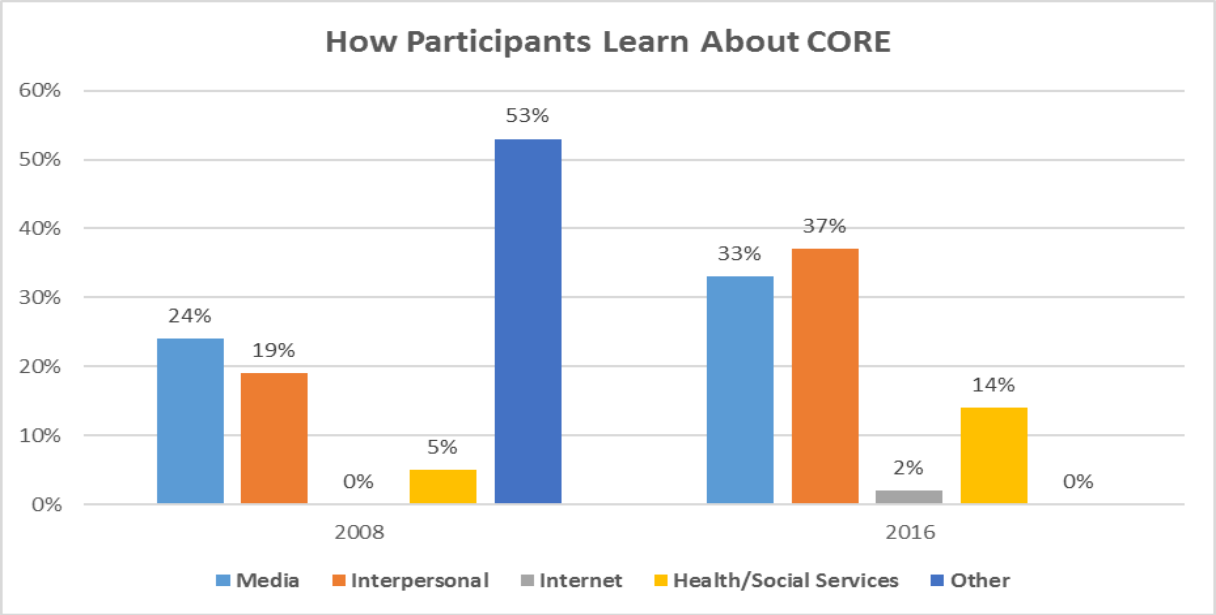


Figure 11.8: How NLHSD Participants Learned about CORE, 2008 and 2016

Summary

The Northwest-Delta Human Services Authority (NLHSD) is composed of nine parishes in northwestern Louisiana, the most populous parishes being Caddo and Bossier, both having a high number of gaming establishments and gambling devices. Although gambling is allowed in only five parishes, the NLHSD has the highest number of gambling devices in Louisiana, mainly due to the six operating riverboat casinos and the horse track. Despite the accessibility to gambling in the district, calls to the gambling Helpline decreased from 2007 to 2013; though, the numbers have increased in recent years.

Gambling attitudes and beliefs reflect a dichotomy. The majority of NLHSD residents believe that the harm gambling causes either somewhat or far outweighs its benefits. Yet, 58% of the district's population does not believe that gambling is morally wrong. Citizens of the district indicate, however, that the major benefit to gambling is the creation of job opportunities, but also note that problems associated with gambling include addiction and financial consequences.

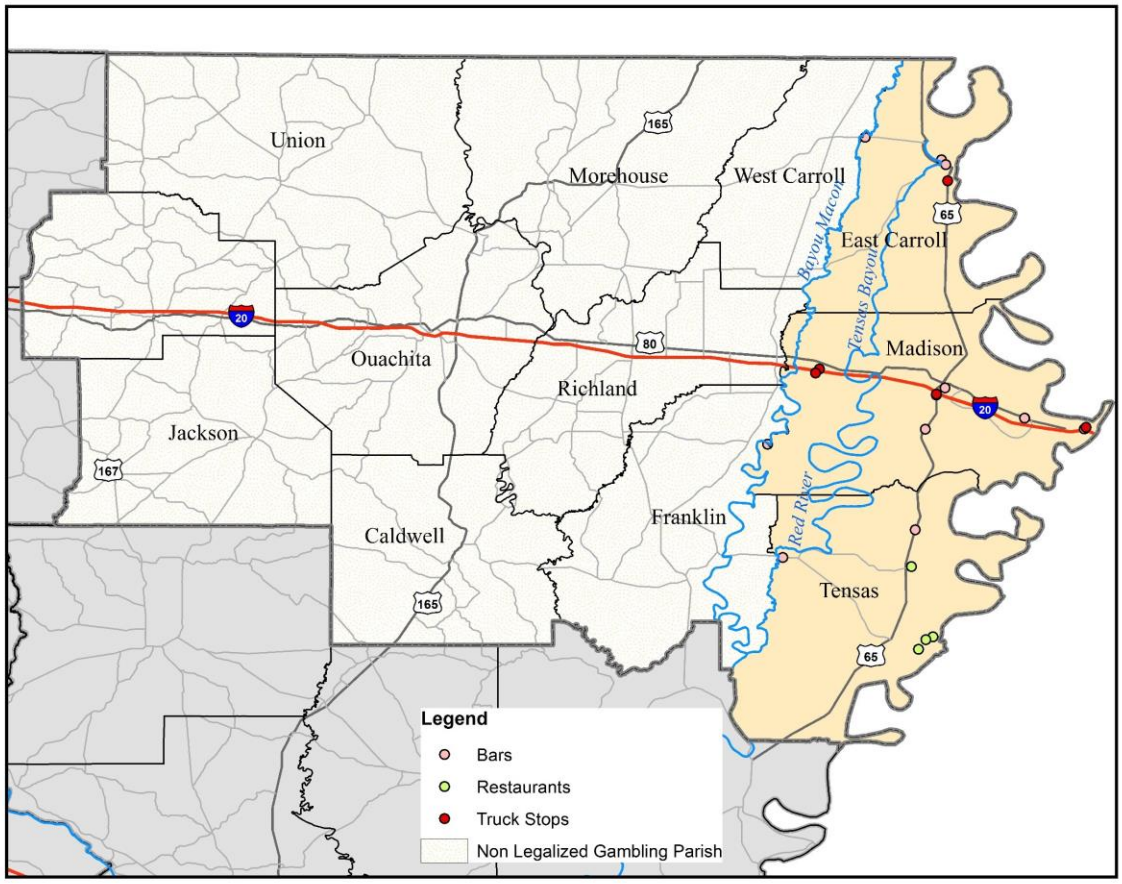
Analysis of access to and treatment capacity proves confounding, as there appears to be no accurate data collection system for treatment beyond those supports previously described. The majority of survey respondents (67%) were aware of the Gamblers Anonymous 12-Step Program; 58% knew that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling; and 82% were aware of the toll-free Helpline. However, few participants (20%) had heard of the Center of Recovery (CORE).

The most important finding is that NLHSD residents likely gambled more and lost more money than in 2008; thus, reflecting increased prevalence rates of potentially problem gamblers (6.6% (+/- 3.2%)) and potential pathological gamblers (3.7% (+/- 2.4%)) in the district.

CHAPTER 12

NORTHEAST DELTA HUMAN SERVICES AUTHORITY RESULTS AND FINDINGS

Northeast Delta Human Services Authority (NEDHSA)



The Northeast Delta Human Services Authority (NEDHSA) is located in northeastern Louisiana and consists of 12 parishes: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll. Just over half of the NEDHSA adult population resides in Ouachita and Lincoln Parishes. Population in this authority is relatively stable, and the area is mostly rural. Only three of the 12 parishes allow gambling, in which the most frequent type of gaming establishments are local bars, restaurants, and truck stops.

Gaming Data

The Louisiana State Police Gaming Enforcement Division provided the gaming data for this study. The information collected and analyzed includes location and mapping of establishments, number of operating establishments, license type, number of gaming devices (slots and/or video poker), and per capita rates for establishments, devices and revenue (if provided).

Spatial analysis of the regional map indicates that gambling establishments are present in three of the 12 parishes in the NEDHSA: East Carroll, Madison, and Tensas Parish. Gambling in this authority is limited to 11 bars, four restaurants, and four truck stops, all located along the Louisiana-Mississippi border. Housing approximately 79% of the NEDHSA's gaming devices, Madison Parish has more gaming establishments and gambling devices than the other two parishes combined. However, the total number of NEDHSA gaming establishments and gambling devices has decreased since 2008.

Table 12.1 provides a parish-by-parish report on the number of gaming devices and establishments in the region. Only East Carroll, Madison, and Tensas Parishes appear in the table; no gambling establishments were reported in other parishes.

Table 12.1: NEDHSA Gambling Establishments and Devices

Parish	License Type	Number of Gaming Devices		Number of Establishments	
		2008	2016	2008	2016
East Carroll	Bars	21	14	7	4
	Restaurants	0	2	0	0
	Parish Total	**21**	**16**	**7**	**4**
	Region Total	**21**	**16**	**7**	**4**

Of note, per capita rates for both establishments and devices should be interpreted with caution; as reported in the methodology section, the adult population is calculated using different operational definitions. The adult population for 2016 is defined as 21 years and older (legal gambling age). The 2008 study defined the adult population as 18 years and older (legal adult age). Therefore, a comparison of both reporting periods is not provided for this section. The discrepancy is noted in the limitations section of the report with suggestions for future reporting cycles and data collection procedures.

Tables 12.2 and 12.3 provide information on per capita rates on gaming establishments and devices per 1,000 adults. For this study, 2015 census estimates are used to calculate the rates. Also, only adults of legal gambling age (21 years and older) are used for the current study, a change from the 2008 methodology.

The data indicates that the number of gambling establishments per 1,000 adults in the NEDHSA is 0.08. Tensas Parish has the highest gaming establishments per capita at 1.69 per 1,000 adults. From 2008 to 2016, the number of gaming establishments has declined, falling from 46 to 19 establishments, respectively. The data also indicates that the number of NEDHSA gambling devices per 1,000 adults is 1.06. Madison Parish has the highest rate of gambling devices at 24.89, followed by East Carrol at 6.43. The data reflects the NEDHSA's sparse population with only three out of 12 parishes allowing legalized gambling.

Table 12.2: NEDHSA Establishments per 1,000 Adults

Parish	Adult Population			Gaming Establishments			Sites/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Caldwell	7,952	8,167	7,311	0	0	0	0	0.00	0
East Carroll	6,566	6,130	5,445	9	7	5	1.37	1.14	0.92
Franklin	15,331	15,119	14,590	0	0	0	0	0.00	0
Jackson	11,502	11,651	11,891	0	0	0	0	0.00	0
Lincoln	33,115	33,019	32,779	0	0	0	0	0.00	0
Madison	9,253	8,679	8,519	26	23	8	2.81	2.65	0.94
Morehouse	22,490	22,100	19,313	0	0	0	0	0.00	0
Ouachita	106,167	109,399	108,627	0	0	0	0	0.00	0
Richland	15,253	15,252	14,899	0	0	0	0	0.00	0
Tensas	4,864	4,628	3,555	12	16	6	2.47	3.46	1.69
Union	22,490	17,407	16,634	0	0	0	0	0.00	0
West Carroll	9,162	9,015	8,285	0	0	0	0	0.00	0
NEDHSA (Total)	264,145	260,566	251,848	47	46	19	0.18	0.18	0.08

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Table 12.3: NEDHSA Devices per 1,000 Adults

Parish	Adult Population			Gaming Devices			Devices/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Caldwell	7,952	8,167	7,311	0	0	0	0	0.00	0
East Carroll	6,566	6,130	5,445	27	21	35	4.11	3.43	6.43
Franklin	15,331	15,119	14,590	0	0	0	0	0.00	0
Jackson	11,502	11,651	11,891	0	0	0	0	0.00	0
Lincoln	33,115	33,019	32,779	0	0	0	0	0.00	0
Madison	9,253	8,679	8,519	355	304	212	38.37	35.03	24.89
Morehouse	22,490	22,100	19,313	0	0	0	0	0.00	0
Ouachita	106,167	109,399	108,627	0	0	0	0	0.00	0
Richland	15,253	15,252	14,899	0	0	0	0	0.00	0
Tensas	4,864	4,628	3,555	36	48	21	7.40	10.37	5.91
Union	22,490	17,407	16,634	0	0	0	0	0.00	0
West Carroll	9,162	9,015	8,285	0	0	0	0	0.00	0
NEDHSA (Total)	264,145	260,566	251,848	418	373	268	1.58	1.43	1.06

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Louisiana Problem Gambler's Helpline

Established in 2001, the Louisiana Problem Gambler's Helpline is a toll-free, confidential information and referral line that assists individuals in the state of Louisiana who are affected by gambling problems. The data provided for this report is much more extensive than in 2008. The raw data allows for the analysis of subpopulations within a specific region, including age, ethnicity, employment status, etc. However, some indicators (e.g., mental health, suicide, etc.) could not be disaggregated beyond the state level.

Figure 12.1 provides a breakdown of the origination of the NEDHSA's intake calls by number and percentage. The data indicates that most calls came from Ouachita Parish, the most populous parish in the NEDHSA. Few calls came from the authority's remaining parishes. Interestingly, calls originating from Ouachita directly affect the total number of calls in the NEDHSA. The graph also depicts a decline in the total number of calls from 2012 to 2016, a similar pattern occurring in Ouachita Parish alone.

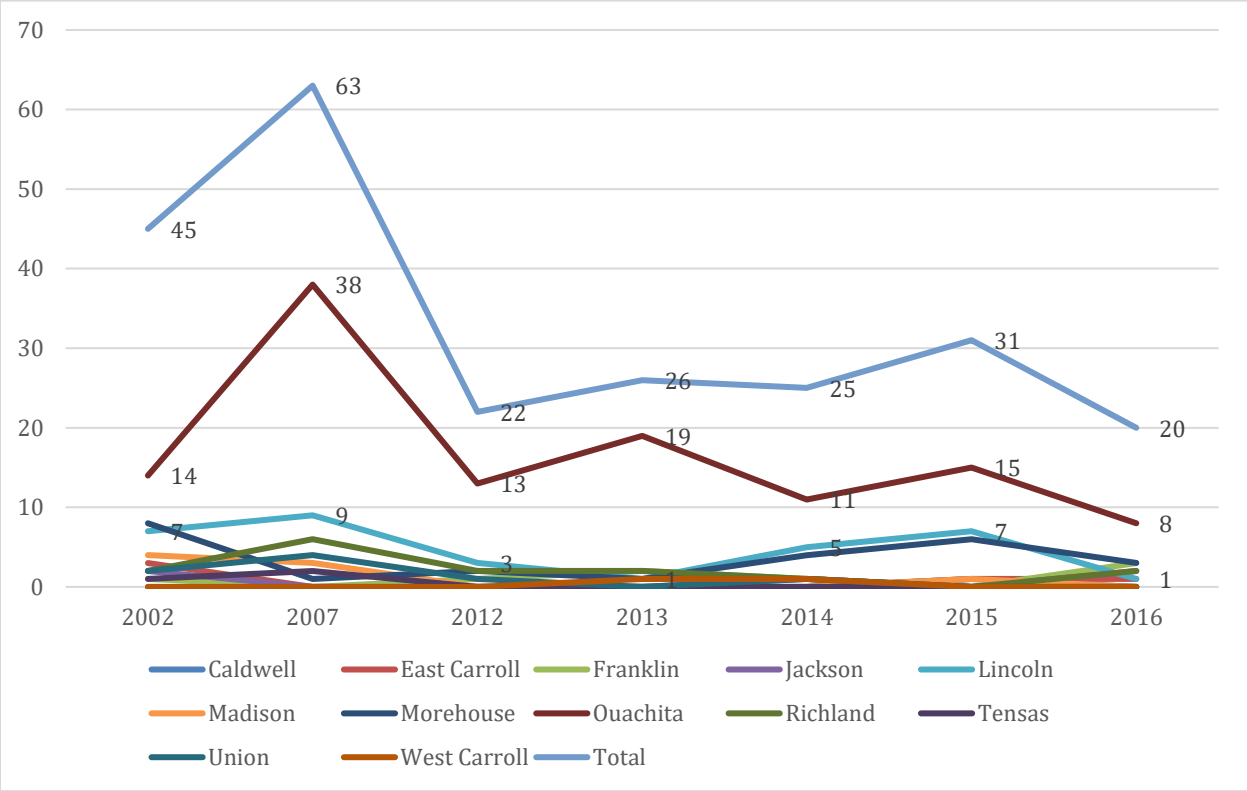


Figure 12.1: NEDHSA Helpline Data: Frequency of Intake Calls

Table 12.4 illustrates a person originating a call to the Helpline. In the majority of cases, the gambler called the Helpline to seek help for him or herself. Otherwise, calls to the Helpline are made by a variety of individuals inquiring about gambling, signs of problems, and services. Immediate family members (mother, father, etc.) constitute the second largest number of callers, who demonstrate concerned for a family member and want information related to services, signs of gambling problems/addiction, etc.

Table 12.4: NEDHSA Helpline Data: Relationship of Gambler to Caller

NEDHSA	Caldwell					East Carroll					Franklin				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	0	0	0	1	0	0	0	0	0	1	1	2	1	0	1
Family	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Non Family	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Unwilling	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NEDHSA	**Jackson**					**Lincoln**					**Madison**				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	0	0	1	0	2	2	1	4	7	1	0	0	0	1	0
Family	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0
Non Family	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unwilling	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NEDHSA	**Morehouse**					**Ouachita**					**Richland**				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	2	1	3	5	1	10	17	11	11	6	2	2	1	0	2
Family	0	0	0	1	2	2	1	0	2	1	0	0	0	0	0
Non Family	0	0	1	0	0	1	1	0	2	1	0	0	0	0	0
Unwilling	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NEDHSA	**Tensas**					**Union**					**West Carroll**				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Self	0	0	0	0	0	1	0	1	0	0	0	1	1	0	0
Family	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Family	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unwilling	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Caring Communities Youth Survey (CCYS)

The Caring Communities Youth Survey (CCYS) is a biennial survey administered (with parental permission) to all Louisiana 6th, 8th, 10th and 12th grade public and private school students. Since 2010, the survey item bank has included youth gaming indicators. Overall, the trend statewide has declined on this indicator for each grade level since 2010.

Although causal inferences cannot be made when comparing adult with youth gambling attitudes, acceptable norms, endorsed at the community level, can have positive or adverse effects on youth. Since morality has its inception in the home, examining youth gambling indicators and adult attitudes at the individual level may yield more granular findings. NEDHSA youth (all surveyed grade levels) report "betting on sports" and "playing bingo for money" as the most common form of gambling, which may reflect that children view these activities as informal as they are betting among peers and not at established gambling sites. Louisiana has many bingo parlors with no age restrictions; thus, it is common for parents

to bring their children to play bingo. Types of youth gambling activities change as grade level (age) increases. Betting on sports is the most popular form of gambling for the 10th and 12th grade students. Complete information on gambling indicators for region one is presented in the tables below.

Table 12.5: NEDHSA Overall Sample Size by Year and Grade

Sample		Grade 6	Grade 8	Grade 10	Grade 12
2008	10,615	3,185	3,267	2,274	1,889
2010	6,537	1,723	1,861	1,583	1,370
2012	11,040	3,444	3,149	2,362	2,085
2014	9,722	2,586	2,830	2,456	1,850

Table 12.6: NEDHSA Communities that Care Youth Survey (CCYS) Gambling Indicators

NEDHSA	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
Bet on Sports	17.4	17.5	15.5	21.5	21.7	19.0	20.4	19.4	18.1	16.8	17.1	16.8
Bet on Cards	11.3	9.8	7.2	17.6	14.0	11.9	18.4	15.2	12.4	15.9	14.7	11.3
Played Bingo for Money	23.0	23.8	18.5	25.1	20.5	18.8	19.8	20.1	16.6	15.9	14.6	12.2
Bet on Dice	4.6	3.9	3.7	8.3	6.1	5.8	8.9	9.4	6.8	9.0	9.1	6.1
Bet on Games of Skill	12.3	13.2	11.7	14.0	13.3	12.9	11.1	13.7	12.2	12.2	10.5	11.4

Table 12.7: Reported Participation in Gambling by Year and Grade: NEDHSA

Gambled in the Past Year	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
NEDHSA	43.4	43.2	39.3	48.6	46.0	42.7	45.8	45.9	42.0	40.7	39.4	36.7
State	47.1	45.3	40.6	50.1	48.6	44.1	46.5	44.0	40.8	41.0	37.8	34.4

Table 12.5 reports the overall sample size by year and grade. Table 6.6 demonstrates the percent of youth who reported gambling and the type of game played. Table 6.7 elicits the percent of youth in grades 6-12 who reported that they gambled in the past year. Overall, NEDHSA youth gambling rates are declining on this indicator. However, when compared to state rates, the results are not as consistent. Specifically, prevalence rates for 12th graders are above the state average in both 2012 and 2014.

Demographic Data from Participants in Telephone Survey

A summary of the demographic variables describing the participants drawn from the NEDHSA is presented in the following tables. At least 240 Louisiana NEDHSA residents responded to the telephone survey in such a way that their answers could be used in the present study. The number of participants by parish is reported in Table 12.8. The demographic variables (Sex, Marital Status, Race, Employment Status, and Education Level) are summarized in Table 12.9. Annual Income comparisons between the 2008 and

2016 sample is presented in Table 12.10. Finally, the age data for the 2008 and 2016 samples are presented in Table 12.11.

Examination of Table 12.8 clearly indicates that the majority (75%) of NEDHSA respondents to the telephone survey reside in three parishes: Ouachita, Lincoln, and Morehouse.

Table 12.8: Participation by Parish: NEDHSA

Parish	Number	%
Caldwell	1	0%
East Carroll	6	3%
Franklin	6	3%
Jackson	8	3%
Lincoln	36	15%
Madison	7	3%
Morehouse	29	12%
Ouachita	115	48%
Richland	14	6%
Tensas	0	0%
Union	14	6%
West Carroll	4	2%
NEDHSA (Total)	240	100%

A review of Table 12.9 indicates that the sampling periods are similar with the exception of disparity by gender. The 2008 sample included significantly more females than males. In both 2008 and 2016, the majority of participants were either employed or retired/disabled. Thirty-four percent (34%) of the participants reported they had a college degree in 2008 as opposed to 40% in 2016. Only 7% in 2008 and 3% in 2016 indicated that they had less than a high school diploma.

Table 12.9: NEDHSA Demographic Variables of Participants from 2008 and 2016

	2008		2016	
Sex	**Number**	**%**	**Number**	**%**
Male	65	27%	98	41%
Female	175	73%	142	59%
Marital Status				
Married	143	60%	131	55%
Divorced	28	12%	25	10%
Widowed	26	11%	30	13%
Separated	3	1%	7	3%
Never Married	37	15%	42	18%
Unmarried Couple	2	1%	5	2%
N/A	1	0%	0	0%
Race				
White	173	72%	174	73%
Black	55	23%	56	23%
Hispanic	4	2%	4	2%
Other	7	3%	2	1%
No Answer	1	0%	4	2%
Employment Status				
Employed Full or Part	148	60%	123	51%
Not in Labor Force	39	16%	20	8%
Retired or Disabled	52	22%	93	39%
N/A	3	1%	4	2%
Highest Level Completed				
Less than HS	18	7%	8	3%
HS or GED	72	30%	78	33%
Some Post-Secondary	65	27%	55	23%
Bachelors or more	81	34%	95	40%
N/A	4	2%	4	2%

Table 12.10 indicates income data. About a third of the NEDHSA participants reported that they earned more than $50,000; 18% indicated that they earned up to $20,000; and 21% declined to indicate their income.

Table 12.10: NEDHSA Annual Income of Participants from 2016

	2016	
Annual Income	**Number**	**%**
Up to $10,000	20	8%
Up to $20,000	24	10%
Up to $25,000	18	8%
Up to $35,000	24	10%
Up to $50,000	20	8%
Greater than $50,000	84	35%
N/A	50	21%

Table 12.11 illustrates that the average age of the NEDHSA participants was slightly older in 2016 than in 2008. The average age of participants across the state in 2016 was 55 years, which approximates the 2016 NEDHSA average.

Table 12.11: NEDHSA Age of Participants from 2008 and 2016

	Average Age	Std. Dev.	Min.	Max.	n
2008	50.4	14.9	18	92	223
2016	54.9	17.6	21	91	230
Louisiana	55.0	16.7	21	96	2,294

Attitudes and Beliefs about Gambling

Several questions regarding the participants' attitudes and beliefs about gambling were asked in the telephone survey. First among those questions was, "Which of the following best describes your belief about the benefits or harm gambling has on society?" Just over half of the participants (54%) believed that the harm either far outweighed or somewhat outweighed the benefit of gambling on society. Twenty-one percent (21%) thought the benefit and harm were about equal, and only 11% believed the benefit either somewhat or far outweighed the harm. See Figure 12.2 for reference.

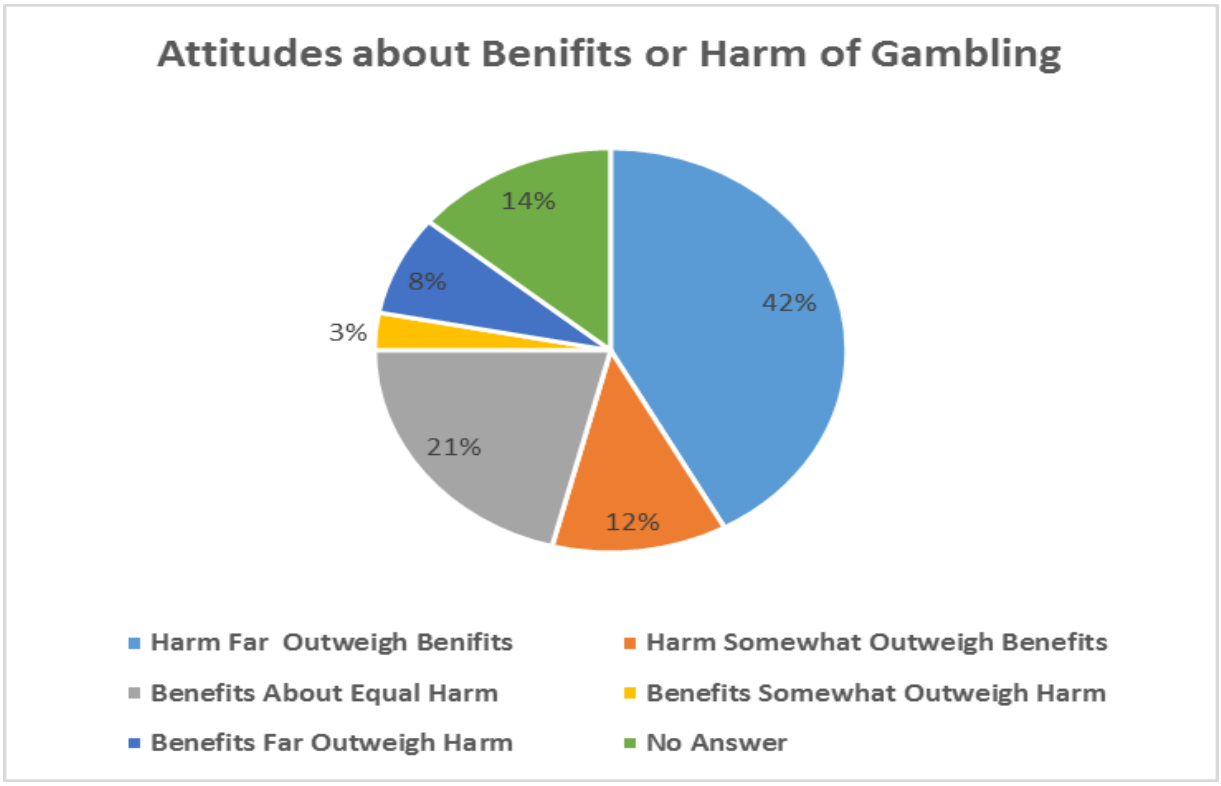


Figure 12.2: NEDHSA Attitudes about Benefits or Harm of Gambling

As denoted in Figure 12.3 below, almost two-thirds of the participants believed that gambling was not morally wrong. Noteworthy is that while many participants viewed gambling as harmful, only 40% considered it moral behavior. This disparity may be due to wording or juxtaposition of the items.

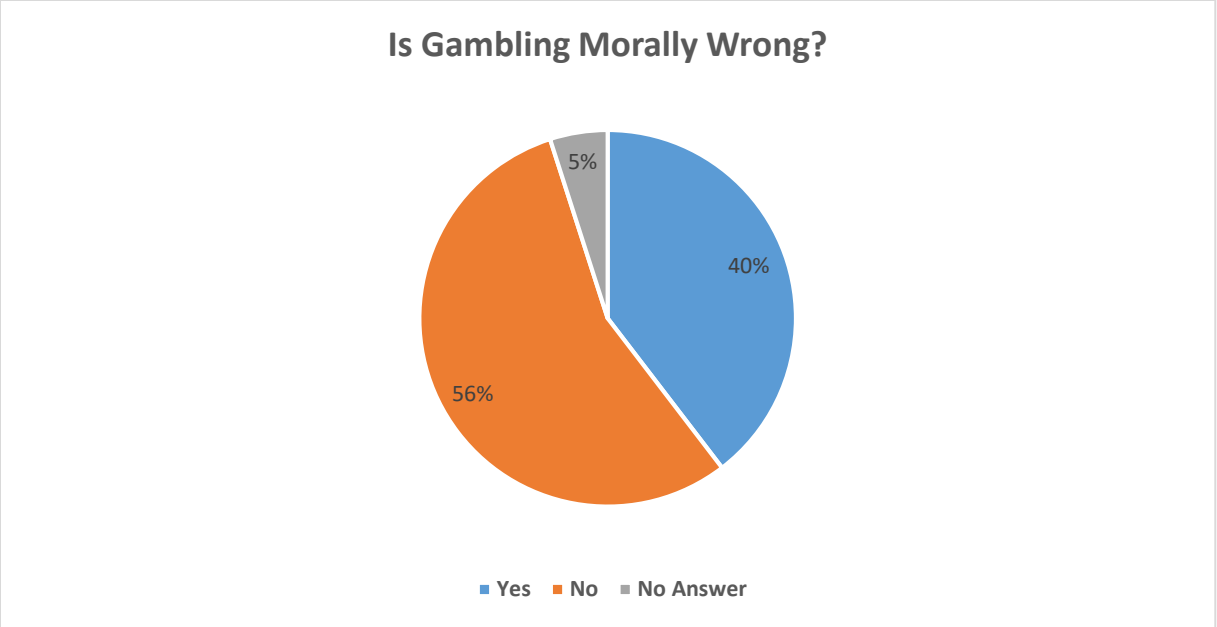


Figure 12.3: NEDHSA Beliefs about the Morality of Gambling

Participants were also asked about their perceived positive and negative impact of gambling in Louisiana. The results appear in Figures 12.4 and 12.5 below. Participants believed that gambling addiction was the most negative impact of gambling, followed by the belief that people who cannot afford to gamble are given the opportunities to do so. Positive beliefs include gambling's impact on Louisiana employment opportunities, expressed by 29% of the sample. It should be noted that 30% believed that gambling had no positive impact.

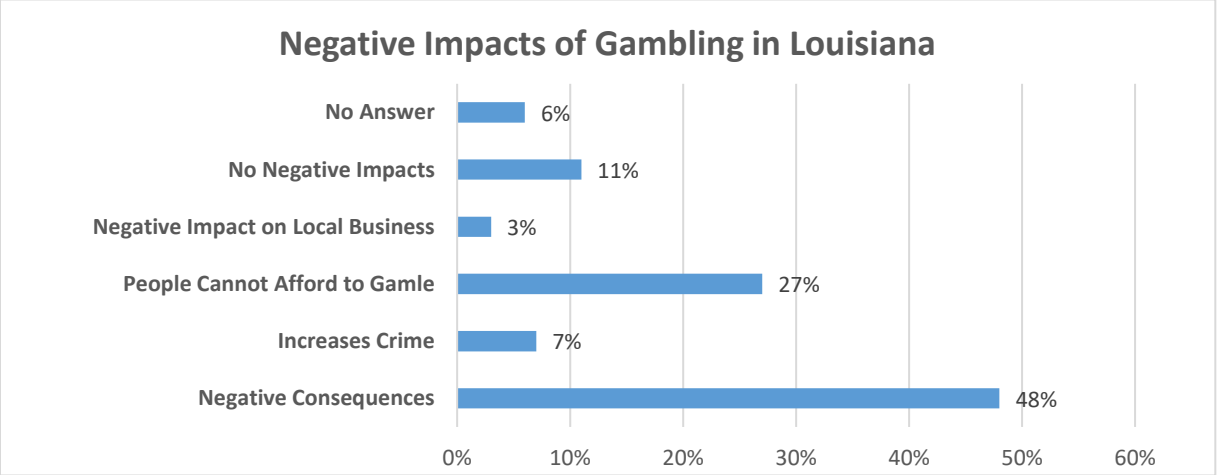


Figure 12.4: NEDHSA Beliefs about Negative Impacts of Gambling in Louisiana

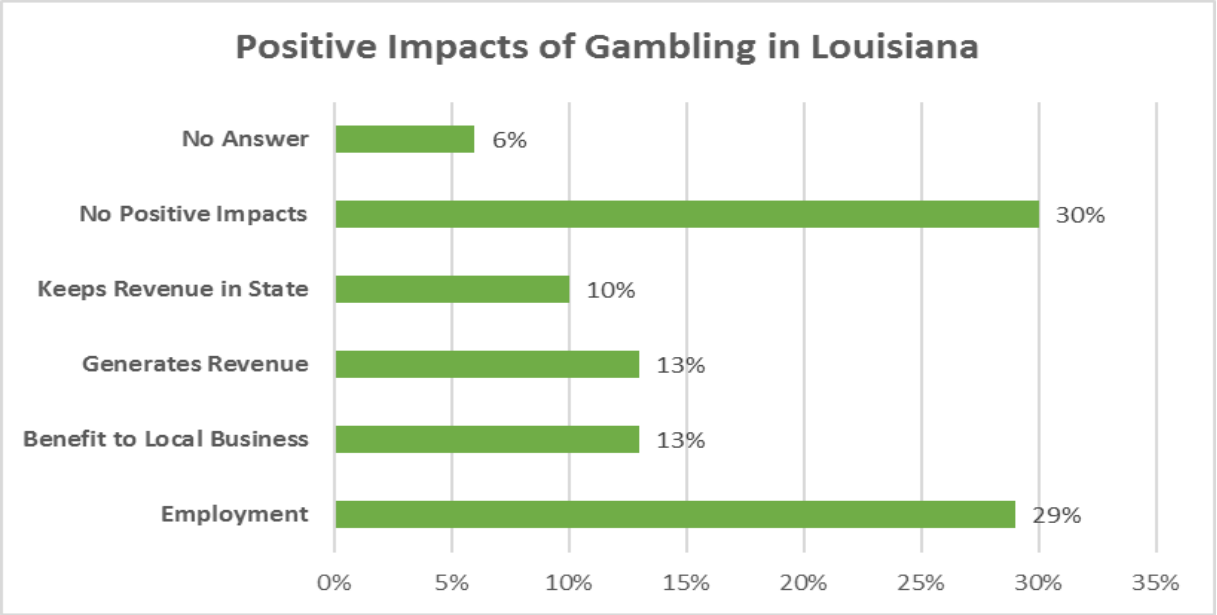


Figure 12.5: NEDHSA Beliefs about Positive Impacts of Gambling in Louisiana

Finally, participants were asked their opinion about the availability of gambling opportunities. Forty-eight percent (48%) believed that the current availability is "fine," while 41% thought that gambling is too widely available. Only 6% believed that gambling was not available enough, denoted in Figure 12.6.

Figure 12.6: NEDHSA Attitudes about Gambling Opportunities in Louisiana

Potential Problem and Potential Pathological Gambling

Participants were asked questions about their personal gambling behavior. Several interesting differences are evident in these data. Fifty-one percent (51%) of the NEDHSA sample, who reported that they had gambled in the past, reported that the most they had gambled in one day was $100 or less. Nearly one-third of the respondents noted that the most they had gambled in a day was between $10.00 and $100.00. However, 10% indicated they gambled over $100 but less than $1,000 and 3% between $1,000 $10,000 in a single day. Both were higher than 2008. The largest amount of money the respondents reported that they had lost in one day is similar to the amount they reported to have gambled. Considerably, more people reported having never gambled in 2016 than in 2008.

Table 12.12: NEDHSA Amount of Money Gambled in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	5	4%	3.4%	85	35%	6.1%
$1.00 or Less	21	17%	6.6%	19	8%	3.4%
$1.01 - $10.00	66	53%	8.8%	38	16%	4.6%
$10.01 - $100.00	25	20%	7.0%	65	27%	5.6%
$100.01 - $1,000.00	4	3%	3.1%	24	10%	3.8%
$1,000.00 - $10,000.00	0	0%	0.0%	7	3%	2.1%
More than $10,000.00	4	3%	3.1%	2	1%	1.2%

Table 12.13: NEDHSA Amount of Money Lost in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	6	5%	3.7%			
$1.00 or Less	17	14%	6.0%	14	9%	4.6%
$1.01 - $10.00	67	54%	8.7%	36	24%	6.7%
$10.01 - $100.00	25	20%	7.0%	66	43%	7.8%
$100.01 - $1,000.00	5	4%	3.4%	28	18%	6.1%
$1,000.00 - $10,000.00	0	0%	0.0%	7	5%	3.3%
More than $10,000.00	5	4%	3.4%	2	1%	1.8%

The South Oaks Gambling Screen (SOGS) questions, which indicate potential problem or potential pathological gambling, elicit a nuanaced picture of gambling behavior. These questions were posed so that respondents could answer in a yes/no format or in a way so that answers could be collapsed into yes/no formats.

As can be determined from Table 12.14, the questions most likely to elicit a "yes" answer from the participants in the 2016 sample were "gambling more than intended to" and "gone back to win back money you lost." "Gambling more than intended to" was also a top answer in the 2008 survey. However, many people might gamble more than they intended occasionally, and that statement in and of itself is not a primary measure of problems or pathology. The following table summarizes some of the more salient items from the SOGS. Margins of error are noted in the table, which should be used when projecting sample estimates to the population of the region.

Table 12.14: NEDHSA Responses to Questions from Telephone Survey, 2008 and 2016

Question	2008		2016	
	%Yes	+/-	%Yes	+/-
Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?	98%	12.3%	5%	3.4%
Do you feel that you have ever had a problem with betting money or gambling?	4%	17.2%	4%	2.8%
Did you ever gamble more than you intended to?	20%	15.1%	21%	6.1%
Have people ever criticized you for gambling, or told you that you had a gambling problem, regardless of whether or not you thought you had one?	5%	17.4%	5%	3.2%
Have you ever felt guilty about the way you gamble or what happens when you gamble?	13%	16.0%	11%	4.7%
Have you ever felt that you would like to stop betting money or gambling, but didn't think you could?	3%	16.7%	2%	2.0%
Have you ever hidden betting slips, lottery tickets, gambling money, IOUs or other signs of gambling from your spouse, children or other important people in your life?	2%	19.4%	0%	0.0%
Have you ever argued with people who you live with over how you handle your money?	10%	16.3%	10%	4.6%
(If you answered yes to last question) Have money arguments ever centered on your gambling?	2%	15.8%	12%	15.3%
Have you ever borrowed money from someone and not paid them back as a result of your gambling.	2%	15.8%	0%	0.0%
Have you ever lost time from work (or school) due to betting money or gambling?	2%	15.8%	1%	1.6%
Have you ever borrowed money to gamble or to pay for gambling debts?			1%	1.6%
Have your ever gone back to win back money you lost?			15%	5.4%

Potential problem and potential pathological gambling were defined according to participants' scores on the South Oaks Gambling Screen (SOGS) in the present study as in the 2008 and 2002 study. The results indicate a regional increase in both problem and pathological gambling since previous studies. Changes in the rates of problem and pathological gambling from 2002, 2008 and 2016 are presented in Table 12.15.

The data indicates a prevalence rate of potential NEDHSA problem gamblers to be 5.4% (+/- 2.9%) and the prevalence rate of potential pathological gamblers to be 2.1% (+/- 1.8%). Given the estimates of problem and pathological gambling and the adult population, a projected number of problem and pathological gamblers within the NEDHSA is calculated by multiplying the percentage of persons identified as problem or pathological gamblers by the population of the authority. According to the 2016 survey data and the American Community Survey census estimates of adults 21 and older, the projected estimate for potential problem gamblers is 13,449 adults. Furthermore, approximately 5,173 potential pathological

gamblers are projected for the authority. The projections appear in Table 6.15 alongside prevalence rates. The current 2016 projection for both possible problem and possible pathological gamblers is substantially higher than in the 2008 study.

Table 12.15: NEDHSA Rates and Number of Potential Problem and Pathological gamblers

	Potential Problem gamblers				Potential Pathological gamblers			
	Vogel & Ardoin	Picard Center			Vogel & Ardoin	Picard Center		
	2002	2008	2016	2016 +/-	2002	2008	2016	2016 +/-
NEDHSA	3.8%	2.5%	5.4%	2.9%	1.5%	0.8%	2.1%	1.8%
Number	10,038	6,514	13,449	7,110	3,962	2,085	5,173	4,487
State %	3%	1.7%	5.4%	0.9%	1.6%	1.4%	2.9%	0.7%
Number	97,161	54,360	179,239	30,015	51,819	44,767	96,258	22,284

Demographic variables from the 2016 NEDHSA sample are cross-tabulated with reported gambling practices in Table 12.16. Respondents are identified by demographic variables and the following indicators:

- whether they never gambled,
- were at risk for gambling problems,
- were possible problem gamblers, or
- were possible pathological gamblers.

Individuals classified as at-risk score between one and two on the SOGS, just below the cut-off for potential problem gambler. Interestingly, often the percentage of participants meeting the criteria for at-risk is much higher than participants that scored a zero on the SOGS or have never gambled.

Several observations are notable. First, it appears that problem gamblers are younger than pathological gamblers. Of the retired or disabled participants, 8% are potential problem gamblers, but none are potential pathological gamblers. In addition, unmarried participants are more likely to be identified as problem or pathological gamblers as compared to married participants. Finally, more potential problem and potential pathological gamblers are tobacco users than non-users. This and more can be viewed in Table 12.16.

Table 12.16: NEDHSA Demographic Variables by Gambling Practices Categories

	n	Never	At Risk	Possible Problem	Possible Pathological
Age	59.4	53.8	51.7	35.2	54.9
Gender					
Female	142	37%	56%	5%	1%
Male	98	18%	72%	6%	3%
Race					
White	174	30%	64%	4%	2%
Black	56	29%	63%	7%	2%
Other	6	33%	33%	33%	0%
Marital Status					
Married	136	30%	65%	4%	0%
Not Married	104	29%	60%	7%	5%
Employment					
Employed Full/Part	123	24%	67%	5%	4%
Not In Labor Force	20	25%	75%	0%	0%
Retired Disabled	93	35%	57%	8%	0%
Household Income*					
High	104	18%	72%	7%	3%
Middle	42	21%	71%	5%	2%
Low	44	32%	61%	7%	0%
Education Level					
High School or less	86	36%	53%	8%	2%
Some college or more	150	27%	67%	4%	2%
Tobacco User					
Non-user	182	33%	63%	4%	0%
User	58	19%	64%	9%	9%

Treatment

Participants were asked several questions aimed at learning more about their awareness of Louisiana treatment options. Fifty-seven percent (57%) were aware of the Gamblers Anonymous 12-Step Program; 53% knew that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling; and 74% were aware of the toll-free Helpline—all indicating an increase since 2008. However, few participants (14%) had heard of the Center of Recovery (CORE). Therefore, few respondents in this region are aware of the existence of inpatient services for gamblers, which is somewhat surprising given proximity of parishes to the treatment center. These items were in yes/no format and appear in Table 12.17.

Table 12.17: NEDHSA Responses to Awareness of Treatment Options, 2008 and 2016

Question	2008		2016	
	% Yes	+/-	% Yes	+/-
Are you aware of the Gamblers Anonymous 12-Step Program?	63%	7.7%	57%	6.3%
Are you aware that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling?	51%	8.9%	53%	6.3%
Are you aware that Louisiana has a toll-free "problem gambler's" Helpline?	69%	7.1%	74%	5.6%
Have you ever heard of "CORE" ("The Center of Recovery"), a 24-hour residential treatment facility located in Shreveport? Through a contract with the Office for Addictive Disorders, CORE provides treatment for problem gamblers and their families free of charge to Louisiana citizens.	9%	12.5%	14%	4.4%

Participants who indicated that they were aware of the Problem-Gambler's Helpline were asked several follow-up questions as were those who indicated that they had heard of the Center of Recovery (CORE). The majority of participants (70%) who were aware of the Helpline had learned of it by seeing billboards. The next most effective means by which the public became aware of the toll-free Helpline was the telephone book or "other." It appears that the public relied much less on the telephone book, word of mouth, and television or radio in 2016 as compared to 2008. The complete data regarding the media through which the participants were made aware of the toll-free Helpline is presented in Figure 12.7.

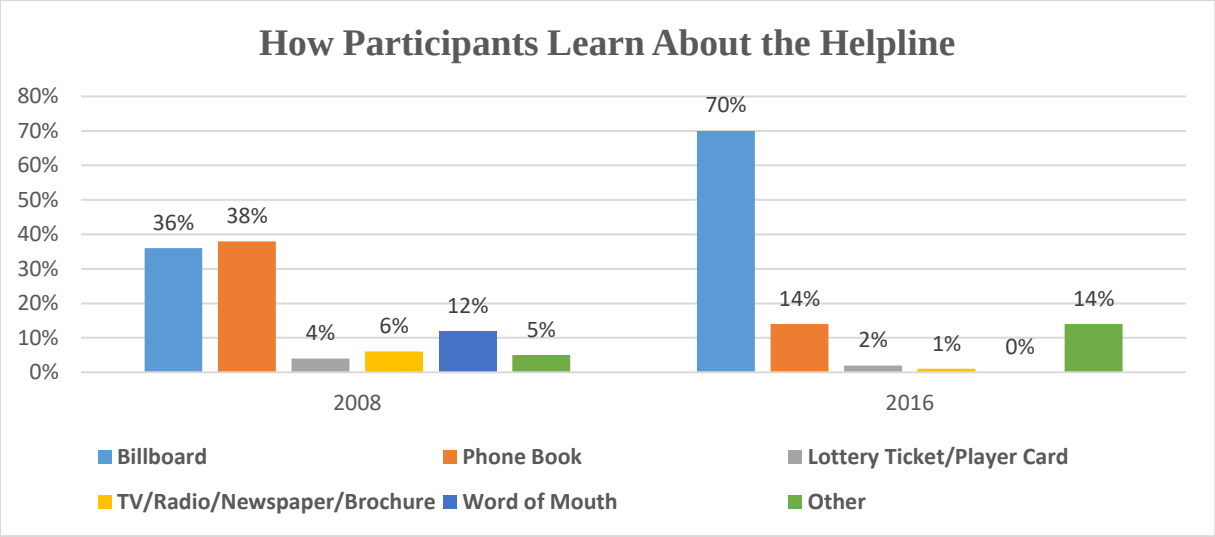


Figure 12.7: How NEDHSA Participants Learned about Helpline 2008 and 2016

In 2016, the most effective means of learning about the CORE was through word of mouth, the media, or health and social services. More people utilized the internet and health/social services as a source

for information in 2016 than in 2008. The complete data regarding the media through which the participants were made aware of CORE is presented in Figure 12.8.

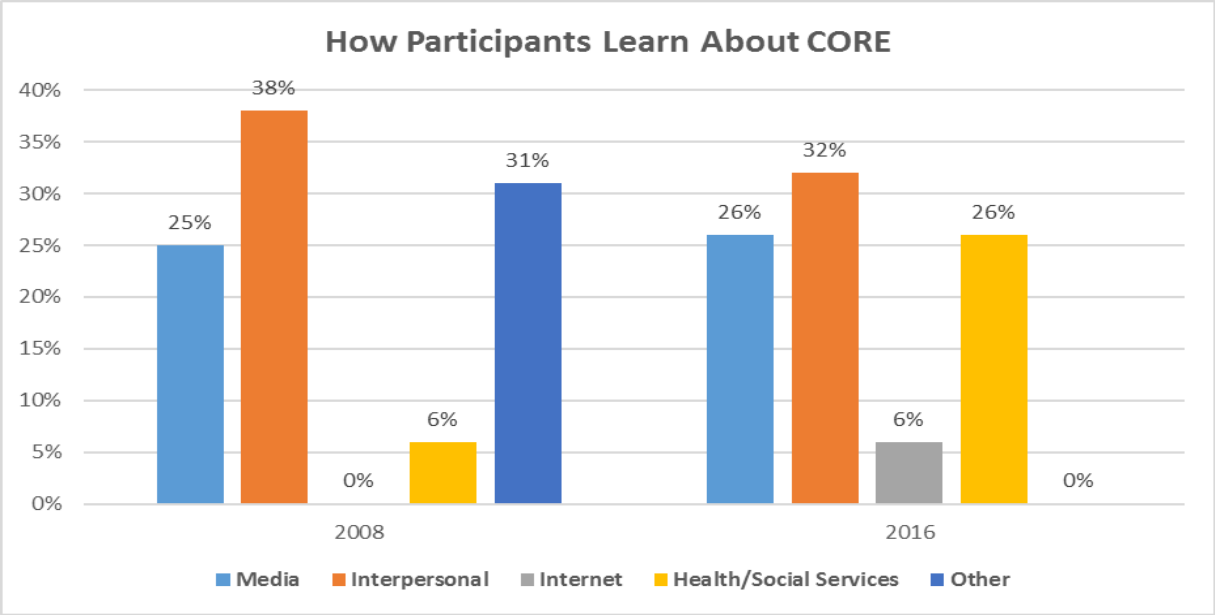


Figure 12.8: How NEDHSA Participants Learned about CORE, 2008 and 2016

Summary

The Northeast Delta Human Services Authority (NEDHSA) is composed of 12 parishes in northeastern Louisiana. The most populated NEDHSA parishes are Ouachita and Lincoln Parishes, neither of which allows gambling. Gambling is legal in the rural parishes of East Carroll, Madison, and Tensas and is concentrated in 11 bars, four restaurants, and four truck stops. Since 2008, the number of gambling devices in the authority has decreased by over 100 devices and the number of establishments declined from 46 to 19.

NEDHSA gambling attitudes and beliefs reflect a dichotomy. Overwhelmingly, residents believe the harm gambling causes either somewhat or far outweighs its benefits. Yet, nearly 56% of the NEDHSA population does not believe that gambling is morally wrong. Citizens of the district indicate, however, that the major benefit to gambling is the creation of job opportunities, but also note that problems associated with gambling include addiction and financial consequences. More than half of the population feel that gambling accessibly is "fine," but 41% believe gambling is too widely available.

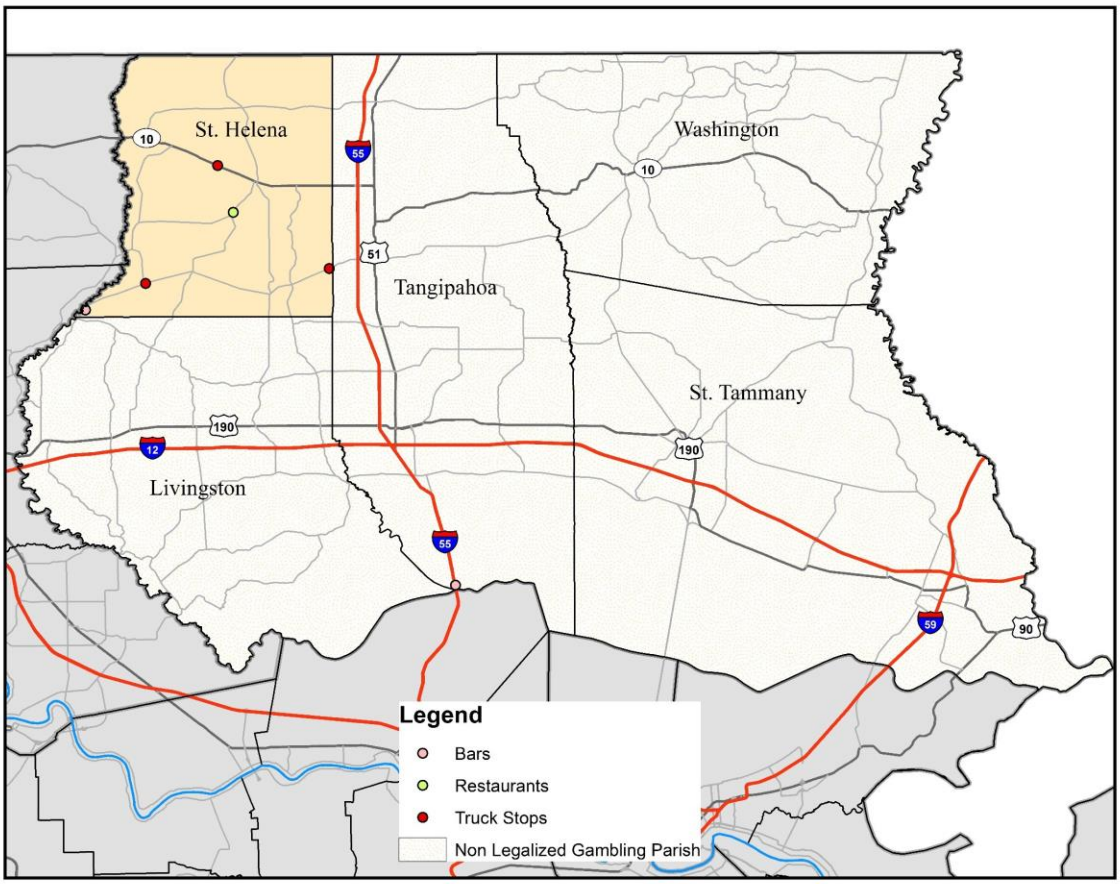
Analysis of access to and treatment capacity proves confounding, as there appears to be no accurate data collection system for treatment beyond those supports previously described. The majority of the NEDHSA sample (57%) were aware of the Gamblers Anonymous 12-Step Program; 51% knew that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling; and 74% were aware of the toll-free Helpline. However, few participants (14%) knew of the states only inpatient recovery center (CORE).

The most important finding is that NEDHSA residents likely gambled more and lost more money than in 2008; thus, reflecting increased prevalence rates of potentially problem gamblers (5.4% (+/- 2.9%)) and potential pathological gamblers (2.1% (+/- 1.8%)) in the district.

CHAPTER 13

FLORIDA PARISHES HUMAN SERVICES AUTHORITY RESULTS AND FINDINGS

Florida Parishes Human Services Authority (FPHSA)



The Florida Parishes Human Services Authority (FPHSA) is located in eastern Louisiana and consists of five parishes: Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. The FPHSA population varies from parish-to-parish. St. Tammany has the highest population density, while rural St. Helena has a total parish population of approximately 10,000 residents. Livingston Parish, located just east of Baton Rouge, is the fastest growing parish in Louisiana.

Gaming Data

The Louisiana State Police Gaming Enforcement Division provided the gaming data for this study. The information collected and analyzed includes location and mapping of establishments, the number of operating establishments, license type, number of gaming devices (slots and/or video poker), and per capita rates for establishments, devices and revenue (if provided).

Spatial analysis of the regional map indicates that gambling establishments are present in only one of the five FPHSA parishes, St. Helena being the only parish with legalized gambling. Table 13.1 provides

information on the number of devices and establishments in the FPHSA. Interestingly, the number of establishments dropped significantly between 2008 and 2016; however, the number of devices increased slightly. Truck stops account for nearly all gaming devices in the FPHSA.

Table 13.1: FPHSA Gambling Establishments and Devices

Parish	License Type	Number of Gaming Devices		Number of Establishments	
		2008	2016	2008	2016
St. Helena	Bars	32	3	11	1
	Restaurants	7	3	2	1
	Truck Stops	344	446	7	3
	Parish Total	**383**	**452**	**20**	**5**
	Region Total	**383**	**452**	**20**	**5**

Per Capita Rates Gaming Establishments and Devices

Of note, per capita rates for both establishments and devices should be interpreted with caution; as reported in the methodology section, the adult population is calculated using different operational definitions. In 2016, the adult population is defined as 21 years and older (legal gambling age). The 2008 study defined the adult population as 18 years and older (legal adult age). Therefore, a comparison of both reporting periods is not provided for this section. The discrepancy is noted in the limitations section of the report with suggestions for future reporting cycles and data collection procedures.

Tables 13.2 and 13.3 provide information on per capita rates on gaming establishments and devices per 1,000 adults. For this study, 2015 census estimates are used to calculate the rates. Also, only adults of legal gambling age (21 years and older) are used for the current study, a change from the 2008 methodology.

In the FPHSA, St. Helena Parish is the only area with gaming establishments. The data indicate that the rate of gaming establishments per 1,000 was 0.65 and the rate of gambling devices was 58.85. The location of gambling devices (truck stops) suggests that non-residents or transient workers traveling through the area are targeted for gambling.

Table 13.2: FPHSA Establishments per 1,000 Adults

Parish	Adult Population			Gaming Establishments			Sites/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Livingston	64,729	84,839	93,321	0	0	0	0	0.00	0
St. Helena	7,473	8,068	7,680	30	20	5	4.01	2.48	0.65
St. Tammany	136,948	172,573	174,417	0	0	0	0	0.00	0
Tangipahoa	72,725	84,004	87,090	0	0	0	0	0.00	0
Washington	32,154	33,377	33,430	0	0	0	0	0.00	0
FPHSA (Total)	314,029	382,861	395,938	30	20	5	0.10	0.05	0.01

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Table 13.3: FPHSA Devices per 1,000 Adults

Parish	Adult Pop			Gaming Devices			Devices/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Livingston	64,729	84,839	93,321	0	0	0	0	0	0
St. Helena	7,473	8,068	7,680	479	383	452	64.10	47.47	58.85
St. Tammany	136,948	172,573	174,417	0	0	0	0	0	0
Tangipahoa	72,725	84,004	87,090	0	0	0	0	0	0
Washington	32,154	33,377	33,430	0	0	0	0	0	0
FPHSA (Total)	314,029	382,861	395,938	479	383	452	1.53	1.00	1.14

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Louisiana Problem Gambler's Helpline

Established in 2001, the Louisiana Problem Gambler's Helpline is a toll-free, confidential information and referral line that assists individuals in the state of Louisiana who are affected by gambling problems. The data provided for this report is much more extensive than in 2008. The raw data allows for the analysis of subpopulations within a specific region, including age, ethnicity, employment status, etc. However, some indicators (e.g., mental health, suicide, etc.) could not be disaggregated beyond the state level.

Figure 13.1 provides a breakdown of the origination of intake calls in the FPHSA by number and percentage. The data depicts a declining trend in the total number of calls to the Helpline from the area, starting in 2012. When aggregated by parish, St. Tammany and Tangipahoa have the highest number of calls, followed by Livingston Parish. Interestingly, the only parish with legalized gaming, St. Helena, has the lowest number of calls to the Helpline.

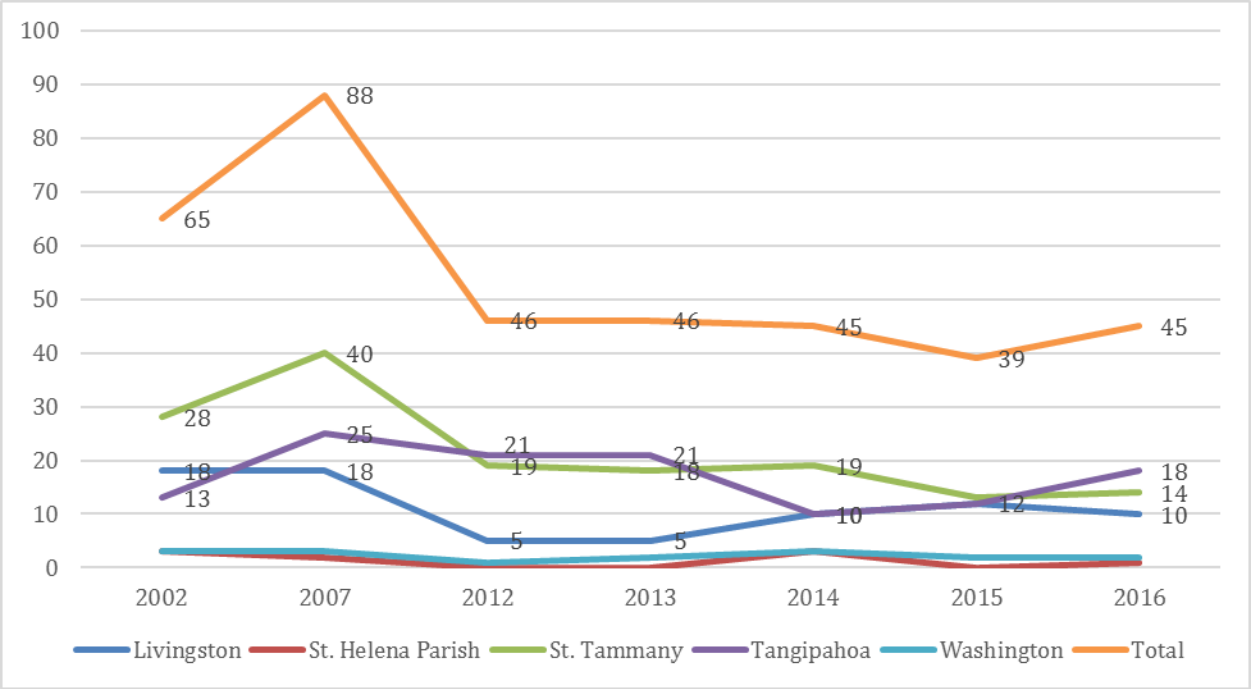


Figure 13.1: FPHSA Helpline Data: Frequency of Intake Calls

Table 13.4 illustrates a person originating a call to the Helpline. In the majority of cases, the gambler called the Helpline to seek help for him or herself. Otherwise, calls to the Helpline are made by a variety of individuals inquiring about gambling, signs of problems, and services. Immediate family members (mother, father, etc.) constitute the second largest number of callers, who demonstrate concerned for a family member and want information related to services, signs of gambling problems/addiction, etc.

Table 13.4: FPHSA Helpline Data: Relationship of Gambler to Caller

FPHSA	Livingston					St. Helena					St. Tammany				
	201	201	201	201	201	201	201	201	201	201	201	201	201	201	201
Self	4	5	8	10	6	0	0	2	0	1	16	14	13	9	9
Family	1	0	2	2	4	0	0	1	0	0	3	3	4	4	5
Non Family	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0
Unwilling	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

FPHSA	Tangipahoa					Washington				
	201	201	201	201	201	201	201	201	201	201
Self	18	15	9	9	15	0	1	2	1	2
Family	2	4	2	2	2	0	1	1	1	0
Non Family	1	2	0	1	1	1	0	0	0	0
Unwilling	0	0	0	0	0	0	0	0	0	0

The subjects of the intake calls are essentially equal between males or females. The most prevalent racial group represented in the intake calls is Caucasians, followed by African Americans. The majority of calls were about gamblers between the ages of 45-54, followed closely by those ranging from 35-44 years of age.

Caring Communities Youth Survey (CCYS)

The Caring Communities Youth Survey (CCYS) is a biennial survey administered (with parental permission) to all Louisiana 6th, 8th, 10th and 12th grade public and private school students. Since 2010, the survey item bank has included youth gaming indicators. Overall, the trend statewide has declined on this indicator for each grade level since 2010.

Although causal inferences cannot be made when comparing adult with youth gambling attitudes, acceptable norms, endorsed at the community level, can have positive or adverse effects on youth. Since morality has its inception in the home, examining youth gambling indicators and adult attitudes at the individual level may yield more granular findings. FPHSA youth (6th and 10th grade students) report "betting on sports" and "playing bingo for money" as the most common form of gambling, which may reflect that children view these activities as informal as they are betting among peers and not at established gambling sites. Louisiana has many bingo parlors with no age restrictions; thus, it is common for parents to bring their children to play bingo. Twelfth-grade students in the FPHSA indicate that betting on sports, betting on cards were the most common forms of gambling. Complete information on gambling indicators for FPHSA is presented in the tables below.

Table 13.5: FPHSA Overall Sample Size by Year and Grade

Sample		Grade 6	Grade 8	Grade 10	Grade 12
2008	9,840	2,718	2,742	2,413	1,967
2010	10,002	3,047	2,751	2,345	1,859
2012	8,792	2,485	2,143	2,351	1,813
2014	8,074	2,309	2,290	1,965	1,510

Table 13.6: FPHSA Communities that Care Youth Survey (CCYS) Gambling Indicators

FPHSA	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	2012	2014	2010	2012	2014	2010	2012	2014	2010	2012	2014
Bet on Sports	17.6	17.4	16.2	21.1	21.6	19.0	19.4	20.6	17.4	16.3	15.4	13.7
Bet on Cards	9.3	8.4	6.1	15.2	12.8	10.3	15.8	13.5	11.1	15.3	12.5	9.9
Played Bingo for Money	19.8	19.4	16.4	20.3	19.8	16.8	14.8	15.0	12.5	11.9	11.7	10.7
Bet on Dice	2.7	2.5	2.2	5.9	4.4	4.4	5.7	6.4	5.1	5.2	6.5	4.4
Bet on Games of Skill	13.0	12.9	11.8	14.7	14.9	13.8	13.7	13.6	13.0	12.1	10.6	10.5

Table 13.7: FPHSA Reported Participation in Gambling by Year and Grade

Gambled in the Past Year	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	2012	2014	2010	2012	2014	2010	2012	2014	2010	2012	2014
FPHSA	42.5	41.6	38.9	47.3	47.0	44.3	43.5	41.6	41.3	37.0	34.7	33.4
State	47.1	45.3	40.6	50.1	48.6	44.1	46.5	44.0	40.8	41.0	37.8	34.4

Table 13.5 reports the overall sample size by year and grade. Table 13.6 demonstrates the percent of youth who reported gambling and the type of game played. Table 13.7 elicits the percent of youth in grades 6-12 who reported that they gambled in the past year. Overall, youth gambling rates are declining on this indicator in the FPHSA. In addition, youth gambling is mostly below the state levels. The only discrepancy was a slight increase for 8th and 10th graders in 2014.

Demographic Data from Participants in Telephone Survey

A summary of the demographic variables describing the participants drawn from the FPHSA is presented in the following tables. At least 240 Louisiana FPHSA residents responded to the telephone survey in such a way that their answers could be used in the present study. The number of participants by parish is reported in Table 13.8. The demographic variables (Sex, Marital Status, Race, Employment Status, and Education Level) are summarized in Table 13.9. Annual Income comparisons between the 2008 and 2016 sample is presented in Table 13.10. Finally, the age data for the 2008 and 2016 samples are presented in Table 13.11.

Examination of Table 13.8 indicates that the majority (43%) of the respondents to the telephone survey reside in St. Tammany Parish, followed by 23% in Tangipahoa Parish and 15% in Livingston Parish. This is not surprising, given the population concentration in this parish.

Table 13.8: FPHSA Participation by Parish

Parish	Number	%
Livingston	37	15%
St. Helena	5	2%
St. Tammany	118	49%
Tangipahoa	55	23%
Washington	25	10%
FPHSA (Total)	240	100%

A review of Table 13.9 indicates that the sampling periods are similar with one exception—females were more likely to participate in both 2008 and 2016. However, the disparity in gender is not as skewed in 2016. In both 2008 and 2016, the majority of participants were either employed or retired/disabled. Interestingly, in 2016 the number of employed and disabled participants were nearly equal in representation. About a third of the participants had a college degree in both 2008 and 2016, with only 14% in 2008 and 4% in 2016 reporting that they had less than a high school diploma.

Table 13.9: FPHSA Demographic Variables of Participants from 2008 and 2016

	2008		2016	
Sex	**Number**	**%**	**Number**	**%**
Male	72	30%	98	41%
Female	168	70%	142	59%
Marital Status				
Married	160	67%	141	59%
Divorced	29	12%	30	13%
Widowed	21	9%	32	13%
Separated	0	0%	3	1%
Never Married	24	10%	26	11%
Unmarried Couple	3	1%	6	3%
N/A	3	1%	2	1%
Race				
White	189	79%	197	82%
Black	32	13%	28	12%
Hispanic	8	3%	3	1%
Other	9	4%	4	2%
No Answer	2	1%	8	3%
Employment Status				
Employed Full or Part	122	51%	111	46%
Not in Labor Force	50	21%	31	13%
Retired or Disabled	66	28%	96	40%
N/A	2	1%	2	1%
Highest Level Completed				
Less than HS	33	14%	10	4%
HS or GED	68	28%	83	35%
Some Post-Secondary	62	26%	70	29%
Bachelors or more	75	31%	75	31%
N/A	2	1%	2	1%

Table 13.10 provides income data by parish. Forty-one percent (41%) of participants indicated their income was above $50,000. This is not surprising given the region is comprised of highly populated urban areas, with two income families. Nearly 25% of participants decline to provide their income information.

Table 13.10: FPHSA Annual Income of Participants

	2016	
Annual Income	**Number**	**%**
Up to $10,000	21	9%
Up to $20,000	12	5%
Up to $25,000	17	7%
Up to $35,000	20	8%
Up to $50,000	13	5%
Greater than $50,000	99	41%
N/A	58	24%

Table 13.11 illustrates that the average age of the FPHSA participants was slightly older in 2016 than in 2008. The average age of participants across the state in 2016 was 55 years, which approximates the 2016 FPHSA average. Given the large number of participants that indicated retired or disabled, the average age of the participant was somewhat surprising.

Table 13.11: FPHSA Age of Participants from 2008 and 2016

	Average Age	Std. Dev.	Min.	Max.	n
2008	50.1	14.8	18	85	229
2016	55.5	17.0	21	92	232
Louisiana	55.0	16.7	21	96	2,294

Attitudes and Beliefs about Gambling

Several questions regarding participants' gambling attitudes and beliefs about gambling were asked in the telephone survey. First among those questions was, "Which of the following best describes your belief about the benefits or harm gambling has on society?" More than half of the participants (56%) believed that the harm either far outweighed or somewhat outweighed the benefit of gambling on society. Twenty-three percent (23%) felt the benefit and harm were about equal, and 13% believed the benefit either somewhat or far outweighed the harm. These data may reflect why gambling establishments and devices are illegal in the majority of the region. See Figure 13.2 for reference.

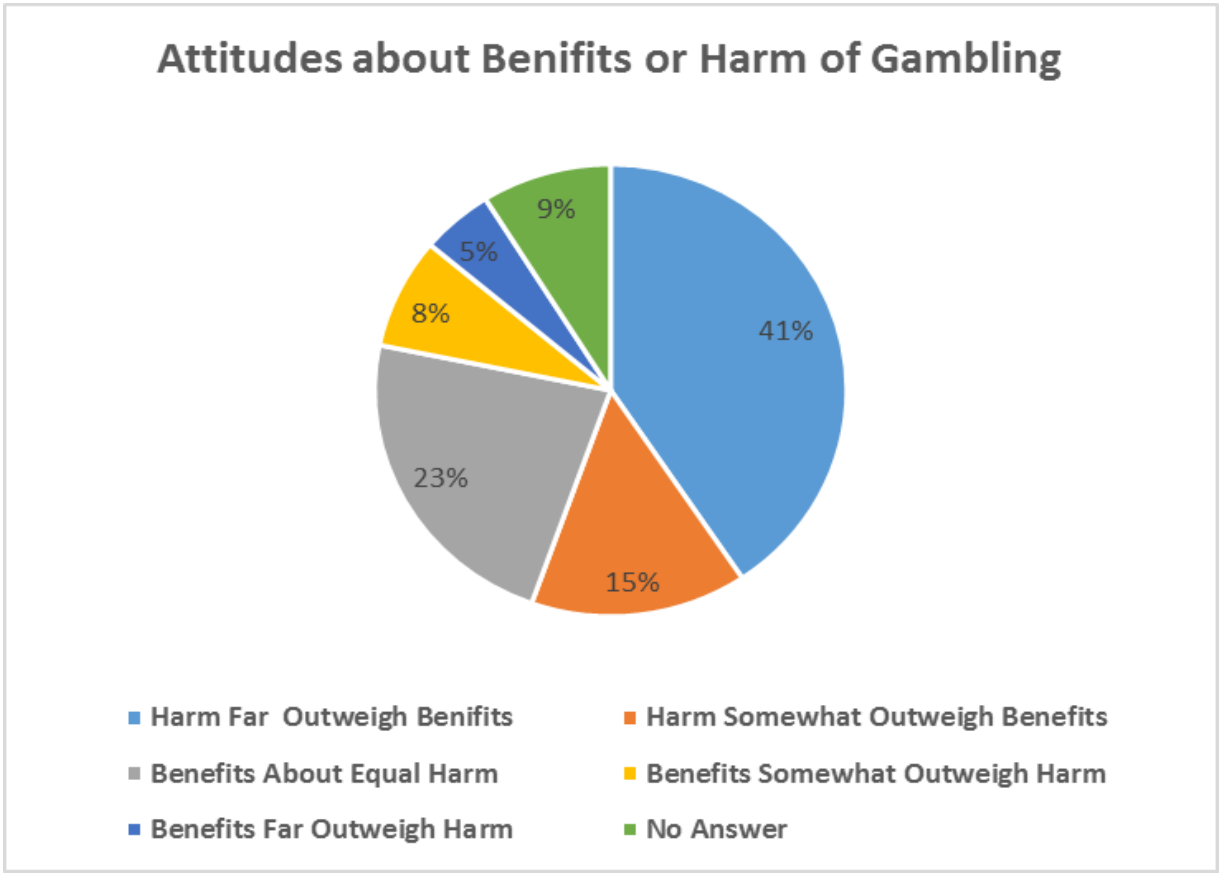


Figure 13.2: FPHSA Attitudes about Benefits or Harm of Gambling

As denoted in Figure 13.3 below, almost two-thirds of the participants believed that gambling was not morally wrong. Noteworthy is that while the majority of participants viewed gambling as harmful, only 30% considered it moral behavior. This disparity may be due to wording or juxtaposition of the items.

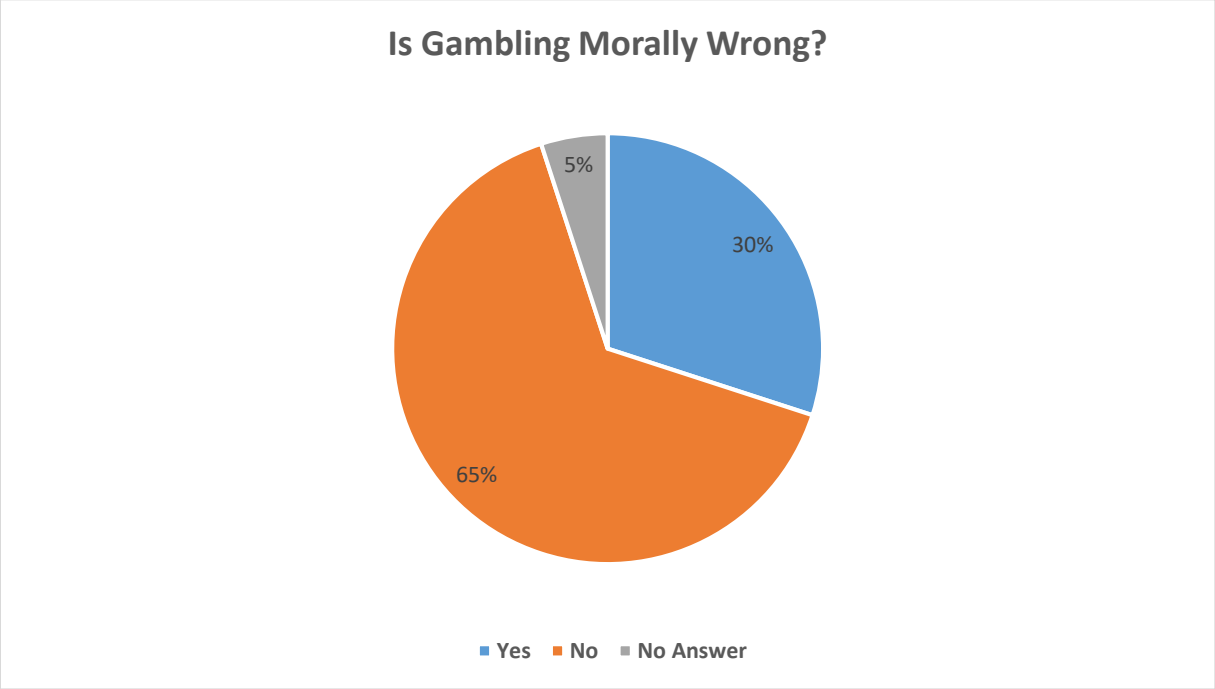


Figure 13.3: FPHSA Beliefs about the Morality of Gambling

Participants were also asked about their perceived positive and negative impact of gambling in Louisiana. The results appear in Figures 13.4 and 13.5 below. Participants believed that gambling addiction was the most negative impact of gambling, followed by the belief that people who cannot afford to gamble are given the opportunities to do so. Positive beliefs include gambling's impact on Louisiana employment opportunities, expressed by 31% of the sample. It should be noted that 27% believed that gambling had no positive impact.

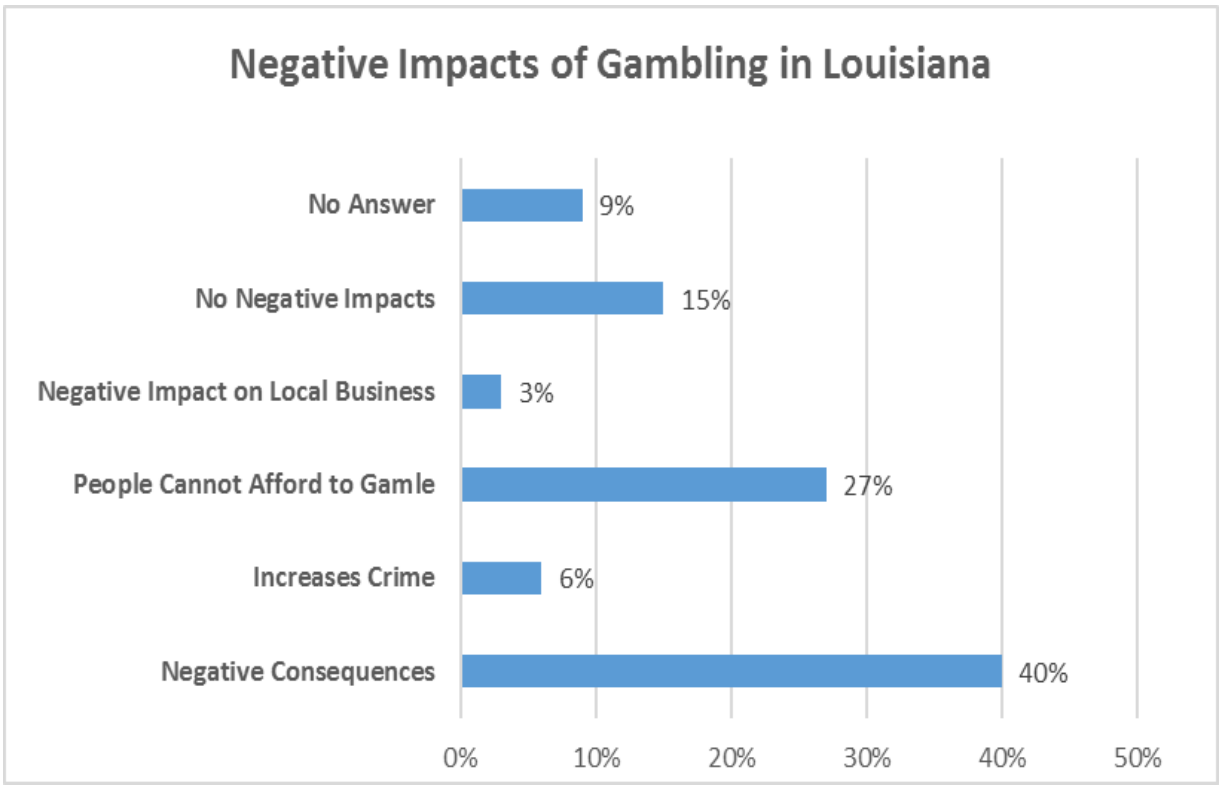


Figure 13.4: FPHSA Beliefs about Negative Impacts of Gambling in Louisiana

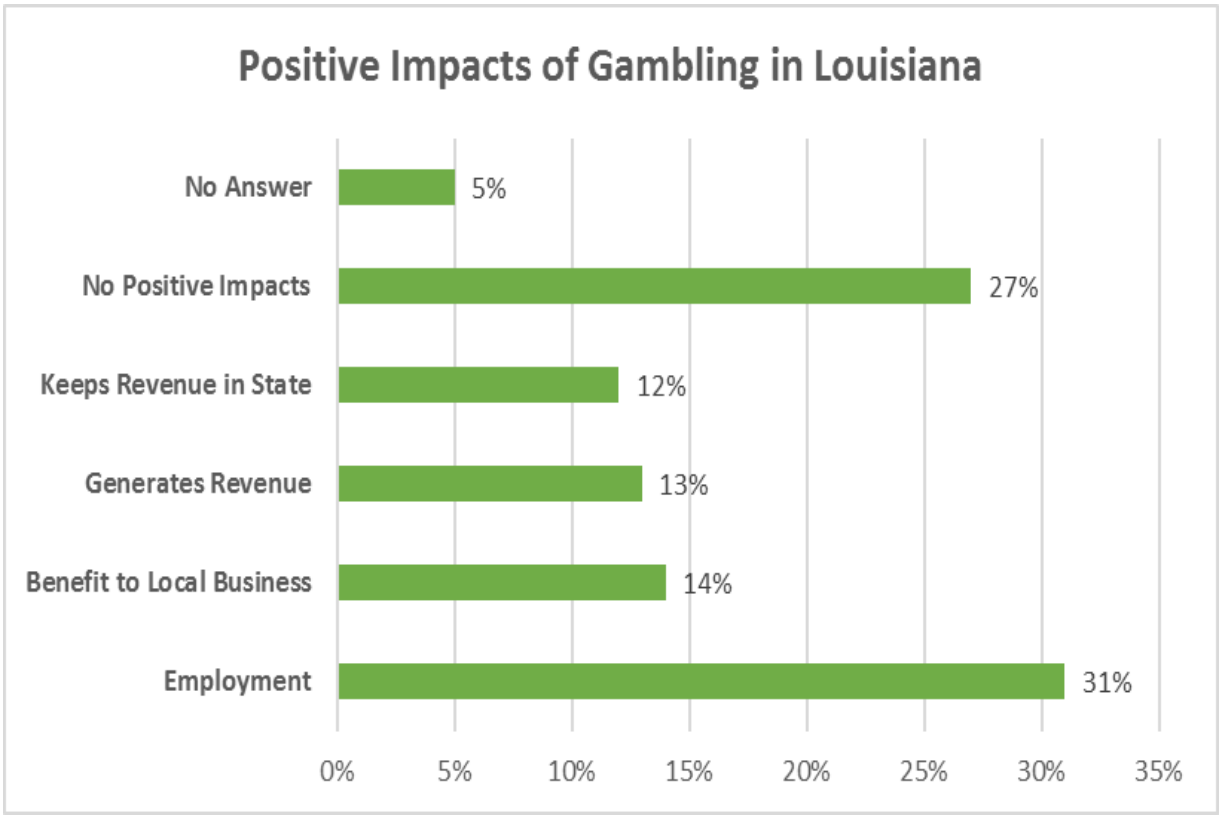


Figure 13.5: FPHSA Beliefs about Positive Impacts of Gambling in Louisiana

Finally, participants were asked their opinion about the availability of gambling opportunities. Fifty-three percent (53%) believed that the current availability is "fine," while 40% believed that gambling is too widely available. Only 5% believed that gambling was not available enough, denoted in Figure 13.6.

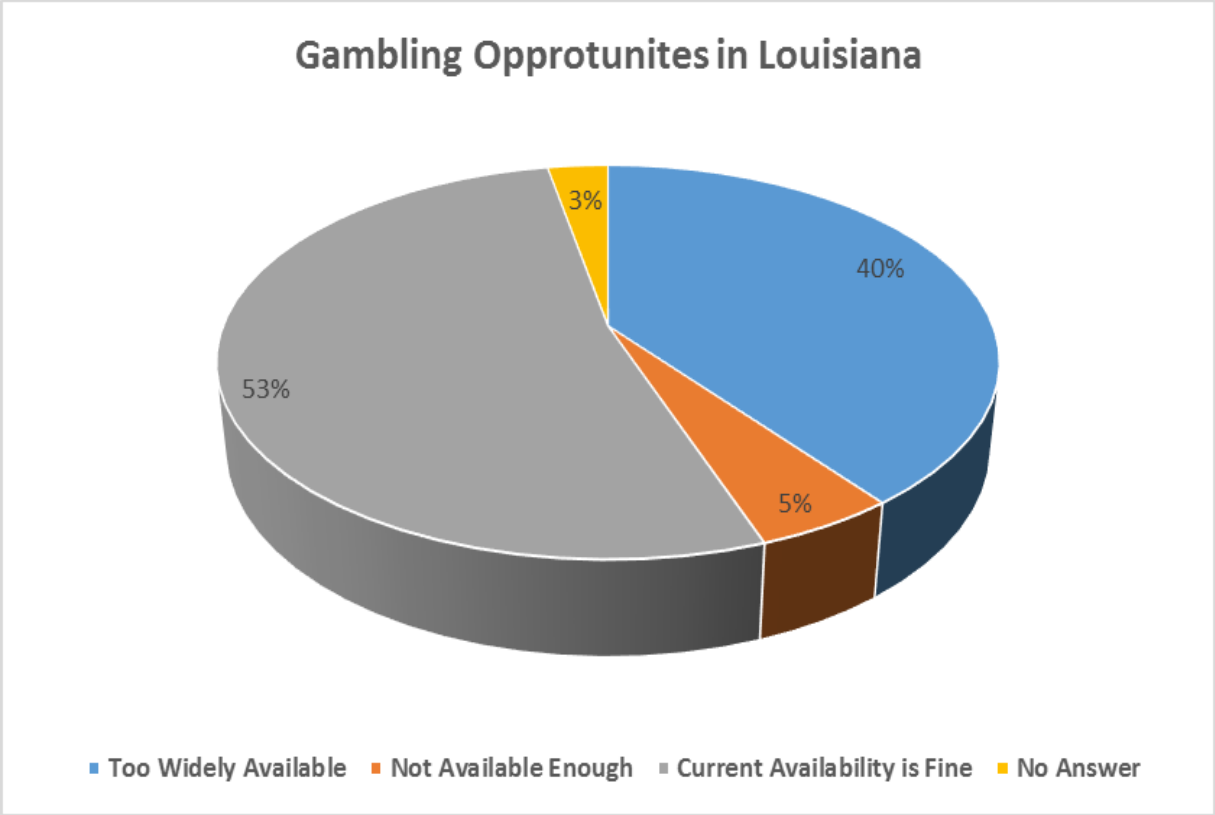


Figure 13.6: FPHSA Attitudes about Gambling Opportunities in Louisiana

Potential Problem and Potential Pathological Gambling

Participants were asked questions about their personal gambling behavior. Several interesting differences are evident in these data. Forty-one percent (41%) of the FPHSA sample, who reported that they had gambled in the past, indicated that the most they had gambled in one day was $100 or less. This was a 20% increase from 2008. Nearly one-third of the respondents noted that they had never gambled, a significant increase from the 9% in 2008. Interestingly, and perhaps somewhat concerning, the percentage of participants who indicated they gambled more than $100 in a day increased from 2% in 2008 to 14% in 2016. Two percent (2%) of survey respondents reported gambling more than $1,000 in a single day, up from 0% in 2008. The margin of error (+/-) for each category is presented in the adjacent column.

Table 13.12: FPHSA Amount of Money Gambled in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	14	9%	4.5%	55	23%	5.4%
$1.00 or Less	23	15%	5.6%	11	5%	2.7%
$1.01 - $10.00	82	53%	7.9%	36	15%	4.6%
$10.01 - $100.00	32	21%	6.4%	96	41%	6.3%
$100.01 - $1,000.00	3	2%	2.2%	34	14%	4.5%
$1,000.00 - $10,000.00	0	0%	0.0%	4	2%	1.6%
More than $10,000.00	0	0%	0.0%	0	0%	0.0%

When examining the amount of money lost in a single day, a similar pattern emerges. More than half (54%) indicated the most they lost was $100. This was a substantial increase from the 16% reported in 2008. Also, 16% reported losing more than $100 in a day, up from 3% in 2008. Based on 2016 survey of respondents' answers to questions about gaming-related spending and loss, individuals from the region are spending and losing more money when compared to respondents in 2008.

Table 13.13: FPHSA Amount of Money Lost in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	12	8%	4.3%			
$1.00 or Less	23	15%	5.7%	10	6%	3.3%
$1.01 - $10.00	89	58%	7.8%	40	22%	6.1%
$10.01 - $100.00	24	16%	5.8%	98	54%	7.3%
$100.01 - $1,000.00	4	3%	2.5%	28	16%	5.3%
$1,000.00 - $10,000.00	1	1%	1.3%	3	2%	1.9%
More than $10,000.00	0	0%	0.0%	1	1%	1.1%

The South Oaks Gambling Screen (SOGS) questions, which indicate potential problem or potential pathological gambling, elicit a nuanaced picture of gambling behavior. These questions were posed so that respondents could answer in a yes/no format or in a way so that answers could be collapsed into yes/no formats.

As can be determined from Table 13.14, the questions most likely to elicit a "yes" answer from the participants in the 2016 sample were "gambling more than intended to" and "gone back to win money you lost." "Gambling more than intended to" was also a top answer in the 2008 survey. However, many people might gamble more than they intended occasionally, and that statement in and of itself is not a primary measure of problems or pathology. The following table summarizes some of the more salient items from the SOGS. Margins of error are noted in the table, which should be used when projecting sample estimates to the population of the region.

Table 13.14: FPHSA Responses to Questions from Telephone Survey, 2008 and 2016

Question	2008		2016	
	%Yes	+/-	%Yes	+/-
Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?	3%	15.0%	5%	3.2%
Do you feel that you have ever had a problem with betting money or gambling?	4%	14.5%	4%	2.6%
Did you ever gamble more than you intended to?	19%	14.5%	17%	5.2%
Have people ever criticized you for gambling, or told you that you had a gambling problem, regardless of whether or not you thought you had one?	4%	15.7%	3%	2.5%
Have you ever felt guilty about the way you gamble or what happens when you gamble?	9%	15.0%	11%	4.4%
Have you ever felt that you would like to stop betting money or gambling, but didn't think you could?	5%	15.1%	3%	2.3%
Have you ever hidden betting slips, lottery tickets, gambling money, IOUs or other signs of gambling from your spouse, children or other important people in your life?	2%	15.8%	3%	2.4%
Have you ever argued with people who you live with over how you handle your money?	7%	15.1%	8%	3.8%
(If you answered yes to last question) Have money arguments ever centered on your gambling?	1%	13.8%	7%	12.6%
Have you ever borrowed money from someone and not paid them back as a result of your gambling.	0%	0%	1%	1.0%
Have you ever lost time from work (or school) due to betting money or gambling?	0%	0%	1%	1.4%
Have you ever borrowed money to gamble or to pay for gambling debts?			3%	2.4%
Have your ever gone back to win back money you lost?			12%	4.6%

Potential problem and possible pathological gambling were defined according to participants' scores on the South Oaks Gambling Screen (SOGS) in the present study as in the 2008 and 2002 study. The results indicate a regional increase in both potential problem gambling and potential pathological gambling since previous studies. Changes in the rates of problem and pathological gambling from 2002, 2008 and 2016 are presented in Table 13.15.

The data indicates a prevalence rate of potential FPHSA problem gamblers to be at 7.5% (+/- 3.3%) and the prevalence rate of potential pathological gamblers to be 2.08% (+/- 1.8%). Given the estimates of problem and pathological gambling and the adult population, a projected number of problem and pathological gamblers within the FPHSA is calculated by multiplying the percentage of persons identified as problem or pathological gamblers by the people of the authority. According to the 2016 survey data and the American Community Survey census estimates of adults 21 and older, the projected number of potential problem gamblers is 29,695 adults. Furthermore, approximately 8,249 potential pathological gamblers are

projected for this authority. The projections appear in Table 13.15 alongside prevalence rates. The current 2016 projection for both possible problem and possible pathological gamblers is substantially higher than in the 2008 study.

Table 13.15: Rates and Number of Potential Problem and Pathological Gamblers

	Potential Problem Gamblers				Potential Pathological Gamblers			
	Vogel & Ardoin	Picard Center	Picard Center		Vogel & Ardoin	Picard Center	Picard Center	
	2002	2008	2016	2016 +/-	2002	2008	2016	2016 +/-
FPHSA %	0.8%	0.4%	7.5%	3.3%	0.8%	1.7%	2.08%	1.8%
	2,512	1,531	29,695	13,194	2,512	6,509	8,249	7,155
State %	3%	1.7%	5.4%	0.9%	1.6%	1.4%	2.9%	0.7%
	97,161	54,360	179,239	30,015	51,819	44,767	96,258	22,284

Demographic variables from the 2016 FPHSA sample are cross-tabulated with reported gambling practices in Table 13.16. Respondents are identified by demographic variables and the following indicators:

- whether they never gambled,
- were at risk for gambling problems,
- were possible problem gamblers, or
- were possible pathological gamblers.

Individuals classified as at-risk score between one and two on the SOGS, just below the cut-off for potential problem gambler. Interestingly, often the percentage of participants meeting the criteria for at-risk is much higher than participants that scored a zero on the SOGS or have never gambled.

Several observations are notable. First, it appears that problem gamblers are younger than pathological gamblers. Also, males are more likely than females to be identified as potential problem or pathological gamblers. Additionally, Caucasians are more likely to be categorized as problem gamblers, and African Americans are more likely to be categorized as pathological gamblers. This and more can be viewed in Table 13.16.

Table 13.16: FPHSA Demographic Variables by Gambling Practices Categories

	N	Never	At Risk	Possible Problem	Possible Pathological
Age	51.8	56.6	58.8	41.6	55.5
Gender					
Female	142	23%	70%	6%	1%
Male	98	15%	71%	10%	3%
Race					
White	197	19%	72%	8%	2%
Black	28	21%	71%	0%	7%
Other	6	17%	67%	17%	0%
Marital Status					
Married	147	16%	74%	8%	2%
Not Married	91	26%	66%	5%	2%
Employment					
Employed Full/Part	111	17%	73%	7%	3%
Not In Labor Force	31	42%	52%	3%	3%
Retired Disabled	96	16%	74%	9%	1%
Household Income*					
High	112	12%	80%	6%	2%
Middle	37	22%	57%	16%	5%
Low	33	33%	58%	9%	0%
Education Level					
High School or less	93	23%	70%	8%	0%
Some college or more	145	17%	72%	8%	3%
Tobacco User					
Non-user	180	22%	69%	7%	2%
User	60	13%	75%	10%	2%

Treatment

Participants were asked several questions aimed at learning more about their awareness of Louisiana treatment options. Sixty-five percent (65%) were aware of the Gamblers Anonymous 12-Step Program; 53% knew that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling; and 77% were aware of the toll-free Helpline (up from 68% in 2008). However, few participants (3.7%) had heard of the Center of Recovery (CORE), down from 7% in 2008. Therefore, few respondents in this region are aware of the existence of inpatient services for gamblers. Of note, CORE had a facility in New Orleans before Hurricane Katrina, and the facility was destroyed and never rebuilt, which may account for more people knowing about the CORE in 2008 as compared to 2016. These items were presented in yes/no format and appear below in Table 13.17.

Table 13.17: FPHSA Responses to Awareness of Treatment Options, 2008 and 2016

Question	2008		2016	
	% Yes	+/-	% Yes	+/-
Are you aware of the Gamblers Anonymous 12-Step Program?	63%	7.7%	65%	6.0%
Are you aware that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling?	49%	9.2%	53%	6.3%
Are you aware that Louisiana has a toll-free "problem gambler's" Helpline?	68%	7.2%	77%	5.4%
Have you ever heard of "CORE" ("The Center of Recovery"), a 24-hour residential treatment facility located in Shreveport? Through a contract with the Office for Addictive Disorders, CORE provides treatment for problem gamblers and their families free of charge to Louisiana citizens.	7%	12.1%	10%	3.7%

Participants who indicated that they were aware of the Problem Gambler's Helpline were asked several follow-up questions, as were those who reported that they had heard of the Center of Recovery (CORE). The majority of participants (72%) who were aware of the Helpline had learned of it as a result of seeing billboards announcing the service. The next most effective means by which the public became aware of the toll-free Helpline was the telephone book. It appears that the public relied less on word of mouth and television or radio in 2016 as compared to 2008, and more on billboards and "other," which may have included digital media. The complete data regarding the media through which the participants were made aware of the toll-free Helpline is presented in Figure 13.7.

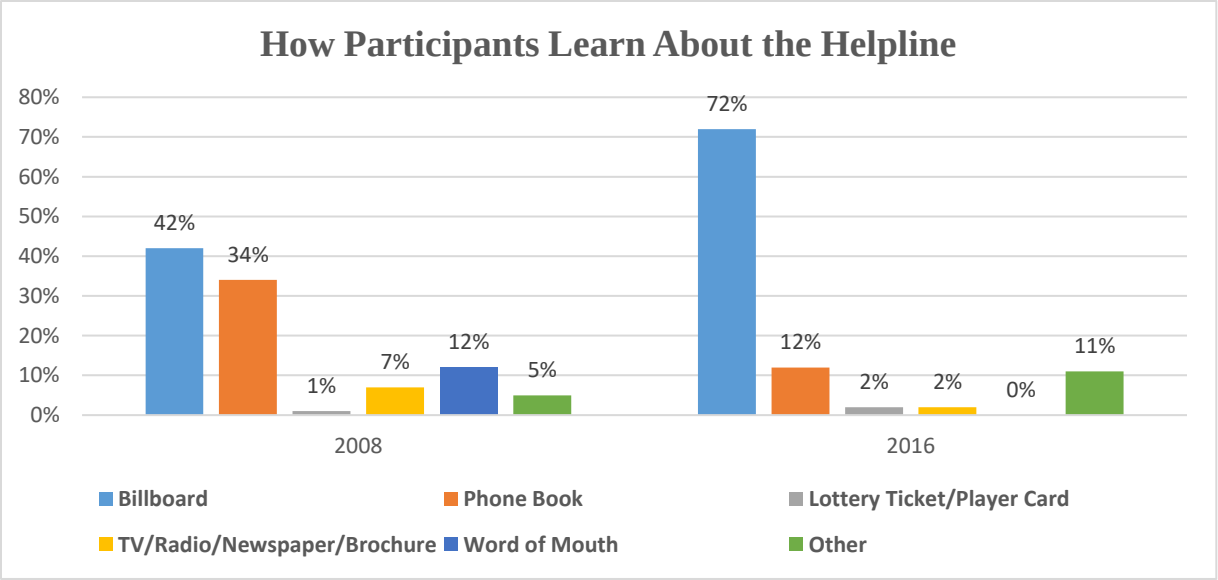


Figure 13.7: How FPHSA Participants Learned about Helpline 2008 and 2016

In 2016, the most effective means of learning about the CORE was through word of mouth. However, a large percentage learned about CORE through information sources from the media or social services in 2016 than in 2008. The complete data regarding the media through which the participants were made aware of CORE is presented in Figure 13.8.

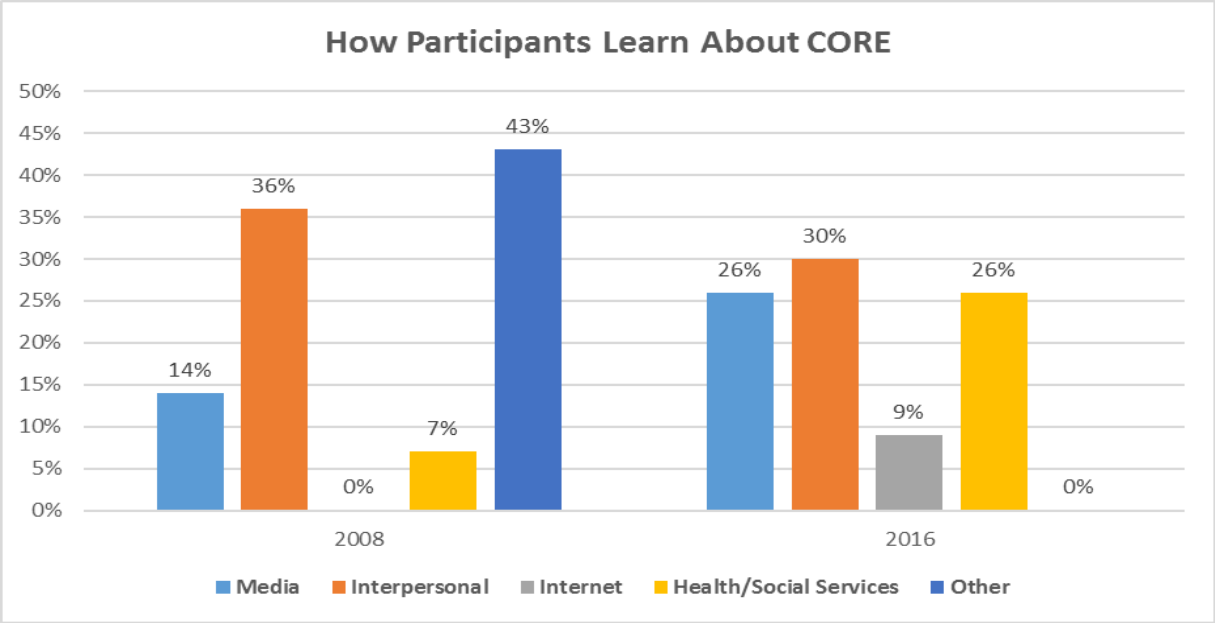


Figure 13.8: How FPHSA Participants Learned About CORE, 2008 and 2016

Summary

The Florida Parish Human Services Authority (FPHSA) is composed of five parishes in east Louisiana. The region is a mix of highly populated and very rural areas, depending on the geographical parish of residence. The area is unique with respect to gaming establishments and devices. Only one parish (St. Helena) in the region has legal gaming establishments and devices. Ironically, this is the most rural parish and has a higher poverty rate when compared to other parishes in the region. Although St. Helena has establishments, the number is very limited and concentrated at truck stops located around major highways.

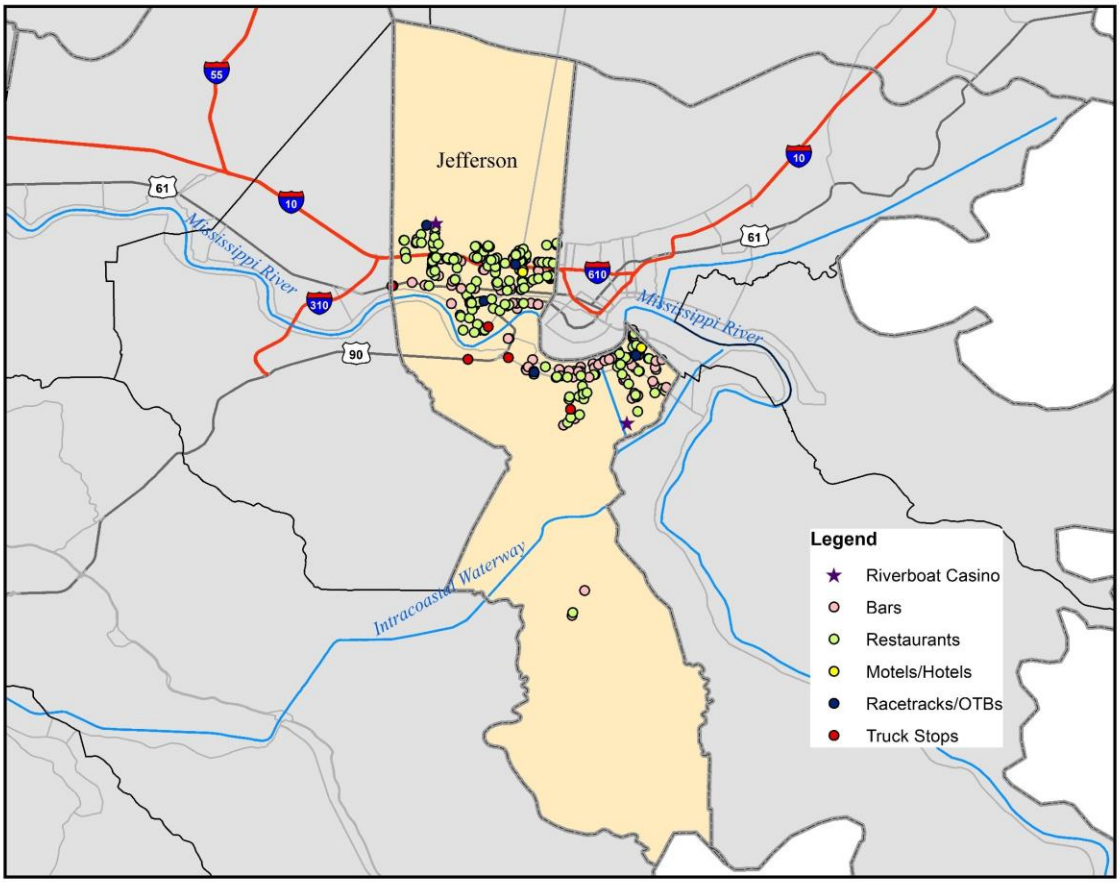
FPHSA attitudes related to the harm and benefits to gambling seem congruent with the lack of gaming available in the area. This is reflected in response to the question related to the harm outweighing the benefits, of which 56% of survey respondents endorsed. Paradoxically, the rate for potential problem gamblers is very high for this region, at 7.5% and well above the state average. Also, a consistent decrease in calls to the Helpline from the area was found when the data was analyzed. However, the number of calls did increase slightly in 2016. Given the rates for potential problem and pathological gamblers, the number of calls from the area should be monitored closely.

When looking at treatment data, it was noted that a slight majority of the sample (65%) were aware of the Gamblers Anonymous 12-Step Program, 53% were aware of services provided by state agencies and 77% were aware of the toll-free Helpline. All were increases from the study conducted in 2008. However, fewer participants (10%) had heard of the Center of Recovery (CORE).

CHAPTER 14

JEFFERSON PARISH HUMAN SERVICES AUTHORITY RESULTS AND FINDINGS

Jefferson Parish Human Services Authority (JPHSA)



The Jefferson Parish Human Services Authority (JPHSA) is located in southeastern Louisiana. The JPHSA is unique and comprised of only Jefferson Parish. Nearly 50% of the parish population resides in the neighboring communities of Metairie and Kenner. According to 2015 census estimates, the population of the parish was approximately 436,000 adults. Although Hurricane Katrina impacted the area, damage was limited and the population rebounded quickly, although just below pre-Katrina levels. Currently, it is the second largest parish in the state, only behind East Baton Rouge Parish.

Gaming Data

The Louisiana State Police Gaming Enforcement Division provided the gaming data for this study. The information collected and analyzed includes location and mapping of establishments, the number of operating establishments, license type, the number of gaming devices (slots and/or video poker), and per capita rates for establishments, devices and revenue (if provided).

Spatial analysis of the regional map indicates that gambling establishments indicate gambling establishments are clustered mainly in the northern and central parts of the parish, near the cities of Kenner, Metairie, and Gretna. Gaming establishments are virtually non-existent in the southern part of the parish. The area has a variety of gambling establishments, including two riverboat casinos and four off-track betting (OTB) establishments.

Table 14.1 provides detailed information on gaming establishment types, the number of establishments and number of devices. When comparing the number of devices between 2008 to 2016, the cumulative total for the area has decreased minimally (582 devices). The number of devices decreased in bars, restaurants, and the riverboat casinos, but increased at OTB's and truck stops. Interestingly, the number of gaming establishments declined substantially (32%) between 2008 and 2016. The sources for the reduction primarily came from bars and restaurants. Other gaming establishments remained relatively stable between reporting periods. Overall, this indicator has remained relatively unchanged from 2008 to 2016. However, the decline in establishments does not seem proportional to the reduction in devices. The data suggest the establishments that no longer offer gaming had very few operating devices. Also, the reduction in devices between periods occurred in the two operating casinos.

Table 14.1: JPHSA Gambling Establishments and Devices

Parish	License Type	Number of Gaming Devices		Number of Establishments	
		2008	2016	2008	2016
Jefferson	Bars	839	631	280	197
	Restaurants	707	470	245	154
	Motels/Hotels	3	5	1	2
	Racetracks/OTBs	381	435	4	5
	Truck Stops	100	208	2	5
	Riverboat Casino	2,600	2,299	2	2
	Parish Total	**4,630**	**4,048**	**534**	**365**
	Region Total	**4,630**	**4,048**	**534**	**365**

Per Capita Rates Gaming Establishments and Devices

Of note, per capita rates for both establishments and devices should be interpreted with caution; as reported in the methodology section, the adult population is calculated using different operational definitions. The adult population for 2016 is defined as 21 years and older (legal gambling age). The 2008 study defined the adult population as 18 years and older, legal adult age. Therefore, a comparison of the two reporting periods is not provided for this section. The discrepancy is noted in the limitations section of the report with suggestions for future reporting cycles and data collection procedures.

Tables 14.2 and 14.3 provide information on per capita rates on gaming establishments and devices per 1,000 adults. For this study, 2015 census estimates are used to calculate the rates. Also, only adults of legal gambling age (21 years and older) are used for the current study, a change from the 2008 methodology.

An examination of the 2016 data on gaming establishments indicates the number of establishments per 1,000 adults was 1.12 in the JPHSA. The population for the area also remained steady. Therefore, the

changes in per capita rates on this indicator can be primarily attributed to the reduction in establishments. Similar results were found when examining devices per capita. The number of devices per 1,000 adults was 12.45 for the region in 2016. Again, the changes are principally related to the reduction in the number of devices in the area and not the result of changes in population.

Table 14.2: JPHSA Establishments per 1,000 Adults

Parish	Adult Pop			Gaming Establishments			Sites/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Jefferson	322,014	327,411	325,113	570	534	365	1.77	1.63	1.12
JPHSA (Total)	322,014	327,411	325,113	570	534	365	1.77	1.63	1.12

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Table 14.3: JPHSA Devices per 1,000 Adults

Parish	Adult Pop			Gaming Devices			Devices/1,000 Adults		
	2002	*2008	**2016	2002	*2008	**2016	2002	*2008	**2016
Jefferson	322,014	327,411	325,113	4,517	4,630	4,048	14.03	14.14	12.45
JPHSA (Total)	322,014	327,411	325,113	4,517	4,630	4,048	14.03	14.14	12.45

*2006 U.S. Census Estimate

**2015 U.S. Census Estimate for 21 and older

Louisiana Problem-Gambler's Helpline

Established in 2001, the Louisiana Problem-Gambler's Helpline is a toll-free, confidential information and referral line that assists individuals in the state of Louisiana who are affected by gambling problems. The data provided for this report is much more extensive than in 2008. The raw data allows for the analysis of subpopulations within a specific region, including age, ethnicity, employment status, etc. However, some indicators (e.g., mental health, suicide, etc.) could not be disaggregated beyond the state level.

Figure 14.1 provides a breakdown of the origination of intake calls in the JPHSA by number and percentage. The data indicates that the number of calls peaked in 2002 and have declined steadily since (an exception occurring in 2013, however). The percentage of calls to the Helpline originating from JPHSA has also declined annually. Given the large population of this area, this indicator should be monitored closely.

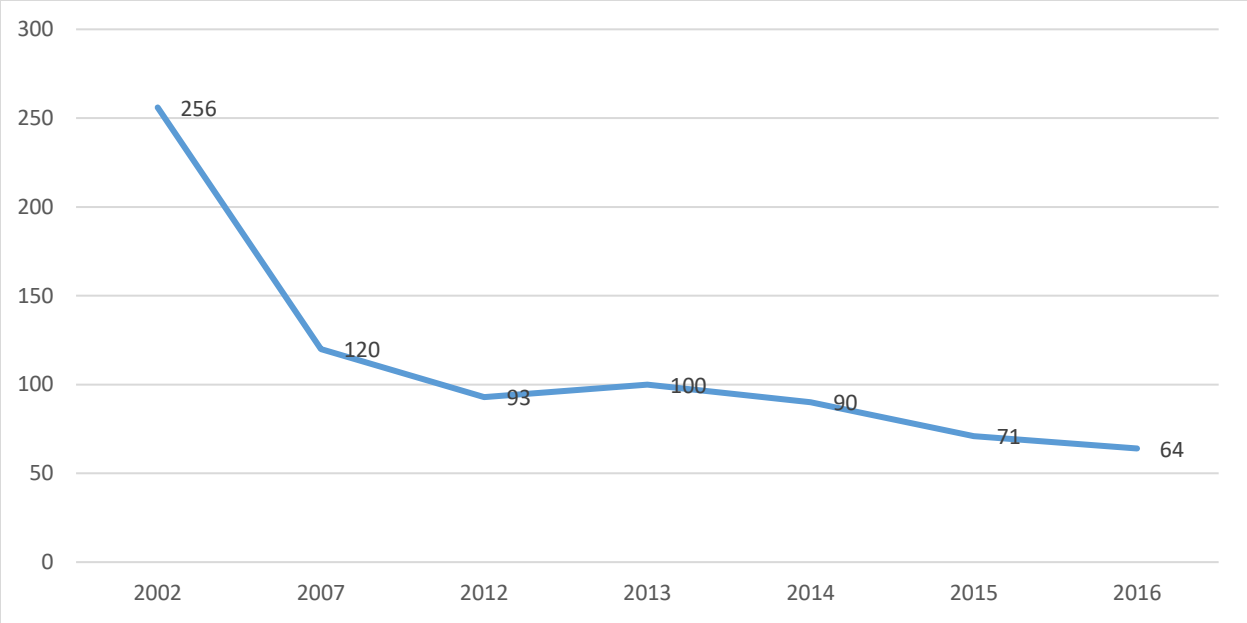


Figure 14.1: JPHSA Helpline Data: Frequency of Intake Calls Originating

Table 14.4 illustrates a person originating a call to the Helpline. In the majority of cases, the gambler called the Helpline to seek help for him or herself. Otherwise, calls to the Helpline are made by a variety of individuals inquiring about gambling, signs of problems, and services. Immediate family members (mother, father, etc.) constitute the second largest number of callers, who demonstrate concerned for a family member and want information related to services, signs of gambling problems/addiction, etc.

Table 14.4: JPHSA Helpline Data: Relationship of Gambler to Caller

JPHSA	Jefferson				
	2012	2013	2014	2015	2016
Self	71	90	67	55	51
Family	15	8	18	13	12
Non Family	4	2	4	3	1
Unwilling	3	0	1	0	0

The subjects of the intake calls are equally divided between males and females (slightly more males than females), as indicated through an examination of demographic data from intake calls between 2012 and 2016, except in 2016 when male gamblers were the subjects of the calls by a ratio of 2:1. The most prevalent racial group represented in the intake calls is Caucasians, followed by African Americans. The age of the gamblers ranged from 13 to 65 and over. However, the peak age range was 45-54 for all years examined.

Caring Communities Youth Survey (CCYS)

The Caring Communities Youth Survey (CCYS) is a biennial survey administered (with parental permission) to all Louisiana 6th, 8th, 10th and 12th grade public and private school students. Since 2010, the

survey item bank has included youth gaming indicators. Overall, the trend statewide has declined on this indicator for each grade level since 2010.

Although causal inferences cannot be made when comparing adult with youth gambling attitudes, acceptable norms, endorsed at the community level, can have positive or adverse effects on youth. Since morality has its inception in the home, examining youth gambling indicators and adult attitudes at the individual level may yield more granular findings. JPHSA youth (6th grade students) report "betting on sports" and "playing bingo for money" as the most common form of gambling, which may reflect that children view these activities as informal as they are betting among peers and not at established gambling sites. Louisiana has many bingo parlors with no age restrictions; thus, it is common for parents to bring their children to play bingo. JPHSA 8th, 10th, and 12th grade students prefer a wider range of gambling activities, including betting on sports and cards. High school seniors bet on sports and cards more than bingo. Complete information on gambling indicators for the area presented in the tables below.

Table 14.5: JPHSA Overall Sample Size by Year and Grade

Sample		Grade 6	Grade 8	Grade 10	Grade 12
2008	5,723	2,079	2,109	864	671
2010	6,621	2,454	2,125	1,194	848
2012	5.095	1,638	1,606	1,063	788
2014	7,070	2,208	2,017	1,693	1,152

Table 14.6: JPHSA Caring Communities Youth Survey (CCYS) Gambling Indicators

JPHSA	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
Bet on Sports	18.6	18.1	15.7	19.8	19.6	17.5	19.7	18.7	15.8	17.8	14.2	14.0
Bet on Cards	14.8	13.5	9.1	22.0	17.9	15.4	19.9	17.0	13.3	21.2	13.1	10.7
Played Bingo for Money	24.7	22.7	19.6	21.1	17.9	16.9	13.4	13.2	11.6	13.0	11.7	11.9
Bet on Dice	2.8	3.7	1.9	5.9	4.1	3.7	5.7	4.7	3.7	7.3	3.8	5.7
Bet on Games of Skill	13.7	13.2	11.6	14.5	13.8	11.4	12.5	11.9	10.1	14.6	8.2	9.3

Table 14.7: JPHSA Reported Participation in Gambling by Year and Grade

Gambled in the Past Year	6th Grade			8th Grade			10th Grade			12th Grade		
	2010	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**	**2010**	**2012**	**2014**
JPHSA	47.0	41.8	39.2	49.0	44.3	39.1	42.6	38.4	33.1	40.6	32.4	29.5
State	47.1	45.3	40.6	50.1	48.6	44.1	46.5	44.0	40.8	41.0	37.8	34.4

Table 14.5 reports the overall sample size by year and grade. Table 14.6 demonstrates the percent of youth who reported gambling and the type of game played. Table 14.7 elicits the percent of youth in grades 6-12 who reported that they gambled in the past year. Overall, youth gambling rates are declining on this indicator in the region. Youth gambling is also below the state level for each year and grade level.

Demographic Data from Participants in Telephone Survey

A summary of the demographic variables describing the participants drawn from the JPHSA is presented in the following tables. At least 240 Louisiana JPHSA residents responded to the telephone survey in such a way that their answers could be used in the present study. The number of participants by parish is reported in Table 14.8. The demographic variables (Sex, Marital Status, Race, Employment Status, and Education Level) are summarized in Table 14.9. Annual Income comparisons between the 2008 and 2016 sample is presented in Table 14.10. Finally, the age data for the 2008 and 2016 samples are presented in Table 14.11.

Table 14.8: JPHSA Participation by Parish

Parish	Number	%
Jefferson	241	100%
JPHSA (Total)	241	100%

Since the JPHSA is a singular region, all survey participants were residents of Jefferson Parish. A review of Table 14.9 indicates that the data from the two sampling periods varied based on the variable being measured. For example, the sample was much more equally representative of males and females in 2016 as compared to the 2008 sample. The 2008 sample included significantly more females than males. In both 2008 and 2016, the majority of participants were married and employed. Nearly one-quarter of participants were retired or disabled for both reporting periods. Forty percent (40%) of 2016 survey respondents had a college degree, up 3% from 2008. While only 3% of respondents reported having no high school degree or equivalency, down 7% from 2008. Also, 33% of 2016 participants reported an annual income greater than $50,000. However, 22% declined to provide information on their earnings. Finally, the average age of the survey participant from this region was 54.8, up from an average age of 51.2 in 2008.

Table 14.9: JPHSA Demographic Variables of Participants from 2008 and 2016

	2008		2016	
Sex	**Number**	**%**	**Number**	**%**
Male	78	33%	109	45%
Female	162	68%	132	55%
Marital Status				
Married	131	55%	129	54%
Divorced	32	13%	34	14%
Widowed	20	8%	29	12%
Separated	5	2%	2	1%
Never Married	46	19%	41	17%
Unmarried Couple	2	1%	4	2%
N/A	4	2%	2	1%
Race				
White	157	65%	162	67%
Black	48	20%	44	18%
Hispanic	19	8%	10	4%
Other	12	5%	14	6%
No Answer	4	2%	11	5%
Employment Status				
Employed Full or Part	141	59%	128	53%
Not in Labor Force	42	17%	36	15%
Retired or Disabled	55	23%	76	32%
N/A	2	1%	1	0%
Highest Level Completed				
Less than HS	23	10%	8	3%
HS or GED	58	24%	90	37%
Some Post-Secondary	68	28%	41	17%
Bachelors or more	89	37%	96	40%
N/A	2	1%	6	2%

Table 14.10: JPHSA Annual Income of Participants from 2016

	2016	
Annual Income	**Number**	**%**
Up to $10,000	22	9%
Up to $20,000	21	9%
Up to $25,000	29	12%
Up to $35,000	19	8%
Up to $50,000	18	7%
Greater than $50,000	79	33%
N/A	53	22%

Table 14.11: JPHSA Age of Participants from 2008 and 2016

	Average Age	Std. Dev.	Min.	Max.	n
2008	51.2	16.8	18	99	230
2016	54.8	16.4	21	93	228
Louisiana	55.0	16.7	21	96	2,294

Attitudes and Beliefs about Gambling

Several questions regarding participants' gambling attitudes and beliefs about gambling were asked in the telephone survey. First among those questions was, "Which of the following best describes your belief about the benefits or harm gambling has on society?" More than half of the participants (53%) believed that the harm either far outweighed or somewhat outweighed the benefit of gambling on society. Twenty-five percent (25%) felt the benefit and harm were about equal, and only 9% believed the benefit either somewhat or far outweighed the harm. See Figure 14.2 for reference.

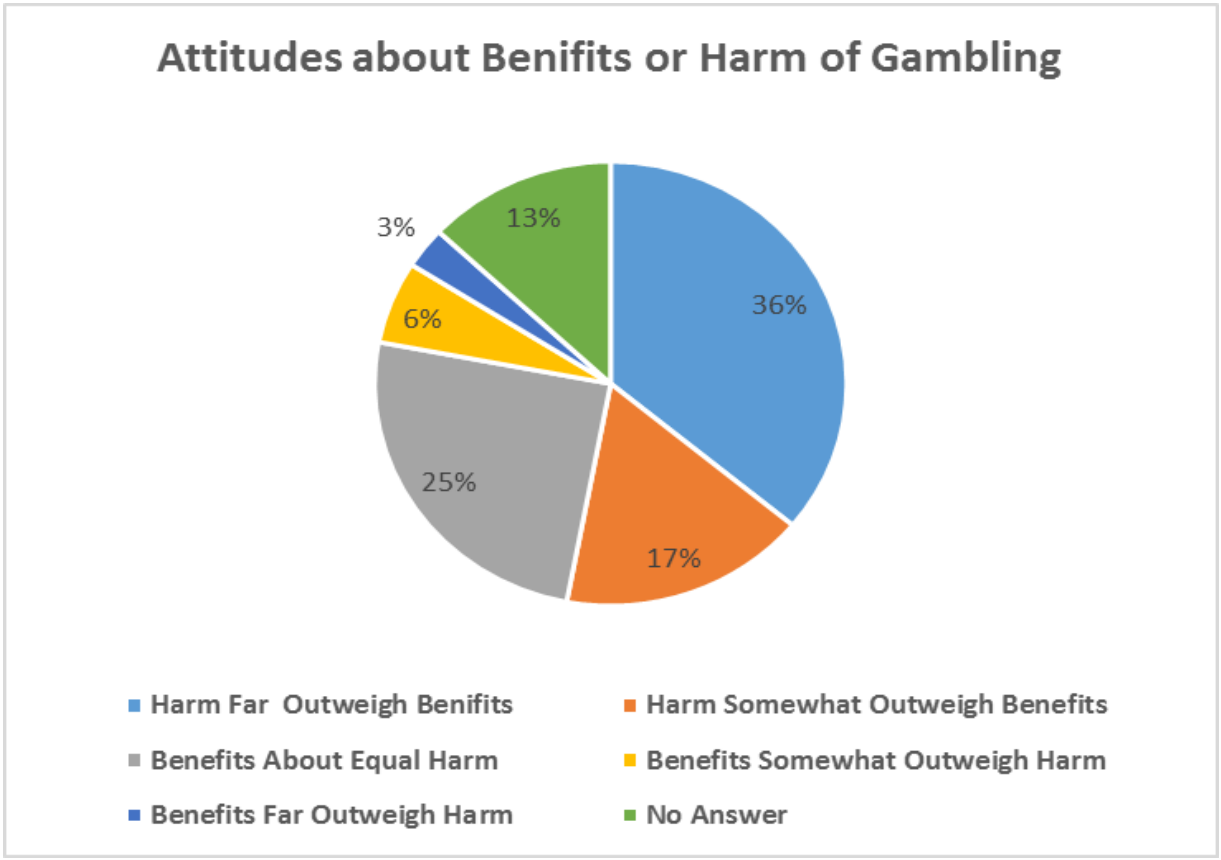


Figure 14.2: JPHSA Attitudes about Benefits or Harm of Gambling:

As denoted in Figure 14.3 below, almost two-thirds of the participants believed that gambling was not morally wrong. Noteworthy is that while the majority viewed gambling as harmful, only 24% considered it moral behavior. This disparity may be due to wording or juxtaposition of the items.

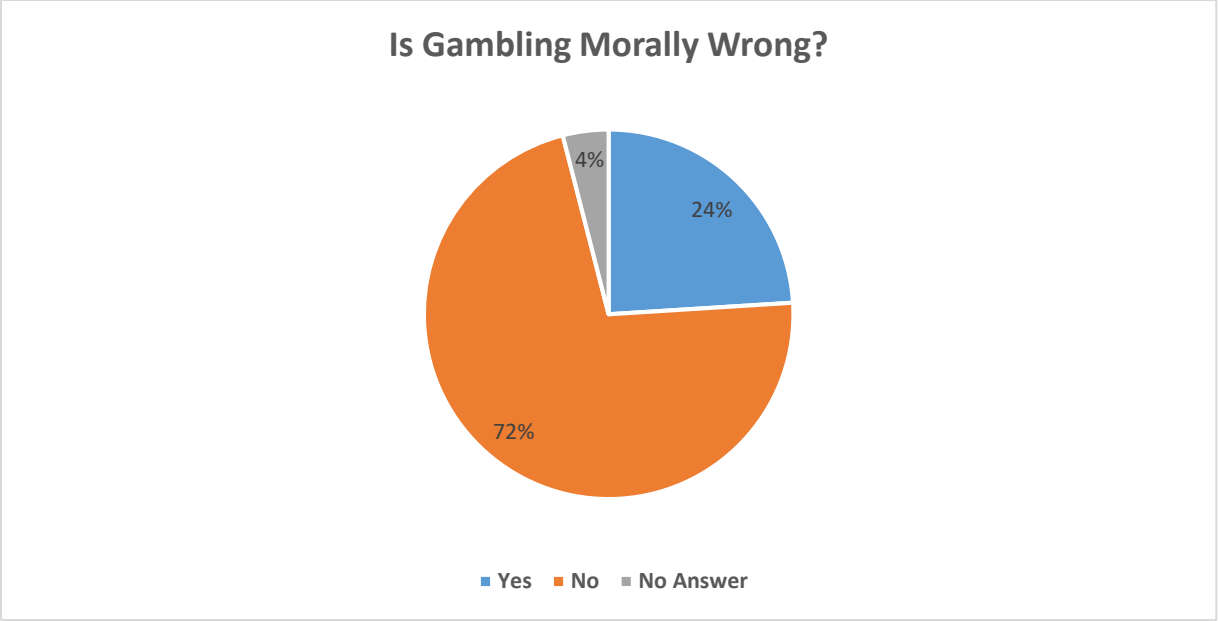


Figure 14.3: JPHSA Beliefs about the Morality of Gambling

Participants were also asked about their perceived positive and negative impact of gambling in Louisiana. The results appear in Figures 14.4 and 14.5. Participants (36%) believed that consequences related to gambling addiction were the most negative impact of gambling, followed by the belief that people who cannot afford to gamble are given the opportunities to do so. The most strongly endorsed belief about the positive impact of gambling in Louisiana was that gambling provided for employment opportunities (39%). However, 20% of participants thought that there were no positive impacts of gambling in the state.

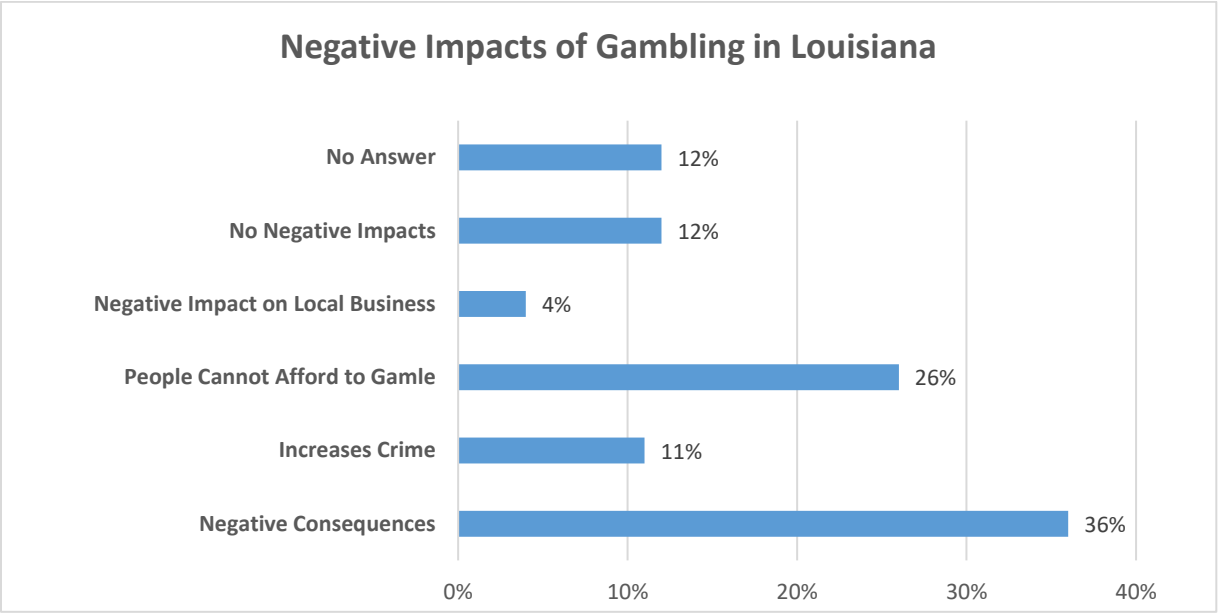


Figure 14.4: JPHSA Beliefs about Negative Impacts of Gambling in Louisiana

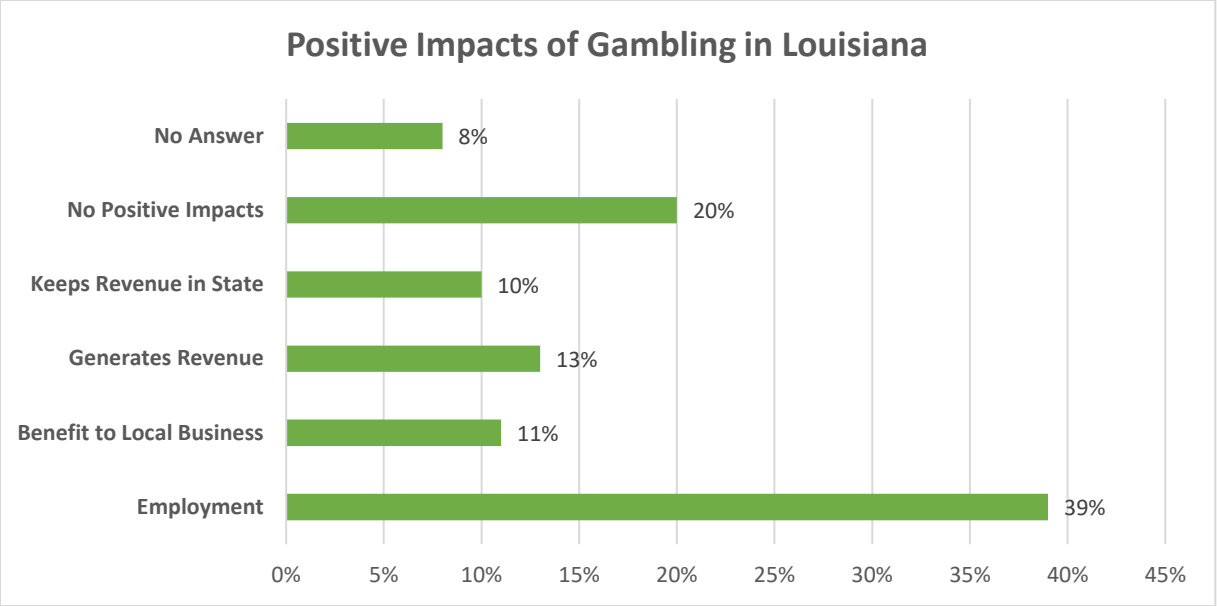


Figure 14.5: JPHSA Beliefs about Positive Impacts of Gambling in Louisiana

Finally, participants were asked their opinion about the availability of gambling opportunities. Fifty-six percent (56%) reported that availability was fine, while 37% believed that gambling was too widely available. Only 3% believed that gambling was not available enough. See Figure 14.6.

Figure 14.6: JPHSA Attitudes about Gambling Opportunities in Louisiana

Potential Problem and Potential Pathological Gambling

Participants were asked questions about their personal gambling behavior. Several interesting differences are evident in these data. In 2016, 64% of the sample from JPHSA reported that they had gambled less than $100.00 in a day compared to 93% in 2008. Twenty-one percent (21%) of the respondents noted that they had never gambled, up 19% from 2008. Sixteen percent (16%) of 2016 respondents indicated they gambled more than $100.00 in one day, up 12% from 2008.

The largest amount of money the respondents reported that they had lost in one day was similar to the number they reported to have gambled. Considerably more people reported having never gambled in 2016 than in 2008 however, the percentage of people that lost between $10 and $100.00 (in one day) doubled between 2008. Also, 19% of 2016 respondents indicated they lost more than $100.00 in a day compared to just 1% in 2008.

Table 14.12: JPHSA Amount of Money Gambled in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	3	2%	2.3%	49	21%	5.1%
$1.00 or Less	24	17%	6.1%	17	7%	3.3%
$1.01 - $10.00	84	58%	8.1%	42	18%	4.8%
$10.01 - $100.00	27	19%	6.4%	93	39%	6.2%
$100.01 - $1,000.00	4	3%	2.7%	32	13%	4.3%
$1,000.00 - $10,000.00	0	0%	0.0%	4	2%	1.6%
More than $10,000.00	2	1%	1.9%	2	1%	1.2%

Table 14.13: JPHSA Amount of Money Lost in One Day, 2008 and 2016

Amount of Money	2008			2016		
	n	%	+/-	n	%	+/-
Never Have Gambled	2	1%	1.9%			
$1.00 or Less	26	18%	6.3%	14	7%	3.7%
$1.01 - $10.00	79	55%	8.2%	35	19%	5.5%
$10.01 - $100.00	29	20%	6.6%	100	53%	7.1%
$100.01 - $1,000.00	1	1%	1.4%	35	19%	5.5%
$1,000.00 - $10,000.00	1	1%	1.4%	3	2%	1.8%
More than $10,000.00	5	4%	3.0%	2	1%	1.5%

The South Oaks Gambling Screen (SOGS) questions, which indicate potential problem or potential pathological gambling, elicit a nuanaced picture of gambling behavior. These questions were posed so that respondents could answer in a yes/no format or in a way so that answers could be collapsed into yes/no formats.

As can be determined from Table 14.14, the questions most likely to elicit a "yes" answer from the participants in the 2016 sample were "gambling more than intended to" and "gone back to win money you lost." "Gambling more than intended to" was also the top answer in the 2008 survey. However, many people might gamble more than they intended occasionally, and that statement in and of itself is not a primary measure of problems or pathology. The following table summarizes some of the more salient items from the SOGS. Margins of error are noted in the table, which should be used when projecting sample estimates to the population of the authority. The next common problem indicated by 2016 respondents was having money arguments about gambling (14%) along with returning to win back lost money (called "chasing").

Table 14.14: JPHSA Responses to Questions from Telephone Survey, 2008 and 2016

Question	2008		2016	
	%Yes	+/-	%Yes	+/-
Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?	3%	12.6	3%	2.5%
Do you feel that you have ever had a problem with betting money or gambling?	5%	15.1%	4%	2.8%
Did you ever gamble more than you intended to?	19%	14.5%	17%	5.1%
Have people ever criticized you for gambling, or told you that you had a gambling problem, regardless of whether or not you thought you had one?	5%	16.1%	2%	1.9%
Have you ever felt guilty about the way you gamble or what happens when you gamble?	12%	15.0%	6%	3.4%
Have you ever felt that you would like to stop betting money or gambling, but didn't think you could?	7%	15.1%	1%	1.4%
Have you ever hidden betting slips, lottery tickets, gambling money, IOUs or other signs of gambling from your spouse, children or other important people in your life?	4%	15.7%	2%	1.9%
Have you ever argued with people who you live with over how you handle your money?	8%	15.3%	11%	4.3%
(If you answered yes to last question) Have money arguments ever centered on your gambling?	3%	16.7%	14%	14.3%
Have you ever borrowed money from someone and not paid them back as a result of your gambling.	1%	13.8%	1%	1.4%
Have you ever lost time from work (or school) due to betting money or gambling?	1%	19.5%	1%	1.4%
Have you ever borrowed money to gamble or to pay for gambling debts?			2%	1.9%
Have your ever gone back to win back money you lost?			14%	4.8%

Potential problem and potential pathological gambling were defined according to participants' scores on the South Oaks Gambling Screen (SOGS) in the present study as in the 2008 and 2002 study. The results indicate a regional increase in both potential problem gambling and potential pathological gambling since previous studies. Changes in the rates of problem and pathological gambling from 2002, 2008 and 2016 are presented in Table 14.15.

The data indicates a prevalence rate of potential JPHSA problem gamblers to be at 4.98% (+/- 2.8%) and the prevalence rate of potential pathological gamblers to be 2.49% (+/- 2.0%). Given the estimates of problem and pathological gambling and the adult population, a projected number of problem and pathological gamblers within the JPHSA is calculated by multiplying the percentage of persons identified as problem or pathological gamblers by the people of the area. According to the 2016 survey data and the American Community Survey census estimates of adults 21 and older, the projected number of

potential problem gamblers is 16,188 adults. Potential pathological gamblers are projected at 8,094 adults. The projections appear in Table 14.15 alongside prevalence rates. The current 2016 projection for both possible problem and possible pathological gamblers is substantially higher than in the 2008 study.

Table 14.15: Rates and Number of Potential Problem and Pathological Gamblers

	Potential Problem Gamblers				Potential Pathological Gamblers			
	Vogel & Ardoin	Picard Center	Picard Center		Vogel & Ardoin	Picard Center	Picard Center	
	2002	2008	2016	2016 +/-	2002	2008	2016	2016 +/-
JPHSA %	5.0%	1.7%	4.98%	2.8%	3.0%	2.1%	2.49%	2.0%
Number	16,101	5,566	16,188	8,947	9,660	6,876	8,094	6,409
State %	3%	1.7%	5.4%	0.9%	1.6%	1.4%	2.9%	0.7%
Number	97,161	54,360	179,239	30,015	51,819	44,767	96,258	22,284

Demographic variables from the 2016 JPHSA sample are cross-tabulated with reported gambling practices in Table 14.16. Respondents are identified by demographic variables and the following indicators:

- whether they never gambled,
- were at risk for gambling problems,
- were possible problem gamblers, or
- were possible pathological gamblers.

Individuals classified as at-risk score between one and two on the SOGS, just below the cut-off for potential problem gambler. Interestingly, often the percentage of participants meeting the criteria for at-risk is much higher than participants that scored a zero on the SOGS or have never gambled.

Several observations are notable. First, it appears that problem gamblers are younger than pathological gamblers. Also, males are more likely than females to potentially be problem or pathological gamblers. Additionally, African Americans are much more likely to be classified as potential pathological gamblers than Caucasians in spite of being less represented in the "at-risk" category. This and more can be viewed in Table 14.16.

Table 14.16: JPHSA Demographic Variables by Gambling Practices Categories

	n	Never	At Risk	Possible Problem	Possible Pathological
Age	58.2	56.6	58.8	41.6	55.5
Gender					
Female	132	23%	70%	6%	1%
Male	98	15%	71%	10%	3%
Race					
White	162	19%	72%	8%	2%
Black	28	21%	71%	0%	7%
Other	6	17%	67%	17%	0%
Marital Status					
Married	133	16%	74%	8%	2%
Not Married	91	26%	66%	5%	2%
Employment					
Employed Full/Part	128	17%	73%	7%	3%
Not In Labor Force	31	42%	52%	3%	3%
Retired Disabled	96	16%	74%	9%	1%
Household Income*					
High	97	12%	80%	6%	2%
Middle	37	22%	57%	16%	5%
Low	33	33%	58%	9%	0%
Education Level					
High School or less	98	23%	70%	8%	0%
Some college or more	145	17%	72%	8%	3%
Tobacco User					
Non-user	179	22%	69%	7%	2%
User	60	13%	75%	10%	2%

Treatment

Participants were asked several questions which were aimed at learning more about their awareness of treatment options in Louisiana. Seventy-four percent (74%) were aware of the Gamblers Anonymous 12-Step Program in 2016, which is consistent with 2008 data. Fifty-nine percent (59%) knew that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling in 2016 as compared to 55% in 2016. Sixty-nine percent (69%) were aware of the toll-free Helpline in 2008, and 82% were aware of it in 2016. Few participants (6% and 6%) had heard of the Center of Recovery (CORE) in both 2008 and 2016. Therefore, few respondents in this region are aware of the existence of inpatient services for gamblers. These items were presented in yes/no format and appear below in Table 14.17.

Table 14.17: JPHSA Responses to Awareness of Treatment Options, 2008 and 2016

Question	2008		2016	
	% Yes	+/-	% Yes	+/-
Are you aware of the Gamblers Anonymous 12-Step Program?	65%	7.5%	74%	5.5%
Are you aware that the Louisiana Office for Addictive Disorders provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling?	55%	8.5%	59%	6.2%
Are you aware that Louisiana has a toll-free "problem gambler's" Helpline?	69%	7.1%	82%	4.9%
Have you ever heard of "CORE" ("The Center of Recovery"), a 24-hour residential treatment facility located in Shreveport? Through a contract with the Office for Addictive Disorders, CORE provides treatment for problem gamblers and their families free of charge to Louisiana citizens.	6%	12.0%	6%	3.0%

Participants who indicated that they were aware of the Problem Gambler's Helpline were asked several follow-up questions as were those who reported that they had heard of the Center of Recovery (CORE). The majority of participants (82%) who were aware of the Helpline had learned of it as a result of seeing billboards announcing the service in 2016. This was considerably higher than in 2008. The next most effective means by which the public became aware of the toll-free Helpline was the telephone book in 2016 as compared to 2008. The complete data regarding the media through which the participants were made aware of the toll-free Helpline is presented in Figure 14.7

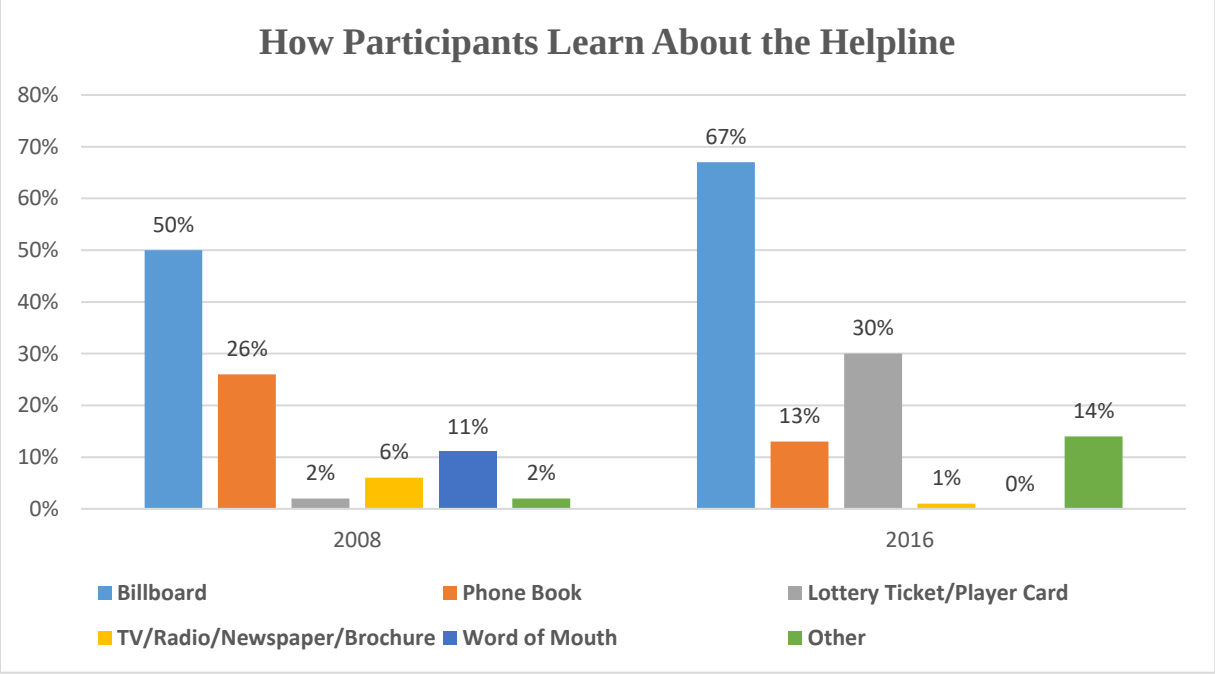


Figure 14.7: How JPHSA Participants Learned about Helpline 2008 and 2016

In 2016, the most effective means of learning about the CORE was through word of mouth or the media (collectively, 65%). The complete data regarding the methods by which the participants were made aware of CORE is presented in Figure 14.8.

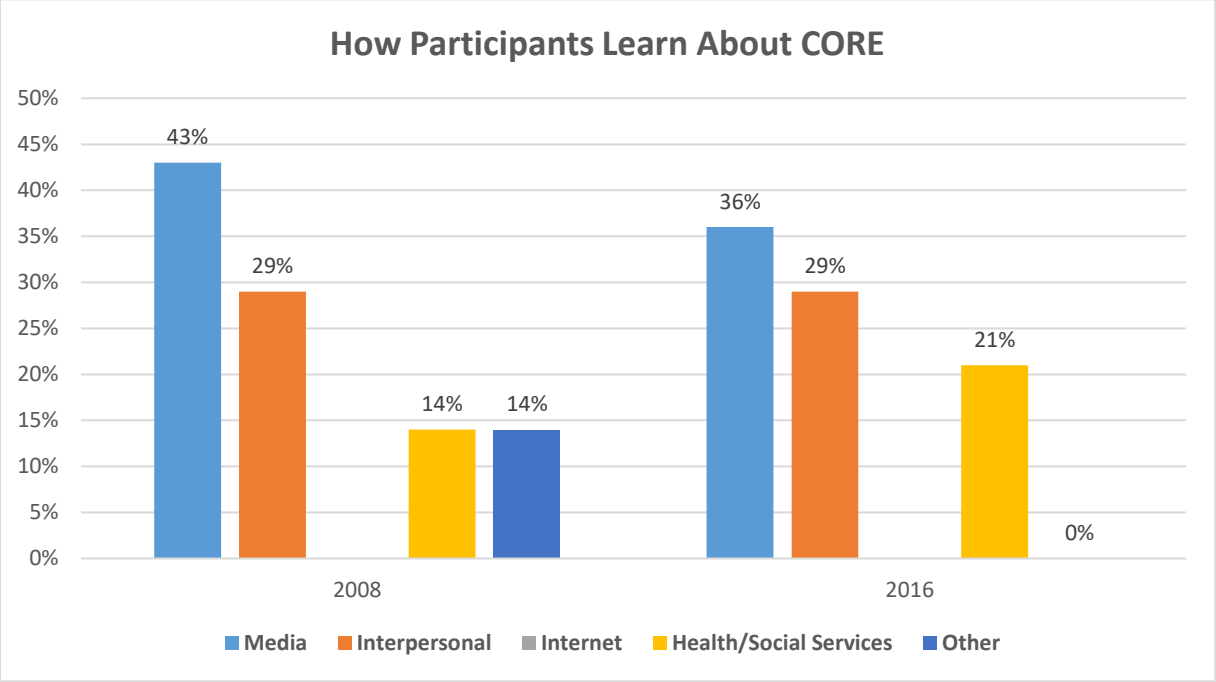


Figure 14.8: How JPHSA Participants Learned About CORE, 2008 and 2016

Summary

The JPHSA is unique in that it is comprised of one parish, Jefferson. Therefore, all data collection and analysis is devoted to a singular entity. The gaming industry and population of the area have remained generally unchanged since the previous study conducted in 2008. Although the number of gaming establishments declined from 534 to 365, the decrease in devices was minimal (582). The reduction on both indicators occurred in food or drinking establishments (restaurants or bars). When examining location density of establishments, a clear pattern emerges. Most gambling establishments in the area are geographically located in populated areas near the I-10 corridor or the parish seat, Gretna.

Perhaps the most glaring gambling related issue in this area is the consistent decline in calls to the gambling Helpline. Although the data presented is not continuous until 2012, there is a clear trend reflecting the number of calls has decreased sharply. Although the reduction in calls could be construed as a positive (reduction in gambling issues), the increase in potential problem gamblers and pathological gamblers as reflected from the survey data indicates the opposite. However, the extended period between studies (eight years) eliminates the possibility of examining trends in problem and/or pathological gambling.

JPHSA gambling attitudes and beliefs reflect a dichotomy. Overwhelmingly, residents believe the harm gambling causes either somewhat or far outweighs its benefits. Yet, nearly 72% of the JPHSA population does not believe that gambling is morally wrong. Citizens of the district indicate, however, that the major benefit to gambling is the creation of job opportunities, but nearly the 20% believed that there are no positive impacts associated with gambling. Many also noted that problems related to gambling

included addiction and financial consequences and that availability provided opportunity for people who could not afford to gamble to do so.

An examination of youth gambling indictors for the JPHSA yields a very promising trend. Overall, youth gambling has declined by grade level and year. The decline has been consistent since baseline data was collected in 2010. Overall, the area is below the state average on gambling and has never been above the state average since data collection on youth gambling began in 2010.

The most important finding is that JPHSA residents likely gambled more and lost more money than in 2008; thus, reflecting increased prevalence rates of potentially problem gamblers (4.9% (+/- 2.8%)) and potential pathological gamblers (2.5% (+/- 2.0%)) in the area.

CHAPTER 15

SUMMARY OF FINDINGS AND LIMITATIONS

Louisiana is comprised of 10 regions designated as a human services district or human services authority. The following summarizes the data elements and indicators discussed in each regional section and aggregated to the state level. Also, this chapter provides a summary and discussion of treatment data not presented at the regional level.

Gaming Devices and Establishments

Overall, the number of gaming establishments has declined substantially (~820) since the previous report in 2008. However, the number of devices in the state has declined only minimally (~1,150) since the previous report. This suggests that establishments that no longer have devices are most likely restaurants or other facilities that only had a few video gaming machines. The vast majority of gaming establishments and devices are located in the southern part of the state; the exception is Caddo and Bossier Parishes, which are located in the northwest corner of Louisiana and are home to many of the state's riverboat casinos.

Jefferson and Orleans Parishes, both located in adjacent regions, in southeastern part of the state, have the most establishments; this remains unchanged from the previous report. In fact, when examining the top 10 parishes for the number of gambling establishments, the parishes remain relatively unchanged though the rankings vary slightly. For example, St. Mary ranked 10th in 2008 and ranked 8th in 2016. A similar pattern occurs when examining the top 10 parishes by gaming devices. Calcasieu and Bossier remain at the top followed by Orleans and Jefferson. The largest change occurs in East Baton Rouge, which ranked 10th in 2008 and 5th in the current study. It should be noted that the parishes comprising the top 10 in number of gaming devices also have one or more riverboat or land based casinos, a Tribal casino and/or a horse track. The maps included in this section provide spatial information on the distribution of establishments and devices.

Louisiana Problem Gambler's Helpline

Data from the Helpline focuses solely on "intake" calls collected from 2012 to 2016. Therefore, the actual number of calls received is much higher (cumulatively) than what was analyzed for this report. The information for this report is more robust than what was provided and reported in 2008 (one year of data). Four years of consecutive information allows the researchers to make some inferences related to trends during that period. However, little can be inferred from 2008 to 2012. The gap is too large to indicate if a pattern has emerged.

During the four-year reporting period, the Helpline received 4,802 intake calls (an average of 1,200, annually). Based on the data provided for this report, a declining trend in intake calls has occurred since 2012. Although this could be perceived as a positive (fewer people requiring help), triangulating Helpline data with other indicators or sources can reveal a more realistic explanation for the declining trend.

The analysis of intake information yields some positives related to who actually called requesting information or asking for help for gambling related problems. Eighty percent (80%) of calls are generated by the gambler; family members coming in a distant 2nd, which suggests gamblers are the primary source for initiating calls. Males are more likely to call than females by a margin of 12%. Caucasians and African Americans are similar in call ratios. Adults ranging in age from 26-34 are slightly more likely to use the

Helpline in 2016 when compared to other age groups. However, over the four-year period cumulatively, middle-aged adults (45-54 years) are more likely to call.

Although the total number of intake calls has declined, the area calls originate from remains generally consistent. Overall, the top three regions for calls are the NLHSD, CAHSD and MHSD. Although the areas are highly populated and have a large number of devices and establishments, ImCal (with similar characteristics) ranks closer to the bottom when compared to other regions, even those that have no operating establishments. Typically, calls to the Helpline are overwhelming precipitated by financial concerns related to gambling, followed by concerns about family or marital issues.

Caring Communities Youth Survey

The Caring Communities Youth Survey (CCYS) is a biennial survey administered to 6th, 8th, 10th and 12th grade public and private school students in Louisiana. Since 2010, the CCYS has included questions on youth gaming indicators, including the percentage of youth who report engaging in gambling activities in the past year. Overall, the trend statewide has declined on this indicator for each grade level since 2010. Playing bingo for money is the most common form of gambling reported by youth in the 6th and 8th grade. Betting on sports and playing card games for money is more commonly reported by 10th and 12th graders.

Problem and Pathological Gambling

Two thousand four hundred and two (2,402) Louisiana residents aged 21 and older were surveyed about their gambling habits, behaviors, and attitudes about gaming. Within the survey were questions from the SOGS, an instrument with acceptable psychometric properties that assesses risk for problem and pathological gambling. Knowledge of treatment and other services were also asked of respondents and reported at the region and state levels.

Overall, the percentage of respondents who are at risk for problem gambling is 5.4% (+/- 0.9%). This is substantially higher than the 1.7% reported in 2008. When examined by region, FPHSA has the highest rate at 7.5% followed closely by the MHSD at 7.4% and NLHSD at 6.7%. Although all regions experienced an increase on this indicator, the aforementioned three are much higher in the current study than when compared to 2008. For example, FPHSA had a 0.4% rate in 2008. The current study has the same area 7.1% higher than the previous study. Males have a slightly higher rate (6.6%) than females, 4.5% when examining risk on this indicator by gender. Finally, the current rate of 5.4% is much higher than the national rate (2.2%) published by the National Council on Problem Gambling.

Regarding gambling habits and behaviors, 2.9% of respondents are at risk for meeting the criteria for pathological gambling. The margin of error for this indicator is +/- 0.7%. The 2.9% is an increase from the previous reports of 1.4%. Although the increase of 1.5% is not as robust as problem gambling, it is still generally substantial, given what is being measured. The MHSD and CAHSD has the highest rate at 4.6%, followed by the NLHSD at 3.8%. In addition, the rate on this indicator for all regions increases when compared to 2008. Based upon the numbers, the MHSD and NLHSD are high on both indicators (problem and pathological). Males are more at risk for being pathological gamblers, 3.9% than females, 2.1% on this indicator. Although a substantial amount of time has passed between the current and previous studies, the increased risk on both indicators should be a source of concern. However, the current rates cannot be

inferred as a trend. Some information in the recommendations section will be added to address problems with time lapses between studies, particularly when examining prevalence rates.

A recent study by Vogel, Williams, Stanek, Houpt, Zorn and Rodriguez (2015) examined pathological gambling rates among states that have conducted multiple gambling studies and found Louisiana ranked 5th using 2008 rates. The current rate of 2.9% would move the state up to number one on the list. The table is presented below:

Table 15.1: Comparing Standardized Gambling Rates Across States (2008 Data)*

State	Year	Sample Size	Standardized PG Rate
Ohio	2013	3507	0.7
Connecticut	2006	2298	1.1
Kentucky	2008	850	1.1
New Mexico	2005	2850	1.2
New York	2006	5100	1.2
Louisiana	2008	2400	1.3
Georgia	2007	1602	1.4
Michigan	2006	957	1.6
California	2006	7121	1.7
Iowa	2013	1826	1.7
Massachusetts	2014	9578	1.7
Maryland	2010	5975	1.9
Oregon	2005	1554	2.1
Washington	2004	6713	2.1

*Source: Vogel, Williams, Stanek, Houpt, Zorn, Rodriguez-Monguio (2015)

As reported earlier the Helpline data suggests a downward trend of intake calls. Based on the risks identified above, a larger population of residents may be in need of some type of treatment: inpatient, outpatient, groups, etc. than what was found in 2008. Therefore, knowledge and use of interventions and services related to gambling problems and the states capacity as providers is important. Based on responses from 2016 survey participants, 65% are aware that a 12-Step program (Gamblers Anonymous) was available; 57% are aware of services provided by OBH and 78% are aware of the Helpline for gamblers. However, only 12% are aware of the residential treatment program, CORE, which provides inpatient treatment for gambling addiction, free of charge to Louisiana residents.

When awareness of services is analyzed by risk group, 56% of problem and 74% of pathological gamblers are aware of OBH gambling services (counseling, treatment, and support groups?), and 88% of problem and 84% of potential pathological gamblers are aware of the toll free Helpline. On the other hand, only 11% of individuals at risk for problem gambling and 23% of participates identified at risk for pathological gambling are aware of the CORE inpatient treatment program. While it could be expected that knowledge of services should be higher among individuals for who have potential need for intensive inpatient services for gambling problems or addiction, other factors may contribute to their lack of information.

The Center of Recovery (CORE)

Information on CORE was collected and analyzed from data collected from the Louisiana Addictive Disorders System (LADDS). CORE provides inpatient treatment services related to gambling addiction, free of charge to Louisiana residents. During a six-year period (2010-2016), the facility provided treatment to 696 residents from around the state. However, like the Helpline, the number of inpatient residents have declined since 2014, with 2016 recording the lowest inpatient numbers at 65. The vast majority of patients come from the NLHSD, which includes the Bossier and Shreveport areas. Caddo parish alone accounts for 20% of admissions from 2010-2016. Although individuals from all areas of the state receive services from the facility, the data suggests, proximity to the facility (located in Shreveport) may be a factor in who seeks treatment from CORE. It should be noted that CORE initially had two inpatient facilities, one in Shreveport (still operating) and one in New Orleans, which was destroyed by hurricane Katrina and not reopened.

When examining the characteristics of CORE patients, the most striking factor is the percentage of residents that are classified as veterans. During the same reporting period (2010-2016), 84% of CORE patients self-identify as veterans. Female veterans (57%) are more likely to seek services than male veterans (43%). Although mental health issues among veterans are common, the disproportionality between veterans and non-veterans for problems related to gambling is unexpected.

Limitations of Study

The current prevalence study on gambling in Louisiana is the third in a series that began in 2002. Although much of the methodology remains unchanged from 2008, some issues that contribute to the limitations should be addressed in future studies. Suggestions for future studies are addressed in the recommendations outlined in the executive summary. The following are the most salient limitations to the current study. Although the same survey (SOGS) was used to measure problem and pathological gambling, future studies should consider using a new instrument if the SOGS is not updated to current criteria outlined in the DSM-5.

Another limitation is the length of time between studies. At best, the current study is a snapshot of 2016 gambling rates, establishment density and problem and pathological gambling. Nine years between studies is much too long to conduct a trend analysis or make inferences related to current problem and pathological gambling rates.

A third limitation relates to calculations related to per capita rates of gambling devices and establishments. The 2008 study include adults 18 and older to calculate rates, while the current study used adults 21 and older. The discrepancy in age range prohibits any comparisons to be made between studies on this indicator. Although 18-year-old adults can participate in some forms of gambling (e.g. bingo), the legal gambling age for the state is 21. One metric should be used for future studies to provide continuity and comparisons on this indicator.

A fourth limitation is related to the use of telecommunications to collect survey data. The 2008 study contacted survey participants strictly using landlines (home phones). The current study used a combination of landlines and mobile phones to prevent skewing the sample towards older adults or the elderly. Future studies should consider current and future trends in telecommunications, as many, including the elderly transition from landlines to using mobile phones solely.

The final limitation is related to treatment data. The current study was limited to one source to examine treatment for gambling in the state. However, the state provides many more treatment options (inpatient, outpatient, etc.) at various locations throughout the state. Unfortunately, the state providers lack a universal and/or effective method for collecting treatment data. The lack of uniformity severely inhibits studies from examining the states capacity to provide services to individuals with gambling related problems. Based on the current study's findings related to problem and pathological gambling rates, treatment capacity is an important issue to examine.

REFERENCES

"500 Nations Places to Visit." *500 Nations SuperSite*! N.p., n.d. Web. 30 April 2017. http://500nations.com/500_Places.asp

American Psychiatric Association. 2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Dadyen, L. (2016). State Revenues from Gambling. Retrieved at: http://www.rockinst.org/newsroom/news_releases/2016/Dadayan%20CSG.pdf

Cox, B. Murray, E. & Michaud, V. (2004). Comparisons between the South Oaks Gambling Screen and a DSM-IV-Based Interview in a Community Survey of Problem Gambling. *Canadian Journal of Psychiatry*, *49*(4), 258-264

Delfabbro P, Thrupp L. (2003). The social determinants of youth gambling in South Australian adolescents. *Journal of adolescence*, *26*, 313–330.

Hardoon K, Derevensky JL. (2002). Child and adolescent gambling behavior: Our current knowledge. *Clinical Child Psychiatry Psychology*, *7*, 263–81.

Hasin, D. S., O'Brien, C. P., Auriacombe, M., Borges, G., Bucholz, K., Budney, A. & Grant, B. F. (2013). DSM-5 Criteria for Substance Use Disorders: Recommendations and Rationale. *The American Journal of Psychiatry*, *170*(8), 834–851. http://doi.org/10.1176/appi.ajp.2013.12060782

Hing, N., Russell, A. M. T., Gainsbury, S. M., & Blaszczynski, A. (2015). Characteristics and Help-Seeking Behaviors of Internet Gamblers Based on Most Problematic Mode of Gambling. *Journal of Medical Internet Research*, *17*(1), e13. http://doi.org/10.2196/jmir.3781

Hollingshead, S., Kim, H, Wohl, M. &Derevensky, J. (2016). The Social Casino Gaming-Gambling Link: Motivation for Playing Social Casino Games Determines Whether Self-Reported Gambling Increases or Decreases Among Disordered Gamblers. *Journal of Gambling Issues, 33*.

Hodgins, D. C. (2004). Using the NORC DSM Screen for Gambling Problems as an outcome measure for pathological gambling: psychometric evaluation. *Addictive Behaviors*, *29*(8), 1685-1690.Lesieur, H.R. and Blume, S.B. (1987). The South Oaks Gambling Screen (SOGS): A new Instrument for the identification of pathological gamblers. *American Journal of Psychiatry. 144 (9)*, 1184-1188.

Louisiana Gaming Control Board. (2016). 2015-16 Annual Report to the Louisiana State Legislature.

Marotta, J., Bahan, M., Reynolds, A., Vander Linden, M., & Whyte, K. (2014). 2013 National Survey of Problem Gambling Services. Washington DC: National Council on Problem Gambling.

McGowan, Richard A. "A Short History of Gambling in the United States." Legalized Gambling, edited by Mary E. Williams, Greenhaven Press, 1999. Contemporary Issues Companion. Opposing Viewpoints in Context, link.galegroup.com/apps/doc/EJ3010079223/OVIC?u=sacr73031&xid=4643e7bc. Accessed 13 May 2017. Originally published in Government and the Transformation of the Gaming Industry, Edward Elgar, 2001.

Moore, M. S. & Ohtuska, K. (1997). Gambling activities of young Australians: Developing a model of behavioral. *Journal of Gambling Studies, 13*(3), 207-236

Mitzner GB, Whelan JP, Meyers AW. Comments from the trenches: Proposed changes to the DSM-V classification of pathological gambling. Journal of Gambling Studies. 2011;27:517–521

Petry NM, Blanco C, Stinchfield R, Volberg R. (in press). An empirical evaluation of proposed changes for gambling diagnosis in the DSM-5. *Addiction.*

Precht, J. (2011) Legalized gambling, *KnowLA Encyclopedia of Louisiana*, D. Johnson (Ed.), Louisiana Endowment for the Humanities, retrieved 15 June 2017, http://www.knowla.org/entry/769/.

Rash, C. J., Weinstock, J., & Van Patten, R. (2016). A review of gambling disorder and substance use disorders. *Substance Abuse and Rehabilitation, 7*, 3–13. http://doi.org/10.2147/SAR.S83460

Rodda S, Lubman DI, Dowling NA, Bough A, Jackson AC. (2013). Web-Based Counseling for Problem Gambling: Exploring Motivations and Recommendations. *Journal of Medical Internet Research,* 15(5), URL: https://www.jmir.org/2013/5/e99

Schwartz, D. *United States Commercial Casino Revenues.* Las Vegas: Center for Gaming Research, University Libraries, University of Nevada Las Vegas, 2016. Retrieved at http://gaming.unlv.edu/reports/national_annual_revenues.pdf

Slutske, W., Meier, M., Zhu, G. & Martin, N. (2011). Disordered Gambling as Defined by the Diagnostic and Statistical Manual of Mental Disorders and the South Oaks Gambling Screen: Evidence for a Common Etiological Structure. *Journal of Abnormal Psychology, 120*(3), 743-757

Stinchfield, R. (2002). Reliability, validity, and classification accuracy of the South Oaks Gambling Screen (SOGS). *Addictive Behaviors, 27*, 1-19

Stinchfield, R., Govoni, R., Frisch, G.R. (2005) DSM-IV diagnostic criteria for pathological gambling: Reliability, validity, and classification accuracy. *The American Journal on Addiction. 14 (1)*, 73-82.

Tang, C., Wu, A., Tang, J. & Yan, E. (2010). Reliability, Validity, and Cut Scores of the South Oaks Gambling Screen (SOGS) for Chinese. *26*, 145-158.

Volberg, R. A., Williams, R. J., Stanek, E. J., Houpt, K. A., Zorn, M., Rodriguez-Monguio, R. (2015). *Gambling and Problem Gambling in Massachusetts: Results of a Baseline Population Survey*. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst

Vogel, R. and Ardoin, P. (2002). Louisiana Study of Problem Gambling.

Volberg, R., Moore, W.L. (1999) Gambling and Problem Gambling in Louisiana: A Replication Study, 1995 to 1998.

Volberg, R. (1995). Gambling and Problem Gambling in Iowa: A Replication Survey. Iowa Department of Human Services.

Volberg, R.A. (1995). Wagering and problem wagering in Louisiana. Report to the Louisiana Economic Development and Gaming Commission.

Weinstock, J., & Rash, C. J. (2014). Clinical and Research Implications of Gambling Disorder in DSM-5. *Current Addiction Reports*, *1*(3), 159–165. http://doi.org/10.1007/s40429-014-0026-7

Welte, J. W., Barnes, G. M., Tidwell, M.-C. O., Hoffman, J. H., & Wieczorek, W. F. (2015). Gambling and Problem Gambling in the United States: Changes Between 1999 and 2013. *Journal of Gambling Studies / Co-Sponsored by the National Council on Problem Gambling and Institute for the Study of Gambling and Commercial Gaming*, *31*(3), 695–715. http://doi.org/10.1007/s10899-014-9471-4

Westphal, J.R., Johnson, L.J., Stodghill, S. and Stevens, L. (2000). Gambling in the South: Implications for physicians. *Southern Medical Journal. 93 (9)*, 850-858.

Wickwire Jr., E., Burke, R., Brown, S, Parker, J. & May, R. (2008). Psychometric Evaluation of the National Opinion Research Center DSM-IV Screen for Gambling Problems (NODS). *The American Journal on Addictions, 17*, 392-395

Williams, R.J., & Volberg, R.A. (2012). *Population Assessment of Problem Gambling: Utility and Best Practices.* Report prepared for the Ontario Problem Gambling Research Centre and the Ontario Ministry of Health and Long Term Care.

Williams, R.J., Volberg, R.A. & Stevens, R.M.G. (2012). The Population Prevalence of Problem Gambling: Methodological Influences, Standardized Rates, Jurisdictional Differences, and Worldwide Trends. Report prepared for the Ontario Problem Gambling Research Centre and the Ontario Ministry of Health and Long Term Care.

APPENDIX A

BIBLIOGRAPHY OF RELATED WORKS

Websites

Fantasy Trade Association
http://fsta.org/

Louisiana Association on Compulsive Gambling
http://www.helpforgambling.org/

Louisiana Department of Health and Hospitals
http://www.dhh.la.gov/

Louisiana Office of Behavioral Health
http://new.dhh.louisiana.gov/index.cfm/subhome/10

National Council on Problem Gambling
http://www.ncpgambling.org/

National Gambling Impact Study Commission Final Report
http://govinfo.library.unt.edu/ngisc/reports/fullrpt.html

United States Census Bureau
www.census.gov

Youth Gambling International Centre
www.youthgambling.com/

APPENDIX B

SURVEY QUESTIONNAIRE

Script

Hello. My name is _____ and I'm calling from the Research Call Center at ReconMR. We're conducting a survey of people in your community for the Louisiana Office of Behavioral Health and the University of Louisiana at Lafayette concerning the gambling habits of Louisiana residents. You are one of 2,400 randomly selected residents being surveyed throughout the state. All of your answers are and will remain anonymous. If a question is asked that you prefer not to answer, please let me know and I will move on to the next question.

For this study we are talking to adults over the age of 21. Are you age 21 years of age or older?
Yes – Continue
No – May I speak to someone in the household that is? (for cell, is there someone over 21 that I could talk to?)
If no – code as no one over 21

(For cell sample only:)
Can you safely talk to share your opinions?
1=Yes
2=No, callback another time

Demographics

A. Gender (RECORDED BY OBSERVATION)
1=Male
2=Female

B. What is your age?
Age _____
(999=PREFER NOT TO ANSWER)

C. What Race do you consider yourself to be? Are you . . . (READ LIST)
1=White
2=African American
3=Hispanic
4=Native American
5=Asian
8=Other (SPECIFY_____)
9=(PREFER NOT TO ANSWER)

D. What is your marital status? Are you . . . (READ LIST)
1=Married
2=Divorced
3=Widowed
4=Separated
5=Never Married
6=Member of an unmarried couple
8=Other (SPECIFY_____)

9=(PREFER NOT TO ANSWER)

E. What is your current employment status? Are you . . . (READ LIST)
1=Employed
2=Unemployed
3=Retired
4=Part-Time
8=Other (SPECIFY_____)
9=(PREFER NOT TO ANSWER)

F. What is your annual household Income? Is it . . . (READ LIST)
1= $10,000 or less
2= More than $10,000 up to $20,000
3= More than $20,000 up to $30,000
4= More than $30,000 up to $40,000
5= More than $40,000 up to $50,000
6= Greater than $50,000
9= (PREFER NOT TO ANSWER)

G1. What is the zip code of your place of residence?
Zip Code _____ (99999 = PREFER NOT TO ANSWER)

G2. And in which parish is your place of residence?
1=Acadia Parish (REGION 4)
2=Allen Parish (REGION 5)
3=Ascension Parish (REGION 2)
4=Assumption Parish (REGION 3)
5=Avoyelles Parish (REGION 6)
6=Beauregard Parish (REGION 5)
7=Bienville Parish (REGION 7)
8=Bossier Parish (REGION 7)
9=Caddo Parish (REGION 7)
10=Calcasieu Parish (REGION 5)
11=Caldwell Parish (REGION 8)
12=Cameron Parish (REGION 5)
13=Catahoula Parish (REGION 6)
14=Claiborne Parish (REGION 7)
15=Concordia Parish (REGION 6)
16=DeSoto Parish (REGION 7)
17=East Baton Rouge Parish (REGION 2)
18=East Carroll Parish (REGION 8)
19=East Feliciana Parish (REGION 2)
20=Evangeline Parish (REGION 4)
21=Franklin Parish (REGION 8)
22=Grant Parish (REGION 6)
23=Iberia Parish (REGION 4)
24=Iberville Parish (REGION 2)
25=Jackson Parish (REGION 8)
26=Jefferson Davis Parish (REGION 5)
27=Jefferson Parish (REGION 10)
28=Lafayette (REGION 4)

29=Lafourche Parish (REGION 3)
30=LaSalle Parish (REGION 6)
31=Lincoln Parish (REGION 8)
32=Livingston Parish (REGION 9)
33=Madison Parish (REGION 8)
34=Morehouse Parish (REGION 8)
35=Natchitoches Parish (REGION 7)
36=Orleans Parish (REGION 1)
37=Ouachita Parish (REGION 8)
38=Plaquemines Parish (REGION 1)
39=Pointe Coupee Parish (REGION 2)
40=Rapides Parish (REGION 6)
41=Red River Parish (REGION 7)
42=Richland Parish (REGION 8)
43=Sabine Parish (REGION 7)
44=St. Bernard Parish (REGION 1)
45=St. Charles Parish (REGION 3)
46=St. Helena Parish (REGION 9)
47=St. James Parish (REGION 3)
48=St. John the Baptist Parish (REGION 3)
49=St. Landry Parish (REGION 4)
50=St. Martin Parish (REGION 4)
51=St. Mary Parish (REGION 3)
52=St. Tammany Parish (REGION 9)
53=Tangipahoa Parish (REGION 9)
54=Tensas Parish (REGION 8)
55=Terrebonne Parish (REGION 3)
56=Union Parish (REGION 8)
57=Vermilion Parish (REGION 4)
58=Vernon Parish (REGION 6)
59=Washington Parish (REGION 9)
60=Webster Parish (REGION 7)
61=West Baton Rouge Parish (REGION 2)
62=West Carroll Parish (REGION 8)
63=West Feliciana Parish (REGION 2)
64=Winn Parish (REGION 6)
99=(PREFER NOT TO ANSWER)/(None of these)

H. What is your education background? Please stop me when I reach the highest grade you have completed. (READ LIST)

1= Less than High School
2= High School
3=GED
4=Vocational/Technical School
5=Associates Degree
6=Bachelor's Degree
7=Graduate Degree
9=(PREFER NOT TO ANSWER)

I. Do you smoke or use smokeless tobacco or vaping products (example cigarettes/cigars, chewing/smokeless tobacco, or e-cigarettes or vaping)?

1=Yes
2=No
9=(PREFER NOT TO ANSWER)

South Oaks Gambling Scale (SOGS)

101. Please indicate which of the following types of gambling you have done in your lifetime. For each type, tell me whether you have done it: "not at all", "less than once a week", or "once a week or more".

A. Play cards for money.
1=Not at all
2=Less than once a week
3=Once a week or more
9=(PREFER NOT TO ANSWER)

B. Bet on horses, dogs or other animals (at OTV, The Track, or with a Bookie)
1=Not at all
2=Less than once a week
3=Once a week or more
9=(PREFER NOT TO ANSWER)

C. Bet on Sports (parlay cards, with a bookie or at Jai Alai)
1=Not at all
2=Less than once a week
3=Once a week or more
9=(PREFER NOT TO ANSWER)

D. Played dice games (including craps, over and under or other dice games) for money.
1=Not at all
2=Less than once a week
3=Once a week or more
9=(PREFER NOT TO ANSWER)

E. Gambled in a casino (Legal or otherwise)
1=Not at all
2=Less than once a week
3=Once a week or more
9=(PREFER NOT TO ANSWER)

F. Played the numbers or bet on lotteries.
1=Not at all
2=Less than once a week
3=Once a week or more
9=(PREFER NOT TO ANSWER)

G. Played bingo for money.
1=Not at all
2=Less than once a week
3=Once a week or more
9=(PREFER NOT TO ANSWER)

H. Played the stock and/or commodities market.
1=Not at all
2=Less than once a week
3=Once a week or more

9=(PREFER NOT TO ANSWER)

I. Played slot, poker machines or other gambling devices.
1=Not at all
2=Less than once a week
3=Once a week or more
9=(PREFER NOT TO ANSWER)

J. Bowled, shot pool, played golf or some other game of skill for money.
1=Not at all
2=Less than once a week
3=Once a week or more
9=(PREFER NOT TO ANSWER)

K. Played pull tabs or "paper" games (e.g. scratch offs) other than lotteries.
1=Not at all
2=Less than once a week
3=Once a week or more
9=(PREFER NOT TO ANSWER)

L. Gambled and/or placed bets over the internet.
1=Not at all
2=Less than once a week
3=Once a week or more
9=(PREFER NOT TO ANSWER)

M. Some form of gambling not listed above
1=Not at all
2=Less than once a week
3=Once a week or more
9=(PREFER NOT TO ANSWER)

102. What is the largest amount of money you have gambled with on any day? (READ LIST)
1=Never have gambled SKIP TO Q103
2=$1 or less
3=More than $1 to $10
4= More than $10 to $100
5= More than $100 to $1000
6= More than $1,000 to $10,000
7=More than $10,000
9=(PREFER NOT TO ANSWER)

102b. What is the largest amount of money you have lost from gambling on any day? (READ LIST)
~~1=Never have gambled~~
2=$1 or less
3=More than $1 to $10
4= More than $10 to $100
5= More than $100 to $1000
6= More than $1,000 to $10,000
7=More than $10,000
9=(PREFER NOT TO ANSWER)

If Q101 is Not at all and Q102=Never, ask Q 103 and skip to Q201

103. Do any of the following people in your life have (or had) a gambling problem? (READ LIST, SELECT ALL THAT APPLY)

1=Father
2=Mother
3=Brother/Sister
4=Spouse/Partner
5=My Child/Children
6=Other Relative
7=A friend or someone important in my life
96=(NONE OF THESE)
99=(PREFER NOT TO ANSWER)

104. When you gamble, how often do you go back another day to win back money you have lost? Would you say (READ LIST)

1=Never
2=Some of the times I lost
3=Most of the time I lost
4=Every time I lost
9=(PREFER NOT TO ANSWER)

105. Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost? (IF YES) Would that be less than half of the time you lost, or most of the time you lost?

1=Never (or never gamble)
2=Yes, less than half the time that I lost
3=Yes, most of the time that I lost
9=(PREFER NOT TO ANSWER)

106. Do you feel that you have ever had a problem with betting money or gambling? (IF YES) And is that currently or was it in the past?

1=Yes, currently
2=Yes in the past, but not now
3=No
9=(PREFER NOT TO ANSWER)

107. Did you ever gamble more than you intended to?

1=Yes
2=No
9=(PREFER NOT TO ANSWER)

108. Have people ever criticized you for gambling, or told you that you had a gambling problem, regardless of whether or not you thought you had one?

1=Yes
2=No
9=(PREFER NOT TO ANSWER)

109. Have you ever felt guilty about the way you gamble or what happens when you gamble?

1=Yes
2=No

9=(PREFER NOT TO ANSWER)

110. Have you ever felt that you would like to stop betting money or gambling, but didn't think you could?

1=Yes
2=No
9=(PREFER NOT TO ANSWER)

111. Have you ever hidden betting slips, lottery tickets, gambling money, IOU's or other signs of betting or gambling from your spouse, children or other important people in your life?

1=Yes
2=No
9=(PREFER NOT TO ANSWER)

112. Have you ever argued with people who you live with over how you handle your money?

1=Yes
2=No
9=(PREFER NOT TO ANSWER)

113. (If you answered yes to question 12) Have money arguments ever centered on your gambling?

1=Yes
2=No
9=(PREFER NOT TO ANSWER)

114. Have you ever borrowed money from someone and not paid them back as a result of your gambling.

1=Yes
2=No
9=(PREFER NOT TO ANSWER)

115. Have you ever lost time from work (or school) due to betting money or gambling?

1=Yes
2=No
9=(PREFER NOT TO ANSWER)

116X. Have you ever borrowed money to gamble or to pay for gambling debts?

1=Yes
2=No (SKIP TO 201)
9=(PREFER NOT TO ANSWER) (SKIP TO 201)

116. If you borrowed money to gamble or to pay gambling debts, where did you borrow from? Please answer with a yes or no as I read each one. (READ LIST)

1=Yes
2=No
9=(PREFER NOT TO ANSWER)

A. From household money
B. From your spouse
C. From other relatives or in-laws
D. From banks, loan companies or credit unions
E. From credit cards
F. From loan sharks

(PROMPT AS NEEDED FOR A-F:) Did you borrow money from this source to gamble or to pay gambling debts?

G. You cashed in stocks, bonds or other securities
H. You sold personal or family property
I. You passed bad checks
J. You have (or had) a credit line with a bookie
K. You have (or had) a credit line with a casino
(PROMPT AS NEEDED FOR G-K:) Did you do this for money to gamble or to pay gambling debts?

Attitudes about Gambling (Non-SOGS)

201. Which of the following best describes your belief about the benefits or harm gambling has on society? (READ LIST)

1=The harm far outweigh the benefits
2=The harm somewhat outweigh the benefits
3=The benefits are about equal to the harm
4=The benefits somewhat outweigh the harm
5=The benefits far outweigh the harm
9=(PREFER NOT TO ANSWER)

202. Do you believe gambling is morally wrong?

1=Yes
2=No
9=(PREFER NOT TO ANSWER)

203. What do you believe is the single most negative impact legal gambling has on Louisiana? (READ LIST)

1=Gambling addiction that leads to negative consequences: bankruptcy, divorce, etc.
2=Increased Crime
3=Provides gambling opportunities to people that cannot afford to gamble
4=Negative impact on other local businesses
5=No negative impacts
9=(PREFER NOT TO ANSWER)

204. Which of the following best describes your opinion about gambling opportunities in Louisiana? (READ LIST)

1=Gambling is too widely available
2=Gambling is not available enough
3=The current availability of gambling is fine
9=(PREFER NOT TO ANSWER)

205. What do you believe is the single most positive impact legal gambling has on Louisiana?

1=Employment opportunities
2=Benefit to local businesses or economy
3=Increased government revenue
4=Keeps gambling revenue from leaving State (i.e. people would go to Mississippi to gamble)
5=No positive impacts
9=(PREFER NOT TO ANSWER)

Resources for Problem Gambling

206. Are you aware of the Gamblers Anonymous 12 step Program?
1=Yes
2=No
9=(PREFER NOT TO ANSWER)

207. Are you aware that the Louisiana Office of Behavioral Health provides free assessment, counseling, and treatment to Louisiana residents who feel they have a problem with gambling?
1=Yes
2=No
9=(PREFER NOT TO ANSWER)

208. Are you aware that Louisiana has a toll free problem gamblers helpline?
1=Yes
2=No
9=(PREFER NOT TO ANSWER)

209. (If yes) How did you find out about the helpline? (DO NOT READ LIST, SELECT ALL THAT APPLY)
1=Billboard
2=Phone book
3=Lottery ticket
4=Television
5=Radio
6=Newspaper
7=Word of mouth (friend, relative, coworker, etc.)
88=Other (SPECIFY_____)
99=(PREFER NOT TO ANSWER)

209b. (IF BILLBOARD) Was that billboard a . . . (READ LIST)
1=Casino Billboard
2=Gambling Hotline Billboard
3=Highway/Road Billboard
4=Other (SPECIFY)
9=(PREFER NOT TO ANSWER)

210. Have you ever heard of "CORE" ("The Center of Recovery"), a 24-hour residential treatment facility located in Shreveport? Through a contract with the Office of Behavioral Health, CORE provides treatment for problem gamblers and their families free of charge to Louisiana citizens.
1=Yes
2=No
9=(PREFER NOT TO ANSWER)

211. How did you find out about "CORE"?

That was my last question. Everyone's answers will be combined to give us information about the gambling practices of people in Louisiana. Thank you very much for your time and cooperation. [Ask *the respondent if they would like the telephone number for the gambling helpline, that number is 1-877-770-7867.*]

Scoring SOGS

Scores on the SOGS itself are determined by adding up the number of questions that show an "at risk" response.

Questions 1, 2, 3 are not counted

Question 4	_____	Most of the time I lose
	_____	Every time I loose
Question 5	_____	Yes, less than half the time I loose
	_____	Yes, most of the time
Question 6	_____	Yes, in the past but not know
	_____	Yes
Question 7	_____	Yes
Question 8	_____	Yes
Question 9	_____	Yes
Question 10	_____	Yes
Question 11	_____	Yes
Question 12	Not Counted	
Question 13	_____	Yes
Question 14	_____	Yes
Question 15	_____	Yes
Question 16a	_____	Yes
Question 16b	_____	Yes
Question 16c	_____	Yes
Question 16d	_____	Yes
Question 16e	_____	Yes
Question 16f	_____	Yes
Question 16g	_____	Yes

Question 16h _____ Yes

Question 16i _____ Yes

Questions 16j & 16k are not counted

Total = _____ (20 questions are counted)

3-4 = Problem Gambler
5 or more = Probable Pathological Gambler