

Executive Summary: 2013 Survey of Gambling Behaviors in Michigan

The dominant message of this year's survey is of consistency with past iterations of the study. Nevertheless, there are important differences. The most important of these is that it relies on a different measure of gambling problem: the NODS (NORC Diagnostic Screen) rather than the South Oaks Gambling Screen (SOGS) used previously. While it was necessary to make this change, the strict numeric comparability of most of the important trend data is compromised. Most crucially, the NODS is known to systematically provide lower estimates of problem gambling than the SOGS. Because these data essentially establish a new baseline magnitude for subsequent trend analysis, the particular numbers are not highlighted in this summary as much as in the previous years, which had several iterations of comparable surveys to use.

Nevertheless, the estimates of the gambling behavior of Michigan adults 18 years and older, provided in this report, are based on what the authors believe are the best survey results available. A weighted sample is used throughout this report as the "state sample." When using this sample, survey percentages may be converted to estimated population figures by multiplying the point estimates by Michigan's estimated adult population of 7,539,572, according to 2010 census data. The NODS estimates from the statewide sample suggest that 1.4% or about 100,000 adults in Michigan have at some point in their lives had a gambling problem. The estimate for persons having such a problem during the past year is 0.5% or about 38,000 adults. It is important to note that all estimates in this study are based on a sample of Michigan residents and consequently often have broad confidence intervals. For example, while 100,000 is the best point estimate of Michigan adults with a lifetime gambling problem, an estimate as high as 225,000 is consistent with these data. Since this is the first time this instrumentation was used in Michigan, it is important that the estimates obtained are consistent with the rates found in other states that have used this instrument in recent years. Even as survey work has become more difficult to carry out and response rates declines and reliance on cell phones has changed the landscape, we therefore believe robust estimates continue to be produced.

Weaknesses remain in this data set however, as in the results of any recent survey. The

most important problem is response bias among those we attempted to contact. While it is not clear that nonresponse is systematically related to the behaviors detailed in this survey, it is at least a good possibility that our estimates are conservative (underestimate the actual rates of problems). Youth and poverty are related to low response and may reasonably be expected to be related to gambling behavior. A social desirability response might also suggest under-reporting or even refusal to participate for problem gamblers. A salience difference may well bias in the opposite direction, it is simply impossible to tell with any precision. For the most part, however, nonresponse is probably for reasons unrelated to gambling behavior: reasons such as unwillingness to give the time required to respond to the survey. Another reason to believe our estimates may be conservative is the instrumentation used. In a cross-validation of the SOGS, it was found to provide a conservative estimate of probable pathological gamblers (Lesieur and Blume 1987). The NODS, as mentioned above, is consistently and substantially more conservative yet.

In addition to the major findings on problem prevalence, there is a wealth of detailed information to be found in the tables in this report. For example, the study broke down problem gamblers into two categories: among the set of problem gamblers is a smaller group with a more severe problem called “pathological gamblers.” Only about 0.5%, of Michigan adults, or an estimated 37,698 persons, are estimated to fall in that category for the lifetime measure; and about 0.3%, or an estimated 22,619 persons, for the past year. Also, estimates of gambling problems by region of the state were produced. Estimates here are based on non-weighted regional samples. These samples suggest that of the 64,070 persons estimated to qualify as a lifetime problem gambler, fully 67% (42,688) of this less severe form of problem gamblers reside in either Detroit or the Metro-Detroit region. That figure is identical to the one obtained in 2006.

As was the case in 2006, the most popular gambling activities among Michigan residents for the past year were lottery 47% (3,543,599 adults), casinos 27% (2,035,684 adults), charitable group events 15% (1,130,936 adults) and office pools and 50/50 raffles 18% (1,357,123 adults).

In 2006, these rates were similar at 51%, 34%, 26% and 24% respectively.

A particularly important set of information is available for that subset of the sample that scored as problem gamblers on the Lifetime NODS. That sample was purposely increased to size 200 to allow more stable estimates though it must be remembered that the sample is still relatively small. Suggestive results for this group include that almost half of these respondents report starting to gamble while quite young (age 18 or younger) and many started their gambling with casino gambling (about 40%) or non-casino games of cards, dice, video poker or other machines (about 26%). Furthermore, close to half of the problem gambler sample report that their gambling has made them nervous while only about 19% report that they have desired to seek help to stop gambling. As in past versions of this survey, an even smaller percentage (about 12%) report that they actually sought such help. Small but important rates of self-reported alcohol or other drug treatment or abuse and of self-reported mental health treatment or problems were also present in this sample.

As before, the report can only suggest the range of analysis and discussion that these data will support. The general lesson remains consistent across the several studies and so the conclusion is worth repeating: “Estimates continue to suggest that problem gambling is a substantial reality in Michigan and reaches across demographic and geographic boundaries. Perhaps most telling is that even among persons scoring as problem or pathological gamblers, rates of help seeking are very low. All of this reinforces the obligation to continue to systematically collect data on gambling so that the public discussion may be as balanced and informed as possible.”