

The Massachusetts Council ON GAMING AND HEALTH

Gambling & Corrections FACT SHEET

What is gambling?

Gambling is risking something of value on the outcome of an event when the probability of winning is less than certain.⁹

What is problem gambling?

Problem gambling is characterized by gambling behavior which leads to adverse consequences for the person who gambles, others, and the community.¹⁰

What constitutes social gambling?

Social gamblers gamble for entertainment, typically will not risk more than they can afford, often gamble with friends, chase losses briefly, gamble for limited periods of time, and are not preoccupied with gambling.¹¹

See DSM-5 for clinical definitions

The Massachusetts Council on Gaming and Health: A Resource For Help

The Council's Helpline provides live, confidential, and compassionate support 24-hours a day, 7-days a week:

800-426-1234.

Helpline workers provide:

- Information about problem gambling
- Referrals to self-help groups, treatment providers, and other community resources.

For more information, visit macgh.org or contact us at info@macgh.org or 617-426-4554.



In Massachusetts

The Massachusetts Department of Correction's prison population increased by 9% between 2005 and 2014. As of 2014 the prison population reached 11,034 offenders.¹ The Massachusetts incarceration rate is approximately 200 incarcerated per 100,000 population compared with the national average of about 500 incarcerated per 100,000.

Massachusetts takes substance use in prison

seriously, maintaining a zero tolerance for substance use by all inmates.² All inmates, unless specifically exempted, are subject to substance use monitoring and, where appropriate, may participate in available drug treatment programs.²

However, no such identification, monitoring, and treatment is currently available for gamblers with a gambling problem or a gambling disorder who are incarcerated in Massachusetts.³

Gambling in Prison

Prison gambling is associated with crime and substance use disorder when offenders reenter the community. Researchers find that gambling often complicates offenders' efforts to live crime-free and say this problem urgently needs to be addressed if parolees are to transition successfully from prison to a community.⁵

Prisoners are a vulnerable population and many struggle with managing impulsive behavior and have problems associated with "quick fix" solutions.⁶ Gambling in prison can take on many forms, including: card games, bingo, sports betting, and betting on situations that occur within prison.⁷

Prisoners may gamble for money, cigarettes, commissary items, food, specific tasks, or sexual favors. Violence may occur when debts are not paid.⁷

Prisoners report that they gamble while in prison to pass the time, provide excitement, and to socialize.⁹ For female prisoners gambling provides an emotional escape from the harsh realities of imprisonment.⁸

333% of prisoners report gambling while incarcerated even though prisons and jails in the United States routinely prohibit gambling.⁴

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Problem Gambling in the Corrections System

Prisoners have the highest rates of gambling disorder compared to any other known population.¹² As many as one-third (33%) of criminal offenders meet the criteria, and approximately 50% of crime by these individuals is reportedly committed to support their gambling behavior.¹²

Problem Gambling and Co-Occuring Disorders in the Corrections System

Those with a gambling disorder often are prone to substance abuse and other comorbid disorders. The highest mean prevalence among those with a gambling disorder is for nicotine dependence (60.1%) followed by substance abuse (57.5%), any type of mood disorder (37.9%) and any type of anxiety disorder (37.4%).¹³ The high rate of co-occurring disorders suggests that integrating gambling disorder into existing drug or mental health courts or diversion programs is appropriate.

75% of people diagnosed with a gambling disorder had a CO-EXISTING DISORDER before they developed a gambling disorde

Gambling and Re-Entry

Institutions have reduced or eliminated prisoner opportunities for recreation and leisure experiences. Leisure and recreation provide prisoners ways to reduce and cope with stress, obtain physical and psychological benefits, and have overall good mental health. Without such opportunities, individuals who begin gambling while incarcerated may continue to gamble upon release, and become at-risk for problem gambling.⁷

Prisoners with gambling problems find it challenging to re-connect and build social support systems upon re-entry.⁷

What We Can Do

- 1. Provide the court system with a pre-sentence investigation that outlines specific recommendations for those with a gambling disorder facing incarceration prior to sentencing. This allows or more defined sentencing options for those with problem gambling related issues.
- **2.** Identify through validated assessments those in need of problem gambling referrals and services within the criminal justice system and upon reentry into the community.
- 3. During incarceration, an education program about gambling and problem gambling should be integrated into substance abuse treatment programs and into re-entry programs. For those identified with a gambling problem, treatment programs should be provided and support services, such as Gamblers Anonymous meetings, should be made available.
- **4.** Provide institutional supports that give a prescribed level of treatment for those who have been identified with a gambling disorder and help to their families so that wrap around services can be implemented.
- **5.** Post release, those that had been identified as having a gambling disorder should be evaluated by a certified problem gambling counselor and if their crime was gambling related then they should be required to attend Gamblers Anonymous meetings and/or professional treatment to prevent re-incarceration and relapse.

Treatment and Recidivism Rates

There are several prison-based treatment and aftercare programs for substance abuse, and these have been found to be effective with respect to recidivism:

- In Delaware: 52% completing prison-based treatment and aftercare were likely to be rearrested 5 years post release compared with 77% not participating in the program or in aftercare.¹⁵
- In California: Completion of prison-based treatment plus aftercare yields 8.2% recidivism within one year compared with 49.7% of those in control group with no treatment or aftercare.¹⁵

Results of a quantitative study provide economic evidence that prerelease substance abuse treatment programs have the potential to reduce recidivism and save taxpayer dollars without adding to existing prison resources.¹⁶

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Gambling Treatment Court – A Model to Follow

In 2001, Judge Mark Farrell founded the Amherst Gambling Treatment Court, located in Amherst, NY, which follows the drug court model.¹⁷

- This is the nation's first and only gambling treatment court.¹⁷
- Over 350 defendants had been screened for the treatment program, approximately 100 were deemed appropriate for treatment and 27 have graduated.¹⁷
- Only three have been arrested again—on offenses not connected to gambling.¹⁷
- The Amherst Gambling Treatment Court stands as a pioneering model for any court interested in establishing a gambling court.

Signs of a Gambling Disorder

A person shows signs of gambling disorder if he/she:

- Needs to gamble with increasing amounts of money to achieve the desired excitement.
- Exhibits restless or irritable behavior when attempting to cut down or stop gambling.
- Has made repeated unsuccessful efforts to control, cut back or stop gambling.
- Is preoccupied with thoughts about gambling.
- Gambles when feeling distress (e.g., helpless, guilty, anxious, depressed).
- Chases one's losses/returns another day to get even.
- Lies to conceal the extent of gambling.
- Jeopardizes a significant relationship, job, or opportunity because of gambling.
- Relies on others to provide money to relieve desperate financial situations caused by gambling.

For more information about gambling disorder, please refer to evaluation tools provided by the DSM-5.

Endnotes

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