

This article was downloaded by: [University Nevada Reno]

On: 5 June 2009

Access details: Access Details: [subscription number 784375732]

Publisher Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



## Journal of Aging & Social Policy

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title-content=t92303967>

### A Comprehensive Policy Analysis of and Recommendations for Senior Center Gambling Trips

Jennifer Higgins <sup>a</sup>

<sup>a</sup> University of Massachusetts Boston, USA

Online Publication Date: 19 March 2001

**To cite this Article** Higgins, Jennifer(2001)'A Comprehensive Policy Analysis of and Recommendations for Senior Center Gambling Trips',Journal of Aging & Social Policy,12:2,73 — 91

**To link to this Article:** DOI: 10.1300/J031v12n02\_05

**URL:** [http://dx.doi.org/10.1300/J031v12n02\\_05](http://dx.doi.org/10.1300/J031v12n02_05)

## PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

# A Comprehensive Policy Analysis of and Recommendations for Senior Center Gambling Trips

Jennifer Higgins, MS

*University of Massachusetts Boston*

**ABSTRACT.** Gambling is one of the fastest growing industries in America. Public support is high for legalized gambling among all age groups. Because gambling is growing in popularity as an activity among those 65 and over, many senior centers are beginning to offer group trips to casinos and other gambling attractions such as dog tracks. This paper analyzes senior center casino gambling trips, with particular attention to the number of trips offered, how trips are funded, the policy implications of offering trips, and policy alternatives for state and local policymakers. Data for the study come from personal interviews with activity directors of 16 senior centers across Massachusetts and a formal survey of 30 additional senior centers in Central Massachusetts. Benefits of a new policy option, a public education strategy, are also reviewed. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> © 2001 by The Haworth Press, Inc. All rights reserved.]

---

Jennifer Higgins is a candidate for the PhD in Gerontology at the Gerontology Institute, University of Massachusetts Boston. At present, she is the student representative to the Public Policy Task Force of the Gerontology Society of America and an executive board member of the Massachusetts Gerontology Association. Ms. Higgins can be contacted at 308 Mill Valley Road, Belchertown, MA 01007 (E-mail: [jhiggins@amherst.edu](mailto:jhiggins@amherst.edu)).

Special thanks to Jan Lerbinger for long-standing friendship and faithful support. My appreciation also goes to my father-in-law, William Venman, for his wise editorial counsel and unhesitant support of my work. Thanks as well to Ellen LaFleche who carefully followed the development of the manuscript and offered invaluable editorial assistance.

**KEYWORDS.** Senior center, casino, gambling trip, gambling policies, pathological gambling, stakeholder

## *INTRODUCTION*

Gambling is one of the fastest growing industries in America. Within the last three decades the United States went from having one state with legalized casinos to 47 (Thompson, 1994; U.S. GAO, 2000). In 1998, legal gambling-generated gross revenues totaled \$54 billion (U.S. GAO, 2000). The 1995 United States Survey of Gaming and Gambling indicates that support is high for legalized gambling, including casino gambling—over 70%—among all age groups younger than 54 (Cosby et al., 1996). While data on the gambling behavior of adults over 54 are limited, several recent studies indicate that gambling is also increasing in popularity for those 60 and over (Kennedy & Dubenski, media conference, 2000; Report to the National Gambling Impact Study Commission, 1999). As a result, many senior centers are now offering group trips to casinos. This paper examines the extent to which casino gambling is supported by senior centers in Massachusetts and the policy implications of such support. It also examines how trips are funded, the policy implications of offering trips, and policy alternatives for state and local policymakers. There are gaps in the available data on this largely unexplored topic. The researcher filled these gaps by conducting personal interviews and surveys of senior center personnel, state and local politicians and bureaucrats, and mental health clinicians in Massachusetts.

## *PROBLEM ANALYSIS*

The percentage of adults over 65 placing a bet in the past year increased from 23% in 1975 to 50% in 1998 (Report to the National Gambling Impact Study Commission, 1999). This increase is attributable to the increased popularity of gambling and to the explosive growth in gambling opportunities (Report to the National Gambling Impact Study Commission, 1999). More than 500 casinos now operate across the United States (Gosker, 1999).

Proponents of casino gambling claim that it leads to considerable

benefits for society beyond the recreational pleasure of gamblers. Casinos contribute to public coffers. *American Demographics* reports that \$16 billion in gambling privilege taxes were paid to state and local governments in 1995. Some casinos contribute to health care funds for senior citizens. Casinos offer social benefits as well. Proponents maintain that a day at the casino can provide the socialization many older adults crave (Thompson, 1994).

However, opponents claim that the consequences of casino gambling far outweigh the benefits. Pathological gambling among seniors is a serious problem. The DSM-IV classifies pathological gambling as an impulse control disorder. Many define pathological gambling as “a chronic progressive failure to resist impulses to gamble, and gambling behavior that compromises, disrupts, or damages personal, family, or vocational pursuits” (American Psychiatric Association, 1994). Recent research estimates a pathological gambling rate of 3-7% of the adult population (Sylvain et al., 1997; Kweitel & Allen, 1998). Preliminary findings of the only known research on senior gambling indicate a pathological gambling rate of 1.2% of the older adult population of Manitoba (Kennedy & Dubenski, media conference, 2000). The study further reports that if all elder gamblers with any sorts of problems are included, the rates are higher; for example, problem and pathological gamblers combined represent 3.8% of the population of Manitoba.

An important issue identified by the Manitoba research is the negative effect of others' gambling on older adults, including economic, physical, and emotional consequences. Five percent of seniors in the Manitoba study reported being negatively affected by the gambling of their spouses, children, or friends. Nearly all of these seniors reported having experienced these effects for two or more years (Kennedy & Dubenski, media conference, 2000). Some experts believe that older adults may be at greater risk for problems related to pathological gambling because of, among other issues, loneliness, free time, boredom, and economics (Glazer, 1998; Gosker, 1999). For instance, many older adults receive their retirement money in a lump sum, a fact that is particularly troubling when one considers that per capita spending among gamblers is highest for those of middle age, 45-64 (Report to the National Gambling Impact Study Commission, 1999). A person addicted to gambling may perceive this money to be his last chance to make it “big” and risk losing it all by gambling. Furthermore, recent

evidence shows that gamblers' bets increase with age, a fact which invites questions about gambling trip availability in senior centers (Report to the National Gambling Impact Study Commission, 1999).

Evidence shows that the number of elderly problem gamblers is on the rise. Data from the New Jersey Council on Compulsive Gambling (CCG) indicate that between 1996 and 1998 calls from those 55 and older increased by 18%. Data from the Florida CCG Helpline are also dramatic. Between 1994 and 1998, calls from those 55 and older increased by 62%. Of those 55 and older, the age group for which calls to the Helpline are fastest growing is 55-59. For this age group, calls have increased by approximately 10% between 1994 and 1998. While the Massachusetts CCG does not have age-specific data on hotline callers, data on referrals resulting in gambling treatment were obtained from the Bureau of Substance Abuse Research at the Massachusetts Department of Public Health. In 1999, a total of 36 gamblers over 55 received treatment referrals. According to the Department, these numbers are underreported since many individuals may not proceed with seeking help or may go for help but not obtain treatment referrals. Moreover, the data do not indicate how many individuals receive treatment on a private pay basis.

As a result of the growing interest in gambling, senior centers have begun to offer outings to casinos. Using telephone and in-person interviews of senior center activity directors in Massachusetts, the researcher found that senior-center-sponsored gambling trips are growing in number and magnitude. This analysis explores the implications of gambling trips being offered by publicly funded senior centers. This researcher found that present gambling policies are ineffective at protecting seniors from pathological gambling and recommends implementation of gambling policies that will educate and protect seniors.

### **DATA AND METHODS**

Information on the magnitude of senior-center sponsorship of gambling activities was obtained via personal interviews with activity directors at 16 senior centers across Massachusetts. All but one center offered gambling trips. While the average number of trips was one per month, several centers offered at least two trips to a casino or dog track per month.

A formal survey of 30 additional senior centers in Central Massa-

achusetts was conducted to gain broader insight into the magnitude of gambling trip offerings. Questionnaires were given to directors of 30 senior centers at the Central Massachusetts Council on Aging regional meeting in November 1999. Of 14 questionnaires completed, only two centers reported not offering gambling trips. The remaining centers reported that they offered one or two per month.

## **RESULTS**

From the 16 telephone interviews, this researcher found that senior centers filled an average of one bus per gambling trip. Some centers reported filling at least two buses per trip. Each bus holds between 45-55 people. Researchers at the Addictions Foundation of Manitoba found that senior citizens spend an average of \$65 (Canadian) per casino trip (Kostyk, telephone interview). One busload of 50 senior citizens is likely to spend at least \$2250 U.S. (or \$45 per person) on each trip.

These easily affordable trips to casinos are enticing to individuals on fixed incomes. They often receive free drinks, cigarettes, meals, tokens, and medication discounts. These enticements are especially effective in a dimly lit, highly stimulating environment designed to be disorientating for all gamblers, but which may be even more disorienting for seniors with visual and cognitive impairments. One of the most egregious strategies uncovered by this research is the practice of some casinos phoning patrons to inform them that the casino is saving their favorite machine for them.

Estimates of future growth of senior-center sponsorship of gambling were derived from interview data about projected growth in gambling-related activities among the elderly. Several senior center directors said that seniors are requesting more gambling trips. Activity directors spoke of using gambling trips to draw a larger and more diverse population. For example, gambling trips were identified as a means of increasing male participation at the centers. While many centers have succumbed to pressure to offer more gambling trips, some are beginning to question the implications of this, and a few have decided to limit the number. One director stated, "I will offer one trip per month and no more."

While the amount of direct senior center funds spent on coordinating gambling trips is nominal, the fact that funds are being used at all

highlights the importance of senior center gambling trips as a policy issue. For the majority of senior centers in this study, activity directors were coordinating the trips. Costs are highest for these centers since they include computer use, photocopying, telephone charges, and staff time. While three centers have encouraged volunteers to make trip arrangements at home, many volunteers use center resources.

Information on elders most likely to experience gambling problems was obtained via conversations with mental health practitioners who specialize in compulsive gambling. A clinician at the University of Nebraska Medical Center found confused elderly clients in the early stages of dementia to be most vulnerable to pathological gambling. One client with dementia would wander into the lobby of her building and use the payphone to call the casino to pick her up. According to the clinician, this woman was in no position to spend large sums of money since she was barely able to get by on her meager income.

The clinician also believes that depressed older adults are more susceptible to becoming pathological gamblers in an effort to feel better. He warns that gambling among the depressed elderly is especially worrisome because the short-term exhilaration of winning quickly gives way to even deeper levels of depression. After the gambling spree, the elder is left in greater debt and with an even lower self-esteem. On the other hand, a mildly depressed elder without a gambling problem may be rejuvenated by a trip to a casino.

Interviews revealed that depression in older problem gamblers could result in tragic outcomes. The director of a council on compulsive gambling recalled a recent case. She had arranged for a depressed male client with a gambling problem, who had been caring for his convalescent wife, to receive treatment. The man discontinued treatment, became even more entrenched in gambling, and deeper in debt. The couple's son asked the courts to remove his mother from the home because his father had been depriving her of food and medication so he could gamble. Following the loss of his wife, the gambler shot himself outside a Florida dog track. A more recent case was reported in the *Boston Globe* in 1998. A retired mill worker beat his wife after signing his retirement benefits over to her so he could not gamble it away. He changed his mind and when his wife refused to give him the money, he allegedly beat her unconscious.

Physical abuse is not the only byproduct of pathological gambling by senior citizens. The directors of two COAs in Massachusetts pro-

vided anecdotal evidence of economic victimization. One director stated, "We've seen elders who come [on these trips] and spend a lot, but somehow they get by. They get money from families." Another director recalled a recent case involving a widow at her senior center who inherited her husband's gambling debt of \$50,000. The widow was devastated to learn that her husband had been using credit cards to finance his gambling habit and that she was legally responsible for his debts. Self-neglectful behaviors among elders have also been attributed to gambling. In a telephone interview, a protective service worker in Boston spoke about the "third of the month club," older adults who get their social security checks and head straight to casinos and dog tracks (Gemborys, telephone conversation, 1999).

### ***SENIOR CENTERS***

The Older Americans Act (OAA) was passed in 1965 to promote the well-being of the elderly. Each state has an agency on aging to plan and disburse federal funds. At the federal level, the U.S. Administration on Aging coordinates OAA programs (Atchley, 1994). The OAA emphasizes the multipurpose senior center's role as a community facility for the organization of a broad array of services for the older person (Gelfand, 1999).

Senior centers have diverse funding sources for various aspects of operation and programming (i.e., administration, congregate meals, nutrition information, transportation). Based on budget data for 1987, five of the largest funding sources were: federal (29%), city (25%), fundraising (14%), state (12%), and county (9%) (Krout, 1989). This diverse funding, however, obscures the reality that OAA funding remains a miniscule part of the total federal budget (Atchley, 1994). Working within the constraints of minimal funding, senior centers are limited in what they can accomplish on behalf of older adults.

#### ***Senior Center Gambling Policies***

Because senior centers are just beginning to look at gambling intervention, this researcher uses alcohol policy to project the effectiveness of gambling interventions within senior centers. While this comparison has its limitations, it is the closest match, since both address the

issue of addiction and potential harm to seniors versus seniors' rights to make their own choices.

Development of senior center alcohol policy in Massachusetts has been highly localized. According to a spokesman for MACOA, "There is no statewide alcohol policy for senior centers. If alcohol is sold at the market, how are we to regulate which purchases seniors can make at these stores?" The researcher found that formal alcohol policies have been adopted by two Massachusetts senior centers. In 1996, the director of one senior center adopted a policy which forbids the consumption of alcohol on the premises. The director stated that if a senior appears to be inebriated, she "talks with the person first," reminding him or her about the center's alcohol policy. "If it's a severe problem, we eventually go to the police and get a restraining order barring him or her from participation in activities."

The second senior center director established a formal alcohol policy in 1991 that forbids the consumption of alcohol on the premises and on buses used for trips. Once members are in restaurants or other venues serving alcohol, however, they are free to drink. The director said she talks to those seniors who show up inebriated for an event. If the seniors continued to come to the bus inebriated, she would tell them they would not be allowed to go. Interestingly, while the director has found her alcohol policy to be very effective, she is badly in need of a gambling policy. The director would like a protocol for identifying and assisting seniors who have problems with gambling while at the same time not infringing on their right to gamble.

Unlike alcohol abuse, gamblers walk out of a casino presumably in full control of their faculties. While researchers know how alcohol affects the brain, they do not know the full effects of gambling on the brain. Some gambling researchers have begun to focus on low platelet monoamine oxidase (MAO) activity, which has been associated with impaired impulse control (Blanco et al., 1996). Of course, there may also be drinking in the casinos and/or interactions with medications, in which case the two types of behavior may be more similar than dissimilar. There may be synergistic effects on seniors who drink while gambling.

Senior center regulation of gambling is particularly problematic. A spokesman for the MACOA stated, "It's too difficult and elders are independent adults." Even if the desire to protect provides the impetus for policies, most would agree that seniors ought to have the same

rights as the population at large. They should be permitted to spend as much money as they would like, regardless of their ages or incomes. Nevertheless, because senior centers have recently been confronted with gambling-related problems, several centers have taken seriously their accountability for the potential damage done to members and have developed their own informal strategies for intervening on senior citizens' behalf.

Only eight senior centers in this study have implemented gambling-intervention policies. All are informal. The first strategy, used by six centers, is the elimination of all gambling trips. These directors stated that this strategy sheltered seniors from the potential perils of gambling. Several directors do not believe gambling to be an appropriate activity for senior centers. They reported being uncomfortable with the bingo already being played and drew the line at offering additional gambling activities.

A second strategy, used by one center, is limiting the number of trips. Initially, some of the council members considered not offering trips; however, they quickly agreed that "if they [seniors] don't get it here, they're going to get it somewhere else. We look at it as just one more offering." This center began offering educational sessions with speakers from Gambler's Anonymous and the Massachusetts Council on Compulsive Gambling. Not surprisingly, attendance at these events has been very low.

A third strategy, used by one center, tackles gambling in a different way. "I have no formal written policy, but I do have safety mechanisms in place," stated the director. The predominant safety mechanism used by this center is the use of trip chaperones to monitor problem gambling. Two chaperones, usually senior center volunteers, accompany seniors on gambling trips. They report back to the director about problematic behavior. "If I get wind that there were problems, I will pull the trips," stated the director. Her seniors are aware that they will lose the trips if problems with gambling are detected. This approach amounts to little more than lip service. The director is caught in a bind. On the one hand, she must make a stand against gambling abuse. On the other hand, she is not very likely to cancel trips when gambling is so popular.

Although these informal policies cost next to nothing to implement, the senior center directors have found them to be largely ineffective. These interventions are ill fitted to the population. Older adults with

addictions are commonly under-diagnosed, especially those with addiction to gambling (Glazer, 1998). For the most part, older adults can disguise their addiction to gambling because gambling is often a form of socializing. Older adults who live alone can hide their obsession with gambling by playing state lotteries or scratch tickets. Because of this invisibility, seniors may be less likely to admit they have a gambling problem. Attending a Gambler's Anonymous session, for instance, gives a public impression that one has a problem with gambling. While these meetings may work well for younger individuals, this researcher believes that this approach does not serve the older population so well.

In the case of the chaperoning strategy, the use of threat may be counterproductive. As one older woman remarked during a recent gambling lecture given by this researcher, "I don't want someone reporting on me. That's just not right." Her perception of the chaperoning approach was that it could restrict her autonomy.

### POLITICAL CONTEXT

The normative context includes two groups of questions. First are questions about the extent to which senior centers should support a potentially harmful activity for elders. Some have argued that it is morally reprehensible for senior centers to expose seniors to temptation. The Reverend Robert Shine said, "Gambling is a biblical evil because it encourages idleness and get-rich-quick schemes. It is a social evil because it preys on the poor. *The government is exploiting people and calling it a game*" (*Philadelphia Daily News*, 1999, italics supplied).

Questions arise about the vulnerability of this population. It could be argued that seniors are no more vulnerable to gambling addiction than other age groups. However, some researchers believe casinos prey upon elders on reduced or fixed incomes (Goodman, telephone conversation). One clinician asks, "Why do casinos send vehicles out to pick up older adults who are clearly destitute and confused?" Even lucid seniors may be put at risk by gambling trip availability in senior centers. In fact, according to researchers at the University of Manitoba, there is evidence that some seniors are participating in gambling activities not because they want to, but because they experience pressure to go along with their peers. Do casinos prey upon seniors' feelings of isolation or difficulty finding transportation? To what extent

does senior center support of gambling give the impression that gambling is endorsed by senior centers? One senior center director reported that she had to intervene on behalf of a council member who was being offered free trips by casinos for enlisting center members for the gambling trips. According to a MACOA spokesman, council members need to be instructed on conflicts of interest in relation to the center's affiliation with casinos.

Second, there are questions about the equitability of restricting gambling activities for all when it has been shown that approximately 97% of adults are responsible gamblers (Sylvain et al., 1997). If only 3% of elders have a problem with gambling, why should we forbid everyone from gambling? After all, isn't it better to have these trips provided through senior centers that can oversee what goes on at the casinos and make sure the elderly aren't being taken advantage of? Moreover, seniors do not have to drive themselves to the casinos but ride safely in a group. Safer gambling trips are precisely what the senior centers are attempting to accomplish through their use of informal monitoring policies. But, is this act of protection merely unidentified paternalism? As one local selectman put it, "Seniors are big boys and girls and can make up their own minds." Finally, it could be argued that elders living on fixed incomes should be helped to afford what the population at large is able to enjoy.

Some argue that just because senior centers are publicly funded does not give the state and local governments the right to regulate them. Perhaps state Senator Stanley Rosenberg captures this tension best: "From state policy perspective, condemning senior center gambling would be hypocritical when the state organizes an opportunity to participate in the lottery." Another selectman said, "I think too many times we try to regulate people's behavior. Seniors are an independent lot and they're going to do what they want to do no matter what we tell them." This selectman makes an interesting point. It can be argued that senior centers reflect the general society by valuing freedom of choice above paternalism. In which case, public agencies really are no better or worse than other social institutions.

## **STAKEHOLDERS**

Stakeholders in this issue include elders, senior center employees, council on aging members, staff members of the Massachusetts Execu-

tive Office of Elder Affairs (EOEA), administrators of the OAA, federal and local officials, casino owners, and politicians. The elderly are the first to gain or lose from senior center support of gambling activities. Senior center activity directors are also interested in popular activities that increase center participation.

At the state level, the EOEA, whose mission it is to promote the independence and rights of Massachusetts elders, and to support their families, has a vested interest in senior center support of gambling activities. Local governments would also be interested in the disbursement of public funds for gambling trips since they provide a significant proportion of senior center dollars and oversee center operations. Many programs and services that protect the rights of vulnerable, at-risk elders are carried out by senior centers, at the local level.

Casino owners have a lot to gain in this uneasy relationship. Given that the size of gamblers' bets has been shown to increase with age, that the elderly population is growing in size, and that some of today's elders are more affluent than previous generations, casinos have much to gain by the continued support of gambling activities by senior centers (Report to the National Gambling Impact Study Commission, 1999).

Because of the contentious nature of the gambling debate, politicians can be seen taking strong stands on gambling, only to flip-flop their positions when it is politically expedient to do so. When Jane Swift ran for Lieutenant Governor of Massachusetts in 1998, she softened her stand on gambling considerably. The issue of senior center support of gambling activities places politicians in an awkward position. On the one hand, politicians must speak out against exploitation of the elderly. On the other hand, more and more political campaigns are being funded by casino-generated funds (Wilkie, 1999). Moreover, there is an erroneous perception among politicians that the elderly vote as a bloc (Binstock, 1997). Critics maintain that politicians are inclined to support whatever the gray lobby wants, including gambling.

Discussion of current senior center gambling activity and implementation of safety measures are necessary. At the federal level, gaming regulation can be traced to two main Acts, the Johnson Act of 1952 and the Indian Gaming Regulatory Act of 1988. Both acts regulate and protect all employees and owners in the gaming industry. Regulation of senior-center-sponsored gambling at the federal or state

level is not a clear-cut issue. American history suggests that we exercise caution when considering federal regulation of addictive behaviors. Lessons can be learned from the Prohibition debacle. Several politicians interviewed believe it would be impossible to regulate senior center gambling at the federal or state level. One just said, "Don't even bother."

The failure of alcohol regulation at the federal level (Prohibition) and the similarity of the type of problem involved suggest that oversight of senior center operations ought to reside at the local level. Since senior center operations are in theory connected to state level bureaucracy, this issue must be discussed at the state level. However, given the contentious nature of debate over regulation at the state or federal level, the most appropriate venue for this action might be municipal government. Based on the acceptance of senior center alcohol policies in Massachusetts for nearly a decade, it is likely that gambling regulation would also be less contentious at the local level.

## ***POLICY OPTIONS***

### ***Option 1***

One policy option is to discontinue the trips and offer alternative activities such as museum trips, an action already taken by several senior centers in this study. These directors did not give the impression that members were upset about their center's policy to avoid gambling trips. In fact, the directors characterized the situation as, "They don't know what they're missing." This option is economically efficient. Senior centers would retain the resources they are spending on staff time and indirect costs. Staff members might be relieved by not having to organize the trips, and may be able to do other work more efficiently. The social costs of trip elimination, however, would be great. Seniors are reported to enjoy gambling trips immensely. Cost analysis requires taking into account hidden costs like the loss of pleasure experienced by elders on the trips, much more difficult items to quantify. This loss of pleasure could in turn impact the center directly. If seniors can no longer go on the trips they like so much, they may stop coming to the center altogether and find other ways of getting to the casinos, so that driving safety might become an issue. The loss of participation would cost senior centers, not only in the short run, but

also in the long run, since center funding is partially based on overall participation.

Because gambling is such a popular activity at senior centers, this option is probably not likely to be acceptable to some stakeholders. Seniors will be offended by centers that make decisions for them about which trips they may take. Many view the elimination of trips as restrictive of their autonomy. When pressed on this point, activity directors felt less inclined to support the elimination of trips if their center already offers them. Again, they are interested in keeping center participation rates up. This is precisely why the threat of trip termination is ineffective as a behavioral control, because all involved understand that the trips are unlikely to be eliminated. Government officials are unlikely to support total trip elimination when they are so popular. Officials want to keep their constituents happy. At the local level, selectmen stated that it would be political suicide to speak out against casinos when their towns are considering allowing casinos to be built. They stated that they must remain neutral on this matter.

### *Option 2*

A second policy option is trip limitation, with or without the use of chaperones. Some senior centers limit gambling trips to several per year. A few of these centers also send chaperones along. The chaperones, usually council members, are charged with watching over their gambling peers and reporting back to their directors about what they witnessed. One director noted that her trips were offered on a probationary basis with the expectation that seniors not gamble irresponsibly. This option is economically efficient. There is less threat that seniors would leave the center than if trips were eliminated altogether. Thus, while there is less risk of losing center monies, there is still a possibility that seniors would be angered by the fact that decisions are being made for them. They may continue to visit the center but may be disgruntled and create a hostile atmosphere. Trip limitation also means that senior centers must come up with interesting alternatives to keep seniors active, which may cost more to offer than the affordable gambling trips. This is an important consideration because casinos already make available affordable trips that offer centers a great deal for expended resources.

One wonders whether the chaperones are using alcohol or gambling themselves. One may also be skeptical of the effectiveness of this

approach. Are seniors likely to turn in their peers for irresponsible gambling? Perhaps a study should be conducted on the experience of senior centers that use this approach.

Option 2 seems less likely to pass a test for value acceptability. The use of trip limitation enables directors to keep gamblers happy by offering some trips. But threatening to eliminate trips as a means of encouraging responsible gambling may put directors in a bind. Seniors will quickly come to realize that the threat means very little since gambling trips are so popular.

From the seniors' point of view, this policy could be perceived as restrictive of their autonomy. Seniors may also be confused by the mixed messages they receive. On the one hand, seniors seem to feel that they have the right to go on gambling trips. But, the chaperones are asked to report on their peers, conveying the message that the council places little trust in seniors' judgment. From the activity directors' point of view, this option may put them in position to receive even better deals from casinos, for if casinos recognize senior centers' limitation of trips they may sweeten the deals. The downside, of course, is that casinos may become even more savvy at targeting elders in different arenas, and senior centers may lose the control they do have to protect seniors. From the perspective of officials, this option is complicated. On the one hand, limiting the number of gambling trips puts officials in a positive light. Clearly, they are doing something to protect seniors. However, limiting trips may heighten tensions between casinos and officials. The responses of some officials show that they are unlikely to support policies that limit an individual's rights. This is precisely why federal or state regulation of gambling is unlikely to be successful. Rather, a policy put into place at the local level has the greatest chance of survival.

### *Option 3*

There is a third policy alternative, a predominantly voluntary gambling education program. This program would require all senior centers that offer gambling trips to provide voluntary educational training about the potential dangers of elder gambling. These include theft, disorientation in the hurried casino environment, the temptation to gamble more than they may otherwise gamble, and forgetting to take time-dependent medications. The program would also solicit council members or other senior citizens to serve as mentors who would

accompany senior citizens on gambling trips. Unlike the chaperones who accompany their peers in Option 2, these individuals will not be charged with reporting back to directors about particular individuals' behavior. It is anticipated that the gambling education program will bolster the self-esteem of senior citizens who choose to participate as chaperones. In fact, one of the main goals of the gambling education program is to offer senior citizens the opportunity to participate in productive activities such as mentoring.

There are several possible ways to obtain the modest funding needed for a gambling education program. In addition to state or local governments, some funding could come from a surcharge levied on the price of bus trips. Private contributions from the community also may be solicited. Another possible source of private contributions includes casinos themselves. Akin to state support of gambling treatment and education through lottery funds, casinos could provide similar assistance to senior centers through the financing of the gambling education program. The researcher proposes using funds to offer information on both sides of the gambling issue—that is, information about available trips and information about the risks of gambling.

As for the value acceptability of a gambling education program, there has been much discussion recently about the risk of pathological gambling and the degree to which senior centers should be involved with casinos. From the perspective of officials, the gambling education program, which manages to target and hold the attention of a very specific audience, may be highly desirable. In addition to providing officials with a platform for gambling education, supporting a program with a specific message makes the unequivocal statement to their constituents that while the state is concerned about gambling abuse, it will not deprive them of their right to spend their money as they choose. This fear was echoed repeatedly by public officials in this study, who feel that they have been criticized for not doing enough to protect seniors from the questionable marketing practices of casinos.

From the point of view of the casinos, the gambling education program would also help to quell their fears about losing an important stream of revenue. The program would provide them with a platform to state their motivations and outline the ways in which they safeguard their patrons.

A public education program will have high value acceptability among senior center staff since they have much to gain from the pro-

gram. The gambling education program would allow dialogue among government officials, senior center directors, and senior center staff, something that this study found was clearly lacking. The program calls to action all directors who have been facing this issue on their own. The program would offer directors some peace of mind regarding the state and/or local government's stance on gambling activities at senior centers. Finally, a public education program makes clear the responsibilities of all participants. It is expected that the gambling education program will have high value acceptability among senior citizens themselves. Seniors may actually benefit most from the gambling education program. Not only would their concerns about the risks of gambling be addressed; they would receive much needed guidance and support from peers who serve as mentors. Seniors would take comfort in knowing that mentors are not reporting back to directors. Given the research suggesting that a number of seniors are gambling because they are bored (*Rhode Island Journal*, 1998), the gambling education program might turn some would-be problem gamblers into gambling educators.

### CONCLUSION

There are several unresolved issues regarding senior center gambling trips. Most important are questions of equity and freedom of choice. What protections may be developed to limit gambling abuses and to mitigate social and personal costs associated with senior gambling? Further, how can protection be realized without compromising the individual rights of senior gamblers? Considering the various interventions that would satisfy the objectives implicit in each of these questions, senior centers should reflect the values of the general society by valuing freedom of choice above paternalism. Thus, if critical examination results in a consensus that the issue of gambling trips demands attention, it is likely in the best interest of seniors and other stakeholders to explore the benefits of a public education program that does not restrict or prohibit gambling activities.

### REFERENCES

- American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders*. 4th edition. Washington, DC: American Psychiatric Association.
- Atchley, R.C. (1994). *Social Forces and Aging*. California: Wadsworth Publishing Company.

- Binstock, R.H. (1997). The 1996 election: Older voters and implications for policies on aging. *The Gerontologist*, 37, 15-19.
- Blanco, C., Orensanz-Munoz, L., Blanco-Jerez, C., & Saiz-Ruiz, J. (1996). Pathological gambling and platelet MAO activity: A psychobiological study. *American Journal of Psychiatry*, 153(1).
- Boston Globe* (1998). "Elderly Newlywed Sought for Allegedly Beating Wife." May 23.
- Boston Globe* (1998). "Pequots, Doctors to Offer Health Care for Seniors." October 29.
- Cavanaugh, J.C. (1997). *Adult development and aging*. New York: Brooks/Cole Publishing.
- Christiansen, E., & Cummings, W. (1997). U.S. gaming faces new growth challenges. *International Gaming and Wagering Business* (Aug).
- Cosby, A.G., May, D.C., Frese, W., & Dunaway, G. R. (1996). Legalization of crimes against the moral order. Results from the 1995 United States Survey of Gambling and Gaming. *Deviant Behavior*, 17, 369-389.
- Gelfand, D. E. (1999). *The aging network: Programs and services*. New York: Springer Publishing.
- Gemborys, N. (1999). Telephone interview. West Suburban Elder Services. Boston, Massachusetts.
- Glazer, A. (1998). Pathological gambling. *The Nurse Practitioner*, 23: 9.
- Goodman, R. (1999). Telephone interview. Hampshire College. Amherst, Massachusetts.
- Gosker, E. (1999). The marketing of gambling to the elderly. *Elder Law Journal*, 7, 184-216.
- Kalish, R.A. (1985). *Death, grief, and caring relationships*. 2nd edition. California: Brooks/Cole.
- Kennedy, D., & Dubenski, N. "Gambling problems among seniors: AFM releases new information." Addictions Foundation of Manitoba, July 28, 2000.
- Kostyk, D. (1999). Telephone interview. Addictions Foundation of Manitoba.
- Krout, J.A. (1989). *Senior centers in America*. New York: Greenwood Press.
- Kweitel, R., & Allen, F.C.L. (1998). Cognitive processes associated with gambling behaviour. *Psychological Reports*, 82, 147-153.
- McNeilly, D. P. (1999). Telephone interview. University of Nebraska Medical Center.
- National Opinion Research Center. (1999). Report to the National Gambling Impact Study Commission: Analysis of the Casino Survey. University of Chicago.
- National Opinion Research Center. (1999). Report to the National Gambling Impact Study Commission: Gambling Impact and Behavior Study. University of Chicago.
- Philadelphia Daily News* (1999). "Protestants Decry Pennsylvania Vote Linking Gaming and School Funding." February 1.
- Rhode Island Journal* (1998). "Elderly Take a Chance on Gambling, Study Shows." January 4.
- Seigel, L., & Senna, J. (1997). *Juvenile Delinquency*. New York: West Publishing Company.
- Sylvain, C., Ladouceur, R., & Boisvert, J.M. (1997). Cognitive and behavioral treatment of pathological gambling: A controlled study. *Journal of Consulting and Clinical Psychology*, 65, 727-732.

- Thompson, W.N. (1994). *Legalized gambling: A reference handbook*. Santa Barbara: ABC-Clío.
- U.S. General Accounting Office. (1998). "Casino gaming regulation: Roles of five states and the National Indian Gaming Commission." GAO/RCED-98-97.
- U.S. General Accounting Office. (2000). "Impact of gambling: Economic effects more measurable than social effects." GAO/GGD-00-78.
- Wilkie, C. (1999). "Long Odds in the South: Should the Problems Raised by Gambling in Mississippi and Louisiana Serve as a Cautionary Tale for Massachusetts?" *Boston Globe Magazine*, November 21.

## **HAWORTH JOURNALS ARE AVAILABLE ON MICROFORM**

All Haworth journals are now available in either microfiche or microfilm from The Haworth Microform/Microfiche Division at the lowest possible prices.

Microfiche and microfilms are available at 25% above the "library" subscription rate. For journal subscription rates, please look within the journal on the copyright pages. For all microform subscriptions, these charges apply: outside US and Canada: 40% to total; in Canada, 30% to total as well as 7% GST.

Microfilm specifications: 35mm; diazo or silver.  
Microfiche specifications: 105mm x 184mm (4" x 6"); reduction ratio: 24X; nonsilver (diazo) positive polarity.  
Microform are mailed upon completion of each volume.

For further information, contact Janette Kemmerer, Microform Contact, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580; Tel: (607) 722-5857, ext. 311; Fax: (607) 722-1424; E-Mail: [getinfo@haworthpressinc.com](mailto:getinfo@haworthpressinc.com)

Microform and microfiche are also available from Bell & Howell Information and Learning (formerly University Microfilms International), 300 North Zeeb Road, Ann Arbor, MI 48106-1346; Tel: (800) 521-0600.