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Compulsive Gambling in the Indian Community: A North Dakota Case Study[1]

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INTRODUCTION

The theme of this paper is that greater tribal self-rule, though favored by tribal populations and a goal of federal Indian policy, comes with a social price. Exercising tribal sovereignty, North Dakota tribal governments, along with other tribal governments across the country, initiated reservation "high stakes gambling." These tribal "high stakes" gambling enterprises have been praised as examples of successful tribal self-rule and reservation economic development, but that is only part of the story. The other side of the story is that self-rule is accompanied by potential increases in reservation social problems, and, in this case, the problems can be exacerbated by unanticipated gambling-related social dysfunctions.

This paper explores a relatively new and uncharted component of Indian gaming. Through primary empirical research, we examine whether there appears to be a positive correlation between the rapid growth in the numbers of tribal casinos and the incidence of pathological gambling activity in two North Dakota

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Indian tribes—the Devils Lake Sioux of the Fort Totten Reservation and the Chippewa of the Turtle Mountain Reservation.[2] We then compare the rate of pathological gambling activity in the Indian population to the rates for the general population of North Dakota as well as the rates for the general population of Fort Totten, North Dakota, and Belcourt, North Dakota, the major communities on the two reservations. The paper concludes with a discussion of alternative strategies that might be employed to address compulsive gambling behaviors.

Promoting economic development and attaining a greater degree of political and fiscal self-sufficiency has been a major challenge for the nation's original peoples in general and for Indian tribes in the state of North Dakota in particular. Casino gambling on Indian reservations is the latest in a long history of attempts to empower tribal communities. The objective is that tribal governments utilize revenues from casino operations to invest in the tribal infrastructure, to create employment opportunities for tribal members, and to address social problems on the reservations.

The direct and secondary economic benefits that have accrued to many tribes as a result of gaming revenues are indeed impressive. In 1994, total revenues nationally from Indian gaming exceeded three and one-half billion dollars.[3] As of 7 July 1995, there were 123 tribes with approved class III tribal-state gaming compacts.[4]

It should be noted at the outset that the majority of individuals who frequent tribal casinos located close to urban areas are non-Indian and that the majority of Indians on reservations do not gamble at their casinos. In rural states like North Dakota, however, geographic location becomes an important variable. The two tribal casinos that are the subject of this study are located hundreds of miles from any major population center. There is therefore a higher degree of unwillingness on the part of non-Indians who are not residents of North Dakota or of the communities along the Canadian border to travel these great distances to gamble, when similar facilities offering more amenities are located in urban areas closer to their place of residence. Moreover, high unemployment rates on the North Dakota reservations may explain the propensity for members of the tribes to gamble at the casinos.

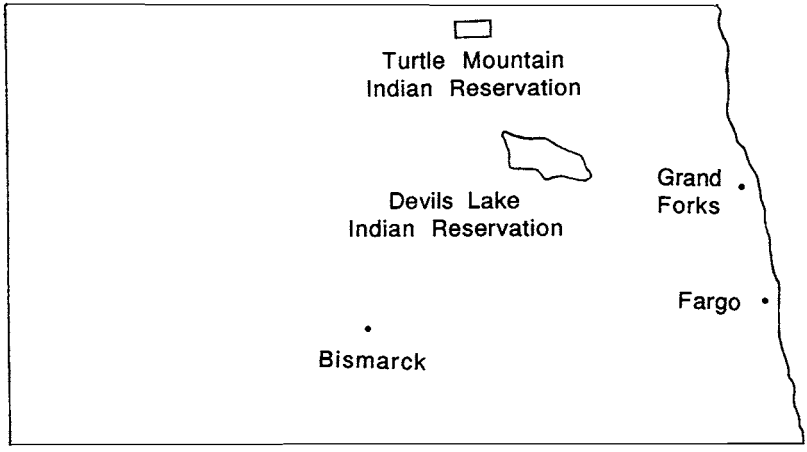
Although there is considerable variation from day to day, during the period of this study the ratio of Indians to non-Indians was much higher on weekdays than on weekends. We also

observed that the ratio of Indian to non-Indian gamblers was higher at the Turtle Mountain Reservation than the Fort Totten Reservation. This may be explained in part by the fact that Fort Totten is much closer to a larger, predominantly white community (Devils Lake) than is Turtle Mountain. Moreover, the Turtle Mountain Reservation has a larger Indian population than does Fort Totten. Another interesting difference is that alcohol is served at the Belcourt casino, but it is not served at the casinos on the Fort Totten Reservation.

RESERVATION PROFILE

Before examining the results of this study, we will present a brief discussion of the history and demographic characteristics of the Devils Lake Sioux tribe (Fort Totten) and the Turtle Mountain Chippewa tribe (Belcourt).[5] The Devils Lake Sioux Reservation in north-central North Dakota encompasses 50,154 acres, while the Turtle Mountain Chippewa Reservation located in northeastern North Dakota covers an area of 35,379 acres. The map (below) shows the geographic location of the two reservations.

The Sioux population on the Devils Lake Reservation numbers 2,676. The Turtle Mountain Chippewa Reservation population is 4,808.[6] The median income for all North Dakotans is $23,123. The median income on the Fort Totten Reservation is $15,394; on the Turtle Mountain Reservation it is $12,020.[7] The unemployment



NORTH DAKOTA

rate for non-Indians in North Dakota is 4.5 percent. At Fort Totten and Turtle Mountain, the unemployment rates are 23.5 percent and 33 percent, respectively.[8] The median age for the reservation populations is 18.2 years for Fort Totten and 22.3 years for Turtle Mountain.[9]

TRADITIONAL VERSUS CONTEMPORARY INDIAN GAMING

Historically, gambling among Indian tribes is not uncommon. Tribes have a long history of wagering on sporting contests such as horse racing, running, and arrow-throwing as well as traditional games of chance.[10] However, traditional Indian betting was certainly not organized, emphasized, or depended upon by tribal society to the extent characterized by the opening of casinos on Indian reservations. In most instances, traditional wagering occurred during tribal ceremonies, celebrations, or other special events. Tribal life was also not complicated by a monetary system or by modern forms of government, which encourage competition for the accumulation of scarce resources.

Traditional Indian culture dictated a very prudent and minimal use of environmental resources necessary to exist. The very concept of gambling in contemporary society rests on the hope of accumulating vast monetary resources in a short period of time. This contemporary view is fast becoming an institutionalized aspect of tribal culture. Some tribal leaders proclaim casino gambling as the "new buffalo," a cure all for the economic woes that plague most tribes in the United States.[11] Conflict has arisen among some tribes over casino gambling and its possible effect on Indian culture.[12]

It is important to note that traditional gambling differs distinctly from casino gambling in two other important respects. First, an important distinction lies in the contrast between traditional and contemporary Indian societies. Prior to contact with European culture, traditional tribal societies were not afflicted with dysfunctional social behaviors such as alcoholism, suicide, and poverty to the degree that they are today. Second, as Volberg and Silver note, "research shows that continuous forms of gambling, with rapid cycles of stake, play and determination, are more likely to lead to problematic involvement than non-continuous forms of gambling. Pull-tabs, bingo and casino-style games are all continuous forms of gambling."[13]

THE INDIAN GAMING REGULATORY ACT

The genesis for the development of Indian casinos is a 1987 Supreme Court decision in *California v. Cabazon Band of Mission Indians*.[14] The case involved a dispute between an Indian band and the state of California over the band's gambling operations. The band claimed that it had sovereign jurisdiction on reservation lands. The Court decided in favor of the band, upholding the right of Indian tribes to conduct gambling operations in states where gaming was already legal.[15] This court ruling was the catalyst for the Indian Gaming Regulatory Act (IGRA) passed by Congress in 1988. The act provides the statutory basis for tribes to conduct gambling on Indian land. Indian land is defined as land that is part of an Indian reservation or off-reservation land held for an Indian tribe in trust by the federal government. Three categories of gaming are covered under this legislation, although class I gambling (social and traditional games) is not subject to the regulatory scheme established by the IGRA. Class II designates bingo, keno, pull-tabs, and card games. Class III provides for casino gambling and parimutuel betting. The legislation dictates that Indian tribes can conduct gaming operations only in states where non-Indians are already permitted to gamble.

The IGRA further requires those states that currently allow class III gaming to enter into compacts with Indian tribes who also wish to operate class III facilities. Under federal law, the tribes can initiate action in federal court seeking a court order compelling state governments to negotiate compacts in good faith. If a compact still cannot be reached, a court-appointed mediator selects a compact most consistent with federal law. Federal law also prohibits states from imposing fees or taxes on Indian gaming unless the tribe agrees during the compact negotiation process to pay such fees.

Both the Turtle Mountain band of Chippewa and the Devils Lake Sioux tribe opened casinos after entering into gaming compacts with the state of North Dakota in October 1992. Prior to that time, both tribes operated bingo facilities. Casinos on both reservations offer video gambling and slot machines. The Turtle Mountain casinos also offer blackjack and Indian dice. Poker and crap tables are available at the Sioux casino. In other words, both casinos offer high stakes gambling.

LITERATURE ON COMPULSIVE BEHAVIOR IN THE INDIAN COMMUNITY

Several studies have been conducted over the past fifteen years on pathological gambling behaviors in the general population. As a result, we now know that addiction rates in the general population (non-Indian) range from 3.5 percent to 4.5 percent.[16] The problem is that there is little in the way of empirical research relating specifically to pathological gambling in minority communities in general and the Indian community in particular. For example, the Minnesota Institute of Public Health compiles data on the numbers of compulsive gamblers seeking assistance through the compulsive gambling hotline, including information on variables such as gender, age, and occupation. However, no data is collected on race. This is despite the fact that race may be an important variable in trying to determine whether pathological gambling affects certain segments of society in a disproportionate manner. In North Dakota, no data are collected.

One possible reason for this paucity of research on the effects of gambling on minority communities is that race might then be used as a political tool. White people might claim that gambling is an "Indian problem" in the same manner that some people argue that increases in violent crime rates in the nation's cities are attributable to the African-American community. Indians might counter that these accusations represent yet another form of racism and yet another attempt by the dominant society to destroy Native American culture through assimilation.

Two recent research projects, in addition to this one, attempt to assess these dysfunctional behaviors specifically in the Indian population in upper Midwest states. Three separate studies conducted by the Indian Health Service (IHS) on an Ojibway reservation in Minnesota found significantly higher rates of pathological gambling in the Indian population than in the non-Indian population.[17] The studies included a school survey of students aged twelve to nineteen years, a telephone survey of adults ranging in age from twenty to eighty-six years, and systematic sampling of active adult gamblers at various gambling sites, a methodology similar in part to the one used in this North Dakota case study.

The adolescent survey and the adult survey of active gamblers showed significant differences between pathological and potential behaviors in the Indian population compared to non-Indian peer populations. The study also notes that there appears to be a

correlation between alcoholism, poverty, and unemployment rates on reservations and the potential for increased gambling problems.

A second study commissioned by the North Dakota Department of Human Services presented findings similar to those of the IHS study described above.[18] The combined lifetime pathological and probable rate in the Indian population was found to be 14.5 percent, compared to 3.5 percent in the general population. Using the 1990 census data for the state, the report predicts that as many as 3,700 Native American adults in North Dakota suffer from compulsive or potentially compulsive gambling behavior.

METHODOLOGY

Five separate samples were generated for the purposes of this study. For comparative purposes, a random sample of 504 adult North Dakotans was generated from the population of North Dakotans. A second random sample of 250 residents of Fort Totten was generated. A third random sample of 250 residents of Belcourt was generated. The fourth sample was a quota sample of one hundred members of the Turtle Mountain band of Chippewa at the tribal casino in Belcourt. The fifth sample was a quota sample of one hundred generated from members of the Sioux tribe at their casino near Devils Lake. Care was taken to ensure consistency in representation of males and females in the samples. With the quota samples, all respondents were asked to identify their tribal affiliation to ensure that non-Indians were not included.

The South Oaks Gambling Screen (SOGS), an instrument validated by the American Psychiatry Association (APA), was administered to assess the prevalence of pathological and potentially pathological gambling behaviors in the North Dakota general population, in the general populations on the two reservations, and in the population of Indians who actually gamble at the reservation casinos. The SOGS questions respondents about a number of behaviors concerning gambling activity, sources of funds used to gamble, whether the individual has been criticized about gambling behaviors, whether the individual feels guilty about the amount of gambling, and so forth. If the respondent answers affirmatively to five or more of the questions that are indicative of compulsive behavior, that respondent is considered to be a pathological gambler. Pathological gambling is defined

by the APA as "chronic and progressive failure to resist impulses to gamble, and gambling behavior that compromises, disrupts, or damages personal, family, or vocational pursuits."[19] Those responding affirmatively to three or four of the indicator questions are considered potentially pathological gamblers. In other words, they exhibit all of the signs that will result in compulsive behavior in the future if they continue to gamble today. The instrument used for this study included two additional demographic questions about gender and age. The instrument was pretested to ensure that the questions contained no cultural bias.

The completed SOGS instruments were analyzed and coded. The dependent variable was ordinal based on the classifications pathological, potential pathological, and nonpathological. Three independent variables were included: age (under thirty or over thirty), gender, and gender under thirty. Given the nominal and ordinal nature of all variables, contingency analysis(cross-tabs) was deemed the most suitable quantitative method. The chi-square statistic was computed to determine statistical significance and the alpha level was set at .05. The Cramer's V measure of association was computed for each contingency table that showed statistical significance. Frequencies are also reported.

RESULTS

Analysis of the data from the general population of North Dakotans reveals a state-wide compulsive gambling rate of 6 percent. The national average ranges between 3.5 percent and 4.5 percent. None of the chi-squares in this sample indicated statistical significance. Forty-eight percent of those individuals who showed signs of compulsive gambling behavior were men. The age distribution was random.

The compulsive rate for the Fort Totten general population sample was 14 percent; for the Belcourt general population sample it was 10 percent. Again, none of the chi-squares showed statistical significance. In Belcourt, 80 percent of the compulsive gamblers were men, and 20 percent of the total number of those individuals in the Belcourt general population sample were under thirty years of age. In the Fort Totten general population sample, 58 percent of those who exhibited compulsive gambling behavior were male, and the age distribution for all respondents in this category was random (see table 1).

Table 1

	General North Dakota Population %	General Chippewa Population %	General Sioux Population %
% Compulsive	6	10	14
Male	48	80	58
Female	52	20	42
Under 30	Random	20	Random

Table 2 shows the percentages for the respondents from the quota samples of members of the Turtle Mountain Chippewa band generated at the Belcourt casino and the Devils Lake Sioux members generated at the Devils Lake casino. The data indicate that 23 percent of the Chippewa are compulsive gamblers, with another 19 percent probable pathological gamblers (combined rate 42 percent).

Table 2

Turtle Mountain Chippewa

Category	Percentage
Compulsive	
Total both male and female	23
Total female	74
Total under thirty male and female	65
Total under thirty and female	73
Potential	
Total both male and female	19
Total female	63
Total under thirty male and female	68
Total under thirty and female	75

Devils Lake Lakota Sioux

Category	Percentage
Compulsive	
Total both male and female	29
Total female	66
Total under thirty male and female	52
Total under thirty and female	93
Potential	
Total both male and female	30
Total female	73
Total under thirty male and female	80
Total under thirty and female	71

In the compulsive category, 74 percent are women, 65 percent of compulsive pathological gamblers are under thirty years of age, and 73 percent of those under thirty are women. The percentages are similar in the potential category.

Respondents in the Devils Lake casino sample exhibited a compulsive rate of 29 percent and a potential rate of 30 percent (combined 59 percent). The disproportionate impact on women and individuals under thirty years of age is consistent with the findings for the Turtle Mountain Chippewa.

Table 3 presents the results from the contingency analysis for the quota samples. All X^2s are statistically significant, some at alpha levels of .01 and .001. The measures of association range from low to moderate.

DISCUSSION AND POLICY RECOMMENDATIONS

This is the third study conducted in the last two years that indicates a significant difference in pathological and potentially pathological gambling behavior in the Indian population relative to the general population, although compulsive rates in the North Dakota general population are slightly higher than the national average. Although more research is needed, it seems clear that a trend is emerging that should concern tribal leaders in rural states like North Dakota. As more and more reservations negotiate compacts with state governments to construct casinos, additional studies will be needed to determine any changes in the pathological gambling rates for Indians and non-Indians.

An important question is, Who will fund additional studies to assess the long-term effects of this problem on tribal communities in states like North Dakota? Equally important issues are how professional treatment will be provided, how these treatment programs will be funded, and what role tribal governments will play in the process.

We believe that discussions concerning these questions are not simply part of the social policy debate that relates to a number of severe problems on Indian reservations in North Dakota. In fact, that type of narrow focus diminishes their importance. Indeed, the issue of how pathological gambling in the North Dakota Indian population will be addressed goes beyond the social dysfunction debate. It lies at the heart of Indian self-determination for the Turtle Mountain Chippewa and the Devils Lake Sioux.

Table 3
Contingency Analysis

Turtle Mountain Chippewa		
Dependent Variable: Gambling Behavior		
	X^2	V
Independent Variables:		
Gender	9.29	.22**
Age	6.72	.18*
Gender under thirty	6.98	.27*

Devils Lake Lakota		
Dependent Variable: Gambling Behavior		
	X^2	V
Independent Variables:		
Gender	10.99	.23**
Age	6.08	.17*
Gender under thirty	15.05	.33***

*p < .05
**p < .01
***p < .001

North Dakota Indian tribes have been demanding more autonomy in the operation of service programs and a further devolution of responsibility from the Bureau of Indian Affairs (BIA) to tribal government. Surely an important component of increased self-government and self-determination relates to tribes assuming a proactive role in promoting the social as well as the economic well-being of their members. Tribal government is the beneficiary of gaming revenues and therefore must assume primary responsibility for the social costs related to gambling. Tribal leaders must accept the fact that compulsive gambling is a problem on the two reservations in question and that tribal government, not the federal government, must address this problem.

The long-term externalities associated with untreated pathological gambling behaviors on Indian reservations such as Fort Totten and Belcourt could destroy what remains of tribal culture. Moreover, current tribal leadership may be guilty of exacerbating the social dysfunctions on the reservations— a malfeasance heretofore attributed exclusively to non-Indian leaders. The placement of large advertisements in the tribal newspaper enticing tribal members to spend their treaty payments in the local casino is a case in point.[20]

Long-term compulsive gambling can lead to the further deterioration of tribal social institutions such as collectivity, family, and the important role of elders. Compulsive gambling can also cause increases in suicide rates, divorce rates, and alcoholism. This decay can ultimately harm economic development, because economic development and social development are not mutually exclusive. Future business partnerships and investments in the reservation infrastructure may be constrained by these social dysfunctions.

Recent federal legislation reflects the view that tribal government should take a more proactive role in addressing social problems such as pathological gambling. The Indian Mental Health Demonstration Grant Program offered by the Indian Health Service (IHS) provides for partial funding of community-based health services to Indians (USCA). Tribal governments are required to share costs of planning, developing, and implementing the program. Unlike most past policies for Indians, the onus is placed on tribes to take the initiative by, first, expressing a desire for mental health services through IHS and, second, funding 25 percent of the program.

Perhaps the most important feature of this new policy is its emphasis on the use of mental health approaches that seek to maintain traditional Indian values and culture. There is a growing movement in the mental health counseling literature away from conventional psychological approaches and toward integrated interventions that recognize Indian traditions.[21] This approach weaves conventional practices with a holistic and spiritual healing system. Not only does an integrated approach offer a greater likelihood for success through counseling intervention; it seeks to strengthen traditional Indian culture debased by the application of past assimilation policies. We believe an important indicator of tribal governments' ability to govern effectively will be their response to the challenge of providing assistance to those negatively affected by tribal policy choices such as the introduction of casino gambling.

Tribes need to invest in research concerning treatment alternatives that are applicable to the Indian community, and they need to develop an internal capacity to provide education, treatment, and prevention programs for pathological gamblers that are sensitive to the needs of their citizens. This first requires recognition that a problem exists, development of long-term strategic plans to address the problem, and allocation of resources for research, training, and treatment to confront the problem.

CONCLUSION

This paper has examined the rate of pathological gambling in the general population of North Dakotans, in the general populations of the Turtle Mountain Chippewa and the Devils Lake Sioux, and in the population of Chippewa and Sioux who gamble at reservation casinos. The data were then compared to national pathological gambling rates.

The results showed that the compulsive gambling rates for categories of respondents was higher than the national rate of between 3.5 and 4.5 percent. The problem was particularly acute in the Indian respondents who gamble, and the problem was most dramatic in Indian women under thirty.

Obviously, the results of a study focusing on two Indian tribes in a single state cannot be generalized beyond the two reservations in question. However, more research is needed into pathological gambling on Indian reservations, particularly in light of the growing number of reservation casinos. A comparative database is needed to assess the situation on a national basis.

Tribal casinos are now a part of an emerging policy debate on the growing prevalence of compulsive gambling in the Native American population. This case study of the Turtle Mountain Chippewa and the Devils Lake Sioux tribes of North Dakota lends further empirical justification to the fact that a serious problem appears to exist, at least in North Dakota. Tribal leaders at the Belcourt and Fort Totten reservations need to take a proactive role in assessing the situation and devising strategies to deal with the problem before it worsens.

NOTES

1. This manuscript was completed while Don A. Cozzetto was on a postdoctoral fellowship in public policy and minority communities at the Hubert H. Humphrey Institute, University of Minnesota, under the direction of Dr. Samuel L. Myers, Jr., Roy Wilkins Professor of Human Relations and Social Justice.

2. The tribal population referred to generically as Devils Lake Sioux is actually composed of three bands: Yanktonai, Wapheton, and Sisseton.

3. "Indian Groups Oppose Gaming Bill," *Albuquerque Journal,* 22 August 1995.

4. Information provided by Paula L. Hart, Bureau of Indian Affairs, Office of Indian Gaming Management.

5. For a detailed discussion of these two tribes, see Mary Jane Schneider, *North Dakota Indians: An Introduction* (Dubuque, IA: Kendall Hunt Publishing Company, 1994).

6. 1990 census, North Dakota, General Population Characteristics.

7. Ibid.

8. Ibid.

9. Ibid.

10. Franke Wilmer, "Indian Gaming: Players and Stakes"(Unpublished paper, Americans for Indian Opportunity, Bernalillo, New Mexico, 1993).

11. The term *new buffalo* was used repeatedly in discussions with Indian leader Bill Means and appears on a regular basis in various publications.

12. "Casino Issue Hotly Divides Mohawks as New York Reservation Arms Itself," *New York Times,* 22 March 1993.

13. Rachel A. Volberg and Eric Silver, "Gambling and Problem Gambling in North Dakota" (Albany, NY: Gemini Research, 1993).

14. 480 U.S. 202, 107 S.Ct. 1083, 94LEd2d 244 (1987).

15. Don A. Cozzetto, "The Economic and Social Implications of Indian Gaming: The Case of Minnesota," *American Indian Culture and Research Journal* 19:1 (1995): 121–22.

16. The following are representative of this literature: Rachel A. Volberg and Randall M. Steufen, "Gambling and Problem Gambling in South Dakota" (Vermillion, SD: University of South Dakota, 1991); Volberg and Silver,"Gambling and Problem Gambling in North Dakota"; Volberg and Henry J. Steadman, "Refining Prevalence Estimates of Pathological Gambling," *American Journal of Psychiatry* 145 (April): 502–505; University of South Dakota Business Research Bureau, "Gaming in South Dakota: A Study of Gambling Participation and Problem Gambling and a Statistical Description and Analysis of Its Socioeconomic Impacts" (Vermillion, SD: University of South Dakota, 1991).

17. Darryl Zitzow, "Incidence and Comparative Study of Compulsive Gambling Behaviors Between American Indians and Non-Indians within and near a Northern Plains Reservation," Indian Health Service, Bemidji Area Office, 30 October 1992.

18. Volberg and Silver, "Gambling and Problem Gambling in North Dakota."

19. Henry Lesieur, "Compulsive Gambling," *Society* (May/June 1992), 43–50.

20. *Turtle Mountain Star,* 31 January 1994.

21. Teresa D. LaFromboise, Joseph E. Trimble, and Gerald V. Mohatt, "Counseling Intervention and American Indian Tradition: An Integrative Approach," *The Counseling Psychologist* (October 1990): 628–54.