Statement Presented to Kentucky General Assembly
Pari-Mutuel Wagering Taxation Task Force
November 19, 2021

Thank you for this opportunity to speak with the Task Force today. Good Morning. I am Mike Stone, and I serve as the Kentucky Council on Problem Gambling (KYCPG) Executive Director. With me today is Dennis Boyd, who is the Council's Legislative Committee Chair, and John Arnett, who is member of the KYCPG Board.

Let's begin by making it clear the Council is not anti-gambling. The Council's mission is to increase awareness of problem gambling, promote prevention and research, and advocate for the availability of treatment. KYCPG cites evidence that excessive gambling is a public health issue that can be best addressed through a state-operated program of evidence-based approaches to prevention, mitigation and counseling. KYCPG is not advocating to get funding for itself. It is advocating for services for the problem gambler and his or her family, and for society.

KYCPG does not oppose nor advocate for gambling. Gambling exists. Statistics indicate a percentage of Kentuckians already are at risk or have a problem or addictive gambling disorder, which is defined by the American Psychiatric Association in the *Diagnostic and Statistical Manual of the Mental Disorders, Fifth Edition*. KYCPG's advocacy efforts focus on raising awareness of problem gambling, promoting responsible gambling, and helping the problem and addicted gambler and his or her family.

The Council notes two of the most signifiant factors for individuals to gamble to excess are opportunity and proximity. With expanded gambling opportunity in Kentucky, more people will be closer to increased gambling opportunity. The need for a publicly funded problem and addicted gambling education, prevention and treatment program is justified more than ever before. **KYCPG urges the Kentucky General Assembly to authorize such a program and establish a recurring funding mechanism from existing and projected revenue the state will receive from legally approved gambling.**

Kentucky is a gambling state. A survey by the firm IPSOS for the National Council on Problem Gambling (NCPG) released this year showed 78 percent of adult Kentuckians gambled within the last year. More than $2 billion was spent, wagered or bet on legal gambling activities in Kentucky last year with the Kentucky Lottery, at pari-mutuel racetracks and simulcast facilities, and at charitable gaming venues. Economic competition results in gambling's continued expansion in order to maximize its revenue. Examples are machines in bingo halls for faster play, electronic pulltabs, Keno, on-line Lottery sales and Historical Horse Racing (HHR) machines at Kentucky's pari-mutuel racetracks, which now are allowed to establish satellite operations furthering the expansion. In addition, the General Assembly will consider legislation in its 2022 session to legalize sports gambling in the state. Kentucky state government received about $300 million last year in revenue from legally sanctioned gambling.

If people gamble, some will develop a gambling problem or addiction. The Harvard Medical School Division on Addiction's meta-study remains the most-cited reference of the extent of addicted gambling. It concluded approximately 1 percent of a population suffers from a gambling addiction. That's about 30,000 adults in Kentucky.

The same study pegs problem gambling at 3 percent, or some 90,000 Kentucky adults. A survey conducted by the University of Kentucky Survey Research Center showed 9,000 addicted gamblers and 51,000 problem gamblers in Kentucky, as well as 190,000 individuals at risk of developing a gambling addiction. These figures align with the problem and addicted gamblers reported in the 2003 Legislative Research Commission Report #316, *Compulsive Gambling in Kentucky*. That report supported the need for a publicly funded program to address problem and addicted gambling.

A gambling problem is evident when someone continues to gamble in spite of recurring negative consequences resulting from or linked to the gambling activity. An advisory from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) notes, "Gambling problems are associated with poor health, several medical disorders, and increased medical utilization -- perhaps adding to the country's healthcare costs." Additional citations KYCPG can provide include:

- Gambling disorder increases the chance of an individual's developing a psychological disorder, particularly antisocial personality disorder, major depression and phobias.
- Gambling disorder is linked to behavioral health conditions, including alcohol use disorder, drug use disorder, nicotine dependence, mood disorder, anxiety disorder, and personality disorder."
- Academic and medical research identifies both learned responses and normally occurring brain chemicals as contributing to a person's striving to recreate an experience through gambling. For these individuals, it's not about the money; it is about staying in the game. In the gambler's parlance, it's being in action. They crave the need to gamble and likely need help through Gamblers' Anonymous, counseling or treatment to stop or minimize their gambling.
- Addicted gamblers have a higher suicide rate than any other addictive disorder. KYCPG's President and Director of Education RonSonLyn Clark, Psy.D., ICGC-II, Senior Director of Prevention and Substance Abuse Treatment Services, RiverValley Behavioral Health, Owensboro, always screens for suicide thoughts or actions when treating gambling disorder. She says it is a primary duty of care for the client because the suicide rate of problem gamblers is so high, and they are so effective at keeping their addiction hidden.
- A study by Nancy Petry, Ph.D., indicated each addicted gambler (those suffering a gambling disorder, which previously has been known as compulsive gambling or pathological gambling) affected 8-10 other individuals.
- Those with a gambling problem are six times more likely to be divorced than those without a gambling problem.
- A study showed 25-50 percent of spouses of compulsive gamblers were abused, and intimate partner violence increased 10.5 times when the partner was a problem gambler.
- Negative impacts on family members can include a variety of physical, emotional, and financial problems, such as stress-related illness (e.g., headaches, high blood pressure, anxiety, depression), loss of trust, neglect, domestic violence, severe financial hardship, separation, and . . . divorce."
- Research has shown that children with parents who have gambling problems are up to 10 times more likely to develop gambling problems themselves.
- Problem gamblers have increased involvement in criminal activity.
- Problem gamblers miss work, lose productivity and get fired from employment.
- Problem gamblers use family financial resources to gamble, frequently without a partner's knowledge, and often resulting in bankruptcy.

Gambling's potential impact on society, and the value of increasing awareness of potential harm from excessive gambling, can be inferred from last month's announcement by the National Football League that its NFL Foundation will grant $6.2 million over the next three years to NCPG, which will use the funds to increase prevention and responsible gambling messaging. The NFL, as well as the gambling industry, understands its social responsibility.

Society pays for the criminal justice and government social services in place to address these problems. The impact is far from just the individual. Society shares in the cost. New and more comprehensive data can provide a better understanding of the scope of the problem and plan an effective public health initiative.

Academic studies indicate each addicted gambler costs society between $1,200 to as much as $19,000 per addicted gambler. Using these estimates and the prevalence of gambling in Kentucky, the impact to the state could be as low as $10 million annually or as high as $313 million each year. Regardless, the benefit of addressing problem and addicted gambling will lower the social cost of the disorder in Kentucky.

Nationally, the 40 states and territories with publicly funded problem gambling services spend an average of 23-cents per person according to a report from the National Association of Administrators of Disordered Gambling Services. In Kentucky, that extrapolates to slightly more than $1 million. Following the release of LRC Report #316, KYCPG researched and presented a five-year plan to establish a set of fully functioning problem gambling services. The estimate indicated funding of $1.4 million in year one, increasing to $3.7 million in year five. In 2012, KYCPG researched publicly funded problem gambling services provided in similar-sized gambling states. It showed, based on 2010 census numbers, that Kentucky needed 14-24 certified gambler counselors across the state to provide adequate, competent counseling services. Currently, there are five active certified gambler counselors located in London, Louisville and Owensboro. All of Kentucky's border states have legal gambling, and each one provides publicly funded services for problem gamblers and their families.

There is evidence nationally that publicly funded problem gambling services mitigate gambling harm and provide needed counseling services. Even in Kentucky there is anecdotal evidence that education and awareness works. In 2006, the Kentucky Incentives for Prevention (KIP) survey of more than 100,000 public school students across the state added questions regarding gambling behavior among youth. In that first KIP survey, almost 50 percent of high school seniors indicated they gambling within the past year. Since then, working with the Kentucky Lottery Corp., KYCPG has provided more than 200 addiction awareness programs to middle and high schools across the state. The latest KIP survey reported 26.6 percent of high school seniors gambled in the past year, a percentage almost half of the first-year figure. But a prevention, mitigation and counseling program cannot function without professionals.to deliver the services, and currently Kentucky has no program nor appropriated any funding for a program.

According to the NCPG, problem gambling prevention and treatment programs save money by decreasing the severity and prevalence of gambling addiction, which in turn reduces suicidal behavior, cuts criminal justice and other social costs, lowers usage of other public health services and improves quality of life, family relationships, financial and mental health, housing and other key indicators of health and welfare. Research indicates Every $1 spent on treatment saved more than $2 dollars in social costs.

The state now receives around $300 million in receipts from legislatively sanctioned gambling. A projection cited in a recent Pari-Mutuel Wagering Taxation Task Force meeting estimated increased revenue from HHR at more than $50 million per year without any changes to the tax on pari-mutuel wagering. Even funding at 5 percent of the projected annual increase in state revenue from legal gambling would fund a credible program in Kentucky.

(**PLEASE NOTE,** KYCPG is not seeking to operate the program nor be named in legislation, other than to have a seat on any advisory group established by law.)

Gambling has become an accepted activity for mainstream society in America and in much of the world. Kentucky long has been associated with one of the most significant gambling events in the nation each year. Along with acceptance of gambling is the recognition that it can be an addictive behavior. Those that profit from gambling have an obligation to minimize the potential harm by providing prevention and counseling services. Canada, the United Kingdom, Australia and New Zealand are among the leading proponents of providing problem gambling services. In the United States, 40 jurisdictions, including all of Kentucky's neighboring states, fund problem gambling services from revenues received from legal gambling activities. The gambling industry recognizes its responsibility by sponsoring Responsible Gaming Education Week and participating in the Responsible Gift Campaign.

Problem and addicted gambling is a public health issue that can be best addressed through a state-operated program of evidence-based approaches to prevention, mitigation and counseling. **KYCPG urges the General Assembly to designate a portion of the revenue received from legal gambling to fund a public program of problem and addicted gambling education, prevention and counseling services.** The opportunity and means are before the General Assembly.

Thank you for your time and consideration.

Submitted by:
The Kentucky Council on Problem Gambling (KYCPG)
A 501(c)(3) non-profit organization governed by an all-volunteer board, funded by memberships, grants, donations and sponsorships from the public, government agencies, organizations and the gambling industry.
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Statement Presented to the Kentucky General Assembly Pari-Mutuel Wagering Taxation Task Force
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I am a member of the board of the Kentucky Council on Problem Gambling (KYCPG) and am also a recovering compulsive gambler. I am one of those statistics that is mentioned by Mike Stone. I may not be able to be present for the hearing because of health reasons, so I ask the committee to consider this written statement.

I was a practicing attorney in Northern Kentucky for almost forty years. I began gambling in 1999 at various casinos and race tracks. I developed a gambling addiction over a period of several years to the extent that it cost me my career, home, livelihood, and eventually my freedom as I stole from clients to feed my addiction. I ultimately was charged with multiple felony counts of theft and forgery, convicted, and given a ten year prison sentence of which I served three years.

Compulsive gamblers in this state would greatly benefit from programs created and funded by legally approved gambling legislation to be used for awareness, prevention, and treatment of gambling addiction. Currently, most medical insurance carriers do not cover inpatient treatment for gambling addiction, nor other treatment options that could be covered by such legislation. It is imperative that this addiction be addressed in its earliest stages. Gambling addiction is a progressive disorder, and recovery is most effective if help is available in its earliest stages. It is a disorder that is not widely understood.

If I am able to be present, I will respond to any questions. Otherwise, please consider this as my testimony.

Submitted by John G. Arnett, JD,
1801 Charleston Ct., Florence, KY 41042

CC: Mike Stone, Executive Director, KYCPG

NCPG
National Council on Problem Gambling
National Helpline 800.522.4700

Written Statement Presented to the Kentucky General Assembly Pari-Mutuel Wagering Taxation Task Force
November 19, 2021

I write today on behalf of the National Council on Problem Gambling (NCPG) and the estimated 7 million Americans with gambling problems. NCPG is in full support of the efforts of its state affiliate, the Kentucky Council on Problem Gambling (KYCPG), to urge the Kentucky General Assembly to create a publicly-funded gambling addiction, education, prevention, and treatment program funded by a recurring mechanism that draws from existing and projected revenue the state will receive from legally approved gambling.

NCPG is a nonprofit organization, founded in 1972, that is the national advocate in the development of comprehensive policy and programs for all those affected by problem gambling. NCPG is neutral on legalized gambling and works to improve health and wellness by reducing the personal, social and economic costs of problem gambling.

NCPG has long advocated for funding for problem-gambling services to come from gambling revenue. Everyone who profits from sports betting bears responsibility for gambling problems. Dedicating a portion of profits from gambling to mitigate gambling harm is an ethical imperative and an economic necessity. Forty states, including all of Kentucky's neighboring states, provide public support. Tennessee designates 5% of tax revenue from sports gambling to problem gambling services. Ohio designates 2% of the gross tax on casino revenue to a state problem gambling and addictions fund. Indiana designates 3.33% of its admission tax, its supplemental wagering tax, and its sports wagering tax to the Division of Mental Health and Addiction, of which, at least 25% must be used for the prevention and treatment of compulsive gambling. In addition, Indiana requires racetracks that offer slot machines to pay a $500,000 annual problem gambling fee per racetrack for preventing and treating compulsive gambling.

I urge the General Assembly to designate a portion of the revenue received from legal gambling to fund a public program of problem and addicted gambling education, prevention and counseling services. It will be an important first step to reducing social costs from gambling addiction to families and communities throughout the Commonwealth.

On behalf of NCPG, I would like to thank the Chairs for the opportunity to submit my remarks for the record.

Sincerely,

Keith Whyte, Executive Director

Cc: Mike Stone, KYCPG
Cole Wogoman, NCPG

NAADGS
National Association of Administrators for Disordered Gambling Services

National leadership in prevention, education, clinical care and recovery

November 19, 2021

Dear Members of the Pari-Mutuel Wagering Taxation Task Force,

Thank you for the opportunity to offer this testimony today. My name is Linda Graves, and I am Executive Director of the National Association of Administrators for Disordered Gambling Services or NAADGS (NAY-uh-digs).

National Association of Administrators for Disordered Gambling Services (NAADGS) is a national association with members from 30 states and the District of Columbia who administer public funds for prevention, intervention, treatment, recovery, and aftercare for those who are negatively impacted by gambling activities. As an organization, NAADGS is gambling neutral, neither being for nor against legalized gambling activities. NAADGS offers education and support and sets standards of care regarding problem gambling services and prevention of such problems throughout the United States.

NAADGS's mission is:

> **To enhance state and federal efforts to raise awareness, educate, and mitigate the potential impact or related harm of gambling.**

As a national organization, we would like to share some thoughts regarding funding for problem gambling and prevention of gambling harm from a national perspective.

The Diagnostic and Statistical Manual for Mental Disorders has had a diagnosis for pathological gambling since its Third Edition, published in 1983. At that time, pathological gambling was considered an impulse control disorder, not otherwise specified (NOS). In 2013, DSM-5[1] the diagnosis was changed to gambling disorder and was re-located to the addictions section due to the amount of research that supported such a placement.

No federal funding addresses prevention or services for gambling disorders. The federal government has not yet included gambling disorder in its funding through Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Medicare and Medicaid Services (CMMS), or block grant programs or other federal funding streams, even though the research has proven its similarity to drug and alcohol addiction physiologically as indicated by its relocation in the DSM-5 in 2013. According to the National Council on Problem Gambling, $7.5B in revenue goes to the federal government from withholding taxes from gambling businesses, yet none is earmarked for those with gambling disorders.[2]

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That leaves funding up to individual states for prevention and treatment services for both those who gamble and those who are negatively affected by that gambling like family members. States vary widely in their allocations to services for those affected by gambling disorders, with only $.23 spent per capita across the nation on services for problem gambling (www.naadgs.org). When the 2016 Survey of Problem Gambling Services in the United States was conducted, forty states had publicly funded services for problem gambling, but of those state agencies, 57% of them said funding was critically needed even though they had some allocation for services. There was no public funding directed to problem gambling services in the state of Kentucky (https://naadgs.org/kentucky/).

With more than $2 billion spent on wagering activities in Kentucky, and the pending expansion of Historical Horse Racing, satellite off-track betting and sports betting, it is imperative that the state allocate funding for services for Kentuckians who develop gambling problems or become addicted to gambling behaviors. Two determining factors in developing gambling problems are availability and proximity, both of which are present in Kentucky, with increased gambling availability pending through current expansion efforts. This is the time for the state of Kentucky to take social responsibility for the harm that may occur because of the state sanctioning gambling activities and expanding those gambling choices. Approximately 96% of people can gamble safely, but some cannot. And those who do develop problems need to have services specific to their need available to them through state funding. Even without the current pending expansion, the state of Kentucky received around $300 million with its current legalized gambling. Currently, none of those funds are directed to problem gambling prevention services nor go to assist those who develop problems because of gambling activities.

Gambling disorder is a hidden disorder. Problems related to gambling behavior are not as evident as problems related to substance use or mental health challenges. There are no physical signs evident when one looks at a person with a gambling disorder. We don't recognize them when we go to the grocery store or play in a park or see them along the street corners as we drive our city streets. Consequently, even though a 2008 study by University of Kentucky Research Center indicated that there were 60,000 individuals in Kentucky have some problems related to gambling, there is no assistance available to them. But their condition is oftentimes devastating, maybe even more so that the person with substance use disorders. Problem gamblers have the highest rate of suicide of any addiction. Yet their disorder is "hidden." Their needs are real, and their needs are life changing. The effects on their families are devastating. And their situation goes unrecognized by the state of Kentucky, who benefits through gambling revenue from their gambling problems.

NAADGS
National Association of Administrators for Disordered Gambling Services
National leadership in prevention, education, clinical care and recovery

In any new gambling legislation, NAADGS requests that the state of Kentucky include a specific amount by percentage that will be directed specifically to problem gambling services, 2% of the net gambling proceeds per annum. If this funding is established by percentage, it will fluctuate with gambling revenues, allowing for the expansion of services with increased gambling, and less funding should the revenues not be as robust. This funding level will allow for Problem Gambling Services to be established and maintained with best practices and acceptable standards of care across a continuum of needed services: prevention, education, treatment, recovery and research. It will allow Kentucky to meet minimum acceptable standards of care across problem gambling programming and will afford Kentuckians equal problem gambling services comparable to other state programs. It will indicate that the state of Kentucky cares about its residents and takes responsibility for those who are harmed by activities that have been approved by the state.

Thank you for your time and thoughtful consideration of this information. Please feel free to contact me should you desire further discussion or have questions in regard to these contents.

Linda A Graves, PsyD. IGCC-II

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[1]American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
[2]National Council on Problem Gambling, webinar, *2021 State Legislative Gambling Landscape*, Keith Whyte, (January 26,2021)

Kentucky Is a Gambling State

Horse Racetracks

Kentucky Is a Gambling State

Historical Racing

Kentucky Is a Gambling State

Charitable Gaming (Bingo)

Kentucky Is a Gambling State

Lottery Retailers

Gamblers' Anonymous Meetings in Kentucky and Nearby States

Location of Certified Gambler Counselors

KENTUCKY COUNCIL on PROBLEM GAMBLING

When It's No Longer a Game, *There Is Help!*

Call or Text 1-800-GAMBLER

Helpline/Text/Chat
1-800-Gambler
1-800-426-2537

Websites
www.kycpg.org
www.kygamblinghelp.org

The Issue: Addressing Problem and Addicted Gambling

★There are 9,000 addicted gamblers and 51,000 problem gamblers in Kentucky, as well as 190,000 individuals at risk of developing a gambling addiction. These figures are derived from surveys conducted in 2002 and 2008 by the University of Kentucky Survey Research Center.

★Recent surveys by the national polling firm IPSOS, released in 2021 by the National Council on Problem Gambling, report 78 percent of adult Kentuckians gamble each year.

★The Kentucky Incentives for Prevention (KIP) survey by REACH of Louisville for the Dept. of Behavioral Health Developmental and Intellectual Disability (DBHDID) show youth are gambling, too, and subject to gambling problems or addiction. In 2018, 26.6 percent of 12th graders gambled in their lifetimes, and 1.9 percent (about 2,000) reported their gambling caused personal or financial problems.

★Addicted gamblers cost Kentucky at least $10.8 million annually from domestic abuse, social services, unemployment insurance, bankruptcy, crime and punishment, lost wages and productivity, and suicide. This figure is based on the lowest surveyed number of addicted gamblers in Kentucky and the lowest academic estimate of the social cost of addicted gambling.

★It is not possible to quantify the personal and familial damage accruing from addicted gamblers. Research shows each addicted gambler impacts the life of 8-10 other people.

★Evidence from the 39 states with publicly funded programs to address problem and addicted gambling indicate prevention efforts mitigate the public health impact of problem and addicted gambling and counseling treatment helps individuals and families recover from the addiction.

★Kentucky is a gambling state, and the state government receives more than $250 million annually from taxes, fees and transfer payments from legislatively sanctioned, legal gambling. None of these funds are directed to address a mental health condition resulting from legal gambling approved by the state -- which profits the state but leads some into addiction.

★The Kentucky Council on Problem Gambling (KYCPG), a non-profit Kentucky corporation whose mission is increasing awareness of problem gambling, promoting prevention and research, and advocating for the availability of treatment, ***seeks inclusion of language in legislation to expand gambling in Kentucky or to increase taxes remitted from pari-mutuel Historical Racing Machines to establish a publicly funded program to address problem and addicted gambling in Kentucky.***

★A clause in such legislation to direct a portion of the increased revenue the state will receive to fund the modest request to establish and sustain a program is a responsible action to address a documented public health concern. The amount suggested, $1.5 million, based on Kentucky's population and experience from other states, is about one-half of one percent of the money the state collects from legal gambling.

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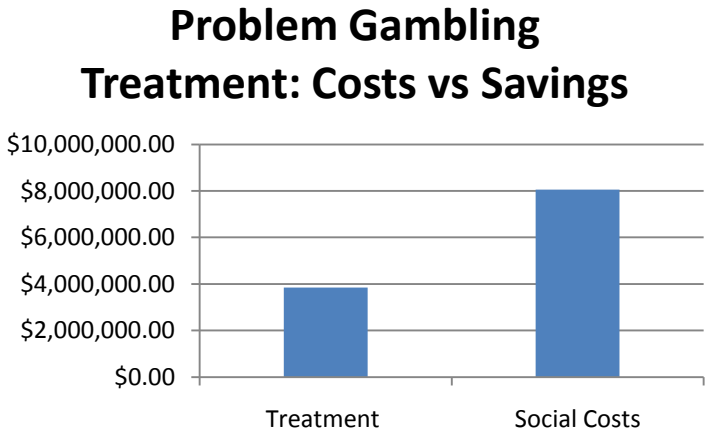
Cost/Benefit of Problem Gambling Services

Problem gambling prevention and treatment programs save money by decreasing the severity and prevalence of gambling addiction which in turn reduces suicidal behavior, cuts criminal justice and other social costs, lowers usage of other public health services and improves quality of life, family relationships, financial and mental health, housing and other key indicators of health and welfare.

Treatment saves money. Every $1 spent on treatment saved more than $2 dollars in social costs. In addition, treatment helped repair shattered lives and restore devastated families, a benefit beyond mere dollars.

Oregon treated 2,012 people for problem gambling in 2008. Depending on the severity of the problem, gamblers cost society from $3,000 to $11,000 per year. Treating the 2,012 people for approximately $3.8 million dollars created a savings of $8.1 million dollars—a very good investment.



Problem Gamblers Generate Significant Social Costs. These costs include gambling debt, substance abuse, crime and job loss.

In Oregon in 2008-2009, the following gambling-related consequences were reported:
- Average gambling debt was $32,000; 102 clients had $100,000+ in gambling debt.
- 34% had alcohol-related problems and 15% reported problems with substance use.
- 38% of clients reported committing illegal acts to obtain gambling money.
- 35% reported they had jeopardized or lost a significant relationship and 19% reported risking or losing a job because of gambling.

Source: Oregon Department of Human Services: Problem Gambling Community Resource Guide 2010.

Comprehensive Prevention and Treatment Services May Reduce Prevalence of Problem Gambling:

- Oregon experienced a 30% decline during the period between 1997 and 2000.
- Louisiana experienced a 19% decline during the period of 1995 to 1998.
- And New Zealand experienced an amazing 60% decline between 1991 and 1999.

Source: Volberg, *When the Chips Are Down*, 2001

Over

Individuals with Gambling Problems are Heavy Users of Other Public Services.

Treatment for gambling may reduce usage of other public services such as substance abuse (SA) and mental health services—in Nebraska one month of gambling services saved almost $32,000 dollars in costs to other segments of the Behavioral Health system.

- 7 fewer Substance Abuse admissions at a cost of $3,708 per admission.
- 4 less Community Support admissions at an average cost of $980 per month.

Source: Outpatient Problem Gambling Treatment: Utilization Trends and Impact on Nebraska Public Behavioral Health Systems

Current Availability Of and Access To Gambling Treatment is Low

- Only about 1% of current pathological gamblers seek treatment in a given year nationwide v. 20% of substance abusers.
- States with well funded problem gambling programs have much higher rates of treatment seeking (4% in OR, 4-10% in IA)

Treatment Works. Studies from three states with well-established public services (Arizona, Iowa and Oregon) show conclusively that problem gamblers who complete treatment significantly improve.

- **Oregon reported a 75% decrease in illegal acts post-treatment.** Financial desperation leads some to embezzlement, theft and fraud; the gambling related debt of those in treatment exceeded $48.4 million.

- **Oregon also reported a 40% reduction in suicidal thoughts.** Problem gamblers experience higher rates of suicide than those with other disorders; of those in treatment in Oregon in 2008, approximately 48% reported suicidal thoughts and as many as 9% have attempted suicide. Suicidal behaviors were greatly reduced after problem gambling treatment.

  Source: Herbert and Louis Oregon Gambling Treatment Evaluation Report

- **In Arizona 97% reduced their participation in gambling.** More than one-fifth of those surveyed reduced their gambling from an every-single-day event (7 days a week) to zero days per week. 77% of clients reported used to gamble for five hours or more at a time, but have since experienced dramatic decreases in the time they spent gambling.

  Source: Arizona Problem Gambling Outcomes Report (2009)

- **In Iowa clients post-treatment reduced gambling debt by an average of $13,000 (more than half)**, increased personal and household income by $1,500 and $2,300 respectively, and reported significant improvements in family relationships (80%), physical (53%) and mental health (77%). 70% noted improved job performance.

  Source: Iowa Gambling Treatment Problem Evaluation Services Report: Follow-up Study Final Report

Information compiled by National Council on Problem Gambling (March 2010)

Kentucky Council on Problem Gambling, Inc.

Michael R. Stone, Executive Director, P.O. Box 4595, Frankfort, KY 40604-4595; 502/223-1823; fax: 502/227-8082; e-mail: kmstone@mis.net

February 11, 2005

Prepared by the Kentucky Council on Problem Gambling

Proposal: Compulsive and Problem Gambling Awareness and Treatment Budget
Jurisdiction: Commonwealth of Kentucky
Population Served: 4 million-plus; 25,000-40,000 compulsive gamblers; 75,000-120,000 problem gamblers

Assumptions (based on experiences of states with established compulsive and problem gambling awareness and treatment budgets adjusted for Kentucky service delivery methods) for the purposes of this proposal are:

- Initial funding should concentrate on awareness and preparation of the counseling community; however, there are existing and soon-to-be certified gambler counselors that could provide counseling treatment immediately to those diagnosed as pathological gamblers using the criteria in the *Diagnostic and Statistic Manual of the Mental Disorders* published by the American Psychiatric Association.
- Treatment costs based on the counseling model used successfully in Nebraska, which directs $75 per hour per client meeting diagnostic criteria for reimbursement of certified gambler counselors. Indiana predicts it will serve almost 300 such clients in 2005. Treatment will require multiple one-hour sessions. Treatment funding will increase in years two-five as awareness and counseling availability also increase.
- Initial awareness will include heavy advertising, which will shift gradually toward a prevention model in year two and beyond.
- Counselor training will require a static budget, not only to bring in new counselors but also for existing counselors to maintain certification. Counselor training projects quarterly events lasting as much as one week, which may necessitate housing costs.
- Helpline services will increase to provide for increasing volume and to include a half-time staff position at a multiple-function call center in year three and beyond.
- Research will include longitudinal study by university or other research professionals to both document viability of services as well as the extent and impact of compulsive and problem gambling in the state.
- Administrative costs are projected at 10 percent of the annual budget proposal.
- After year five, budget should provide for $5 million annually to fully fund comprehensive program.

Year One – $1,440,000

Awareness: $450,000 (billboards, $50,000; literature, $50,000; advertising, $350,000)
Counselor Training: $150,000
Helpline Services: $10,000
Treatment: $500,000
Research: $200,000
Administration: $130,000

Year Two – $2,051,000

Awareness: $300,000 (billboards, $50,000; literature, $50,000; advertising, $200,000)
Prevention: $200,000
Counselor Training: $150,000
Helpline Services: $15,000
Treatment: $1,000,000
Research: $200,000
Administration: $186,000

Year Three – $2,673,000

Awareness: $200,000 (billboards, $50,000; literature, $50,000; advertising, $100,000)
Prevention: $350,000
Counselor Training: $150,000
Helpline Services: $30,000
Treatment: $1,500,000
Research: $200,000
Administration: $243,000

Year Four – $3,223,000

Awareness: $200,000 (billboards, $50,000; literature, $50,000; advertising, $100,000)
Prevention: $350,000
Counselor Training: $150,000
Helpline Services: $30,000
Treatment: $2,000,000
Research: $200,000
Administration: $293,000

Year Five – $3,773,000

Awareness: $200,000 (billboards, $50,000; literature, $50,000; advertising, $100,000)
Prevention: $350,000
Counselor Training: $150,000
Helpline Services: $30,000
Treatment: $2,500,000
Research: $200,000
Administration: $343,000

Year Six and on-going – $5 million

Suggested Legislative Language to Establish a Publicly Funded Problem and Addicted Gambling Education and Treatment Program

The Kentucky Council on Problem Gambling (KYCPG), a non-profit Kentucky corporation whose mission is increasing awareness of problem gambling, promoting prevention and research, and advocating for the availability of treatment, seeks inclusion of language in legislation to expand gambling in Kentucky or to increase taxes remitted from pari-mutuel Historical Horse Racing (HHR) machines to establish a publicly funded program to address problem and addicted gambling in Kentucky.

Following are three items the Kentucky Council on Problem Gambling (KYCPG) Board suggests are essential elements in a legislative proposal, whether stand-alone or amendment, that would establish a problem and addicted gambling awareness and treatment program in Kentucky.

1 -- There is appropriated to the Division of Behavioral Health of the Department for Behavioral Health, Developmental and Intellectual Disabilities from the General Fund $1.5 million for the Problem and Addicted Gamblers Awareness and Treatment Program. Notwithstanding KRS 45.229, any General Fund appropriation unexpended at the end of each fiscal year shall not lapse but shall be carried forward into the next fiscal year.

2 -- For the purposes of this section, "division" means the Division of Behavioral Health of the Department for Behavioral Health, Developmental and Intellectual Disabilities. "Addicted gambling," also known as compulsive and pathological gambling, means persistent and recurrent maladaptive behavior that disrupts personal, family, or vocational interests or pursuits and means the same as the definition of gambling addiction in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM-5*), or a subsequent edition. "Problem gambling" means maladaptive gambling behavior as indicated by the presence of three (3) or fewer of the diagnostic criteria defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM-5*), or a subsequent edition.

(a)The Problem and Pathological Gamblers Awareness and Treatment Program is hereby created in the division, to be funded through general fund appropriations. The program shall be administered by the division.

(b)The division shall not expend more than $50,000 per fiscal year to administer the program. Except for administrative expenses, all moneys appropriated for the program shall be used exclusively for the purpose of providing assistance to the regional community mental health/mental retardation boards, certified addicted gambling treatment counselors, and other agencies, groups, organizations, and persons that:

(1)Provide education and treatment to persons affected by problem or addicted gambling;

(2)Promote the awareness of problem or addicted gamblers' assistance programs; or

(3)Operate programs for the prevention of problem or addicted gambling.

(c)No moneys appropriated for this program shall be used to pay the debts or living expenses of a problem or pathological gambler.

3 -- The director of the Division of Behavioral Health shall be responsible for:

(a)Establishing standards for the regional community mental health/mental retardation boards, certified addicted gambling treatment counselors, and other types of agencies, groups, organizations, and persons that may be eligible to receive funding from the Problem and Addicted Gamblers Awareness and Treatment Program.

(b)Establishing standards for the types of activities that may be eligible for funding. Standards shall be consistent with the program's purposes.

(c)Developing standards for the appropriate documentation of past performance of regional community mental health/mental retardation boards, certified addicted gambling treatment counselors, and other agencies, groups, organizations, and persons, and the activities that they have conducted;

(d)Receiving applications for funding assistance;
(e)Evaluating the requests submitted by the regional community mental
health/mental retardation boards, certified addicted gambling treatment counselors, and other agencies, groups, organizations, and persons that are seeking funding from the Problem and Addicted Gamblers Awareness and Treatment Program to help finance the provision of services listed in this legislation; and providing funding assistance to those that have demonstrated their capability to efficiently and effectively provide the necessary services;
(f)Certifying to the Department for Behavioral Health, Developmental and Intellectual Disabilities appropriate disbursement of funds from the Problem and Addicted Gamblers Awareness and Treatment Program.

* * * * *

Following is the Relevant Problem Gambling Language in HB241 introduced by Rep. Adam Koenig in the 2021 Kentucky General Assembly Session

There is hereby established in the State Treasury a restricted account to be known as the wagering administration fund. The fund shall consist of moneys received from the moneys collected under Sections 2, 7, 9, 17, and 21 of this Act and state appropriations.

Amounts deposited in the fund shall be used for administrative expenses of the cabinet and shall be disbursed by the Finance and Administration Cabinet upon the warrant of the Public Protection Cabinet.

The remaining funds shall be used as follows:
1. Five percent (5%) of the funds remaining after the expenses under subparagraph 1. of this paragraph shall be deposited in the Kentucky problem gambling assistance account established in Section 5 of this Act; and
2. All remaining funds not allocated under subparagraph 1. of this paragraph or subdivision a. of this subparagraph shall be deposited in the Kentucky permanent pension fund established in KRS 42.205.
3. Any interest accruing to the fund shall become a part of the fund and shall not lapse.
4. Notwithstanding KRS 45.229, fund amounts not expended at the close of a fiscal year shall not lapse but shall be carried forward into the next fiscal year.

Moneys deposited in the fund are hereby appropriated for the purposes set forth in this section and shall not be appropriated or transferred by the General Assembly for any other purposes.

* * * * *

There is established in the State Treasury a revolving account to be known as the Kentucky problem gambling assistance account.

The account shall be administered by the director of the Division of Behavioral Health of the Department for Behavioral Health, Developmental and Intellectual Disabilities, and shall consist of moneys distributed to it under Section 4 of this Act.

Notwithstanding KRS 45.229, moneys remaining in the account at the close of a fiscal year shall not lapse but shall carry forward into the succeeding fiscal year. Interest earned on any moneys in the account shall accrue to the account.

Except for administrative expenses of the Division of Behavioral Health relating to the account, which shall be limited to fifty thousand dollars ($50,000) per year, all moneys in the account are appropriated for, and be used exclusively for the purposes of:

1. Providing support to agencies, groups, organizations, and persons that provide education, assistance, and counseling to persons and families experiencing difficulty as a result of addiction to alcohol or drugs, or addictive or compulsive gambling;
2. Promoting public awareness of, and providing education about addictions;
3. Establishing and funding programs to certify addiction counselors; Promoting public awareness of assistance programs for addicts; and Paying the costs and expenses associated with the treatment of addictions.

The cabinet shall promulgate administrative regulations to establish criteria for the expenditure of funds from the Kentucky problem gambling assistance account. The administrative regulations shall:
1. Establish standards for the types of agencies, groups, organizations, and persons eligible to receive funding;
2. Establish standards for the types of activities eligible for funding;
3. Establish standards for the appropriate documentation of past performance and the activities of agencies, groups, organizations, and persons requesting funding;
4. Establish standards for the development of performance measures or other evidence of successful expenditure of awarded funds;
5. Set forth procedures for the submission, evaluation, and review of applications for funding;
6. Set forth procedures for making funding awards to requesting entities who have demonstrated the capability to efficiently and effectively provide the necessary services;
7. Establish requirements and procedures for the monitoring of funds awarded, including requirements for the submission of reports and documentation supporting expenditures; and
8. Include any other provisions related to funding or the administration of the account as determined by the cabinet.

On or before October 1, 2022, and every October 1 thereafter, the director of the Division of Behavioral Health, in cooperation with the commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities and the secretary, shall submit an annual report detailing activities and expenditures associated with the Kentucky problem gambling assistance account for the preceding fiscal year. The annual report shall be submitted to:
1.The Legislative Research Commission; and
2.The Governor.

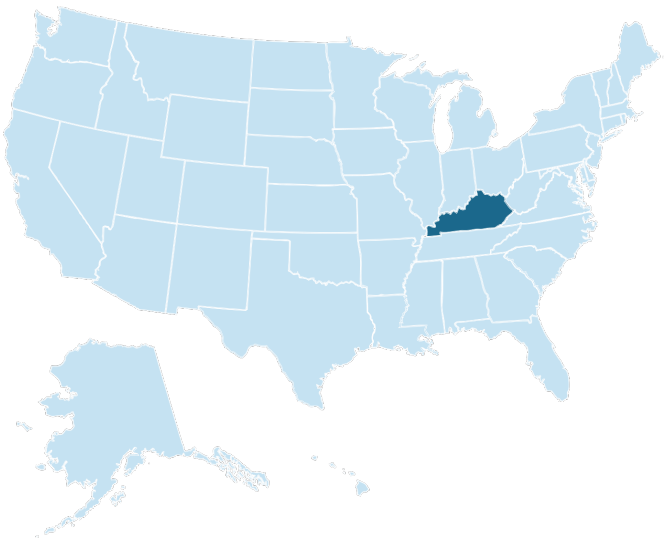
NCPG
National Council on Problem Gambling

Share

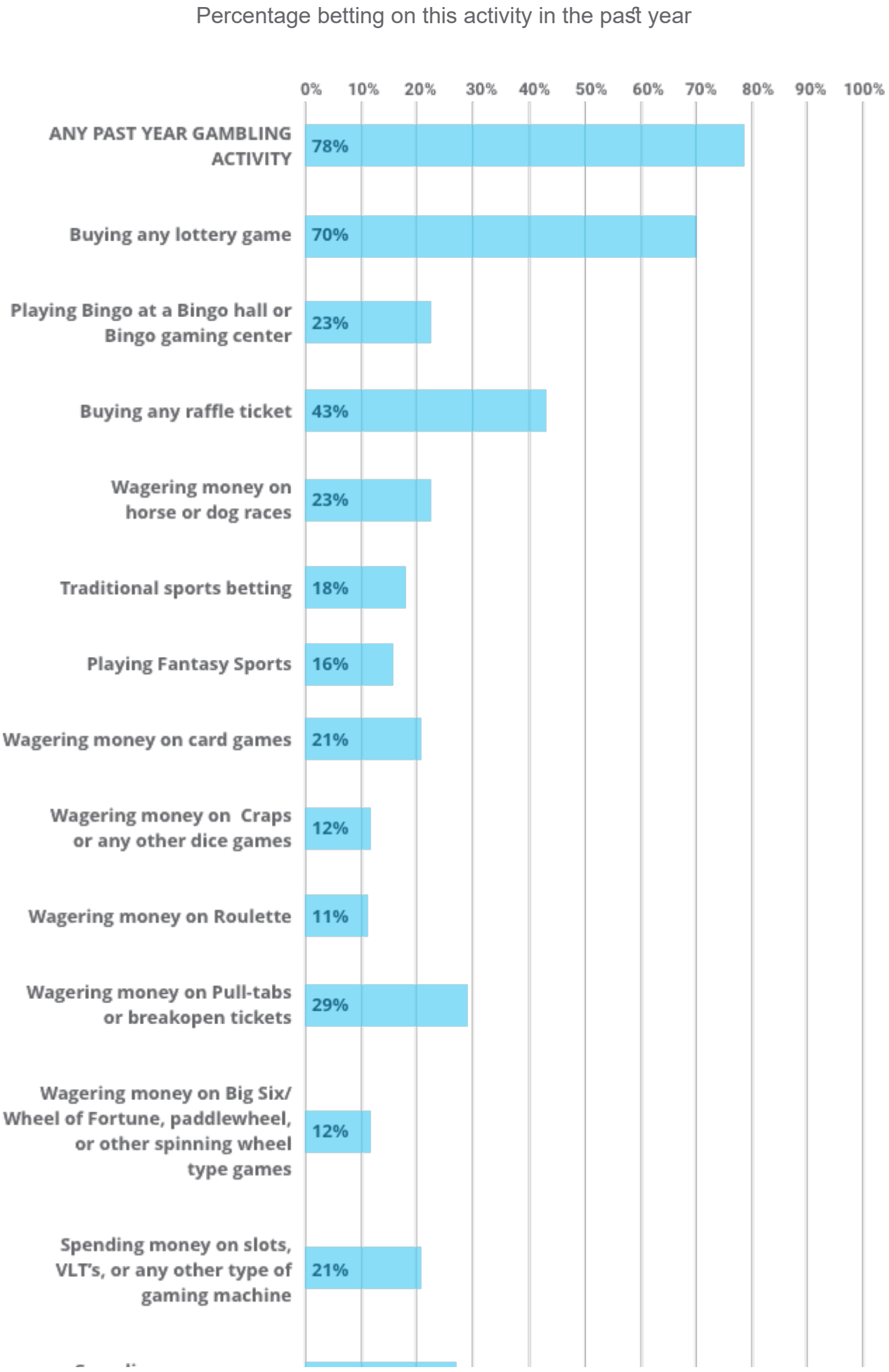
National Survey on Gambling Attitudes and Gambling Experiences

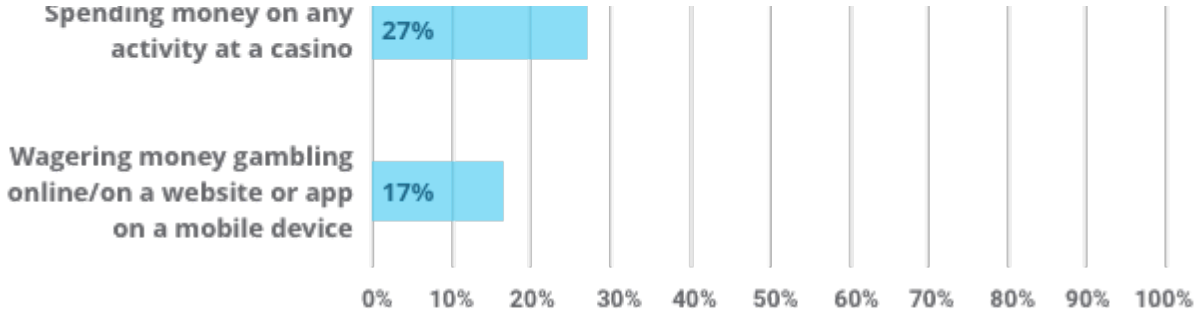
National Detailed Report | State Detailed Reports | National Trends | State Trends

Kentucky

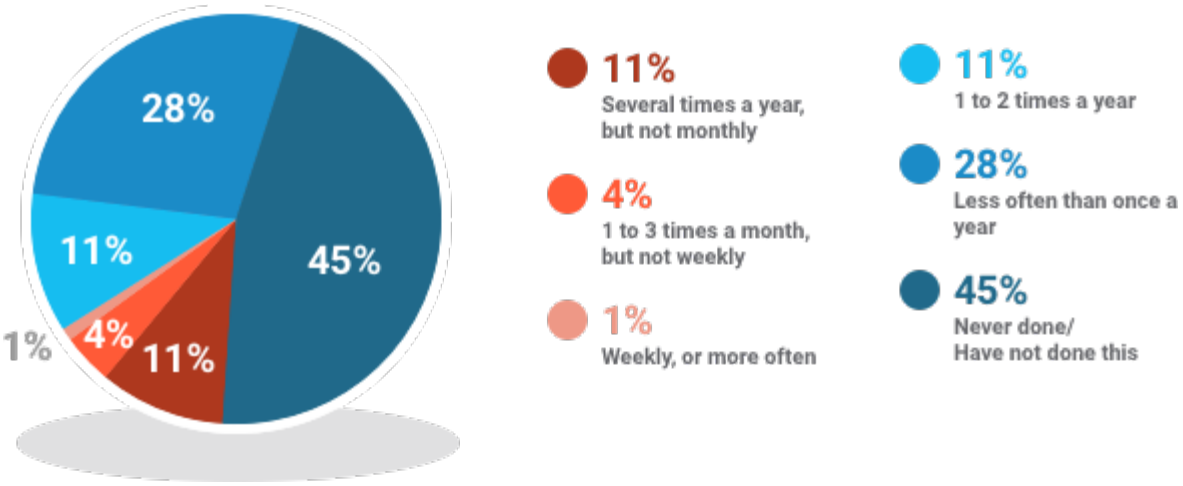


Gambling Participation and Attitudes


Percentage betting on this activity in the past year
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
ANY PAST YEAR GAMBLING ACTIVITY
78%
Buying any lottery game
70%
Playing Bingo at a Bingo hall or Bingo gaming center
23%
Buying any raffle ticket
43%
Wagering money on horse or dog races
23%
Traditional sports betting
18%
Playing Fantasy Sports
16%
Wagering money on card games
21%
Wagering money on Craps or any other dice games
12%
Wagering money on Roulette
11%
Wagering money on Pull-tabs or breakopen tickets
29%
Wagering money on Big Six/ Wheel of Fortune, paddlewheel, or other spinning wheel type games
12%
Spending money on slots, VLT's, or any other type of gaming machine
21%



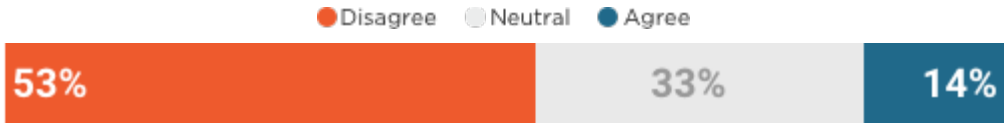
otherwise)



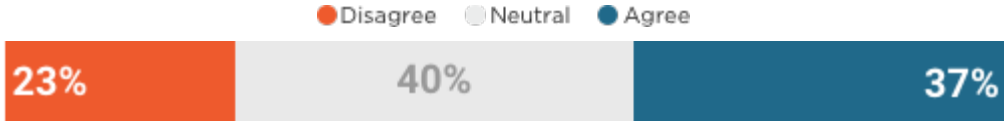
survey participants)

Addiction to gambling is a lot like addiction to drugs or alcohol

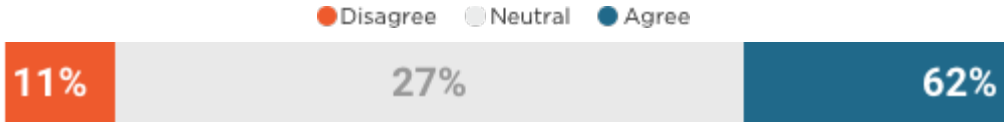
Gambling is immoral



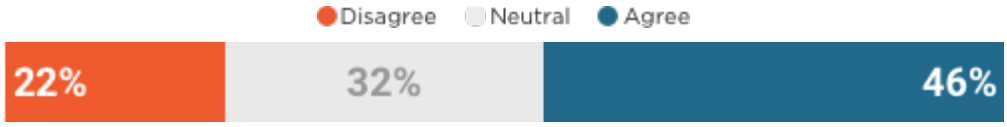
Services to treat compulsive gambling are available in my community



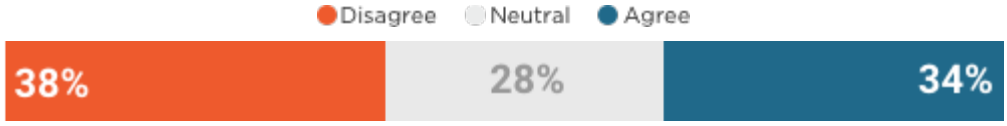
The gambling industry should do more to help people with a gambling addiction



The government should do more to help people with a gambling addiction



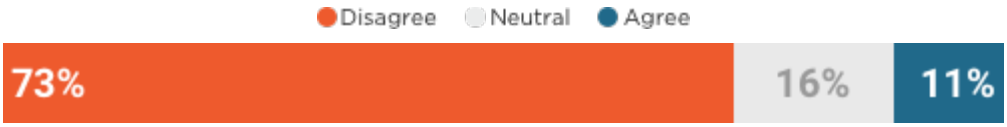
If someone close to me had a gambling problem, I would know where to get them help



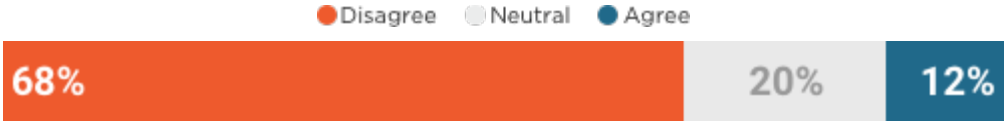
At [redacted] year gamblers only)

Gambling is not a good way to make money

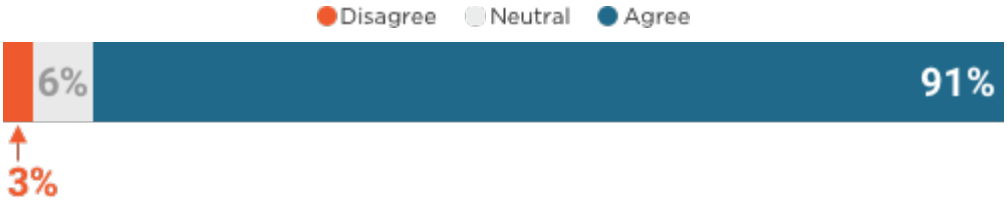
If I gamble more often, it will help me to win more than I lose



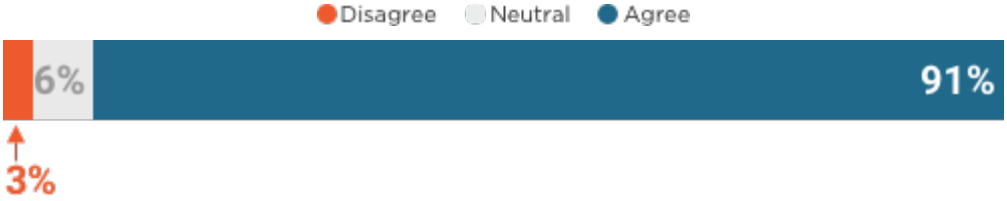
My chances of winning get better after I have lost



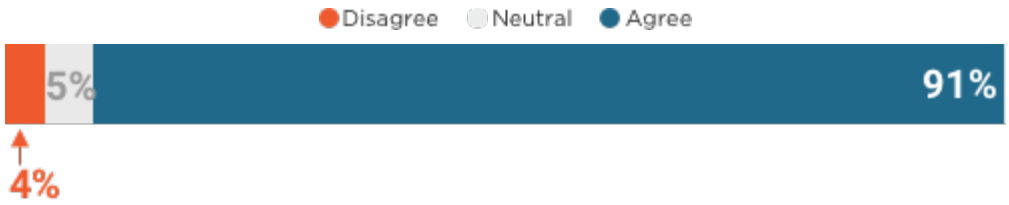
I should be able to walk away from gambling at any time



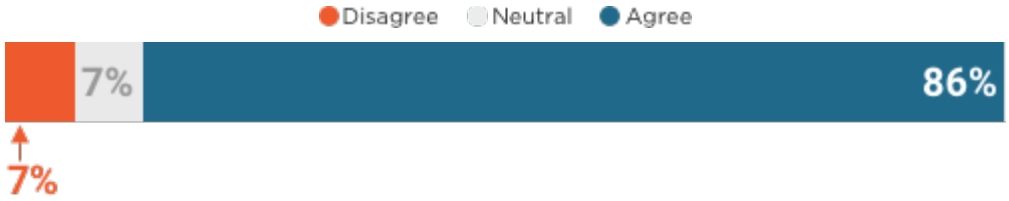
I should be aware of how much money I spend when I gamble



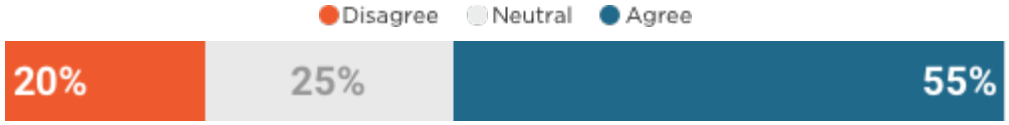
When I gamble, it's my responsibility to spend only money that I can afford to lose



I should only gamble when I have money to cover my bills and living expenses first



I gamble only for entertainment, not to win money



Att all survey participants)

Moral weakness

Having an addictive personality

Not having enough willpower

Being around people who gamble a lot

Having a parent or other family member who gambles

A traumatic event in someone's life

A person's genetic or other medical condition

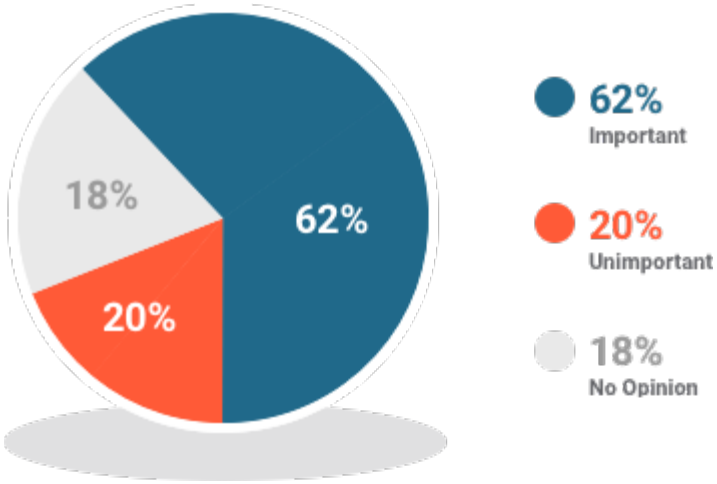
Seeing a lot of ads promoting gambling

Winning a lot of money

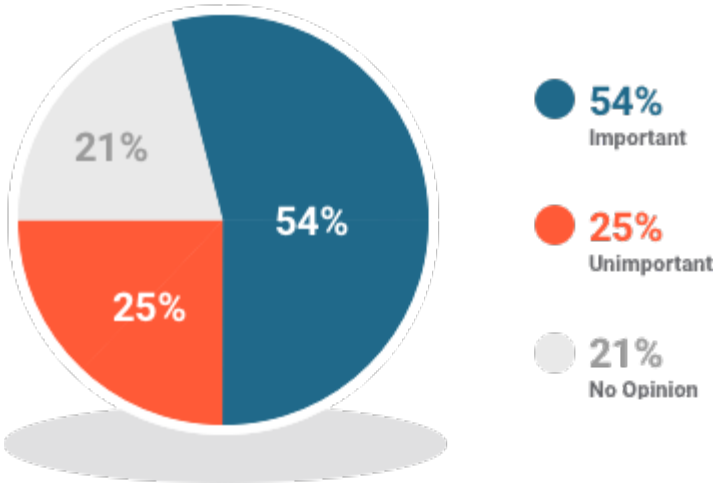
Sports Betting

A [redacted] your state was to legalize sports betting (Asked of all survey participants)

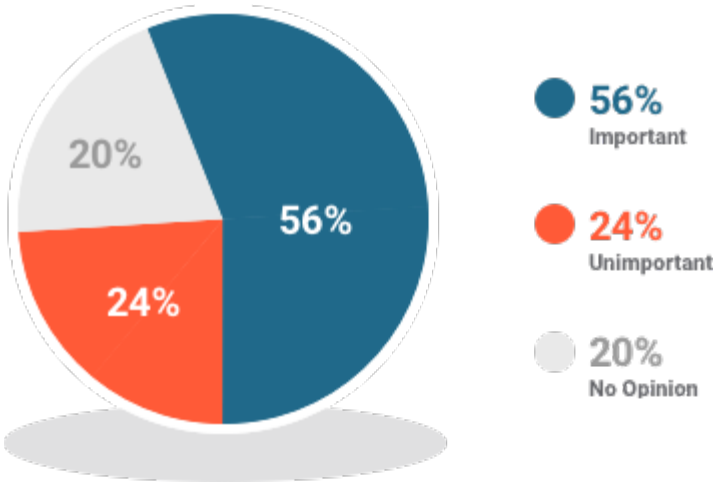
Require sport betting operators to implement responsible gambling measures



Set aside some of the sports betting revenues to treat individuals who develop gambling problems

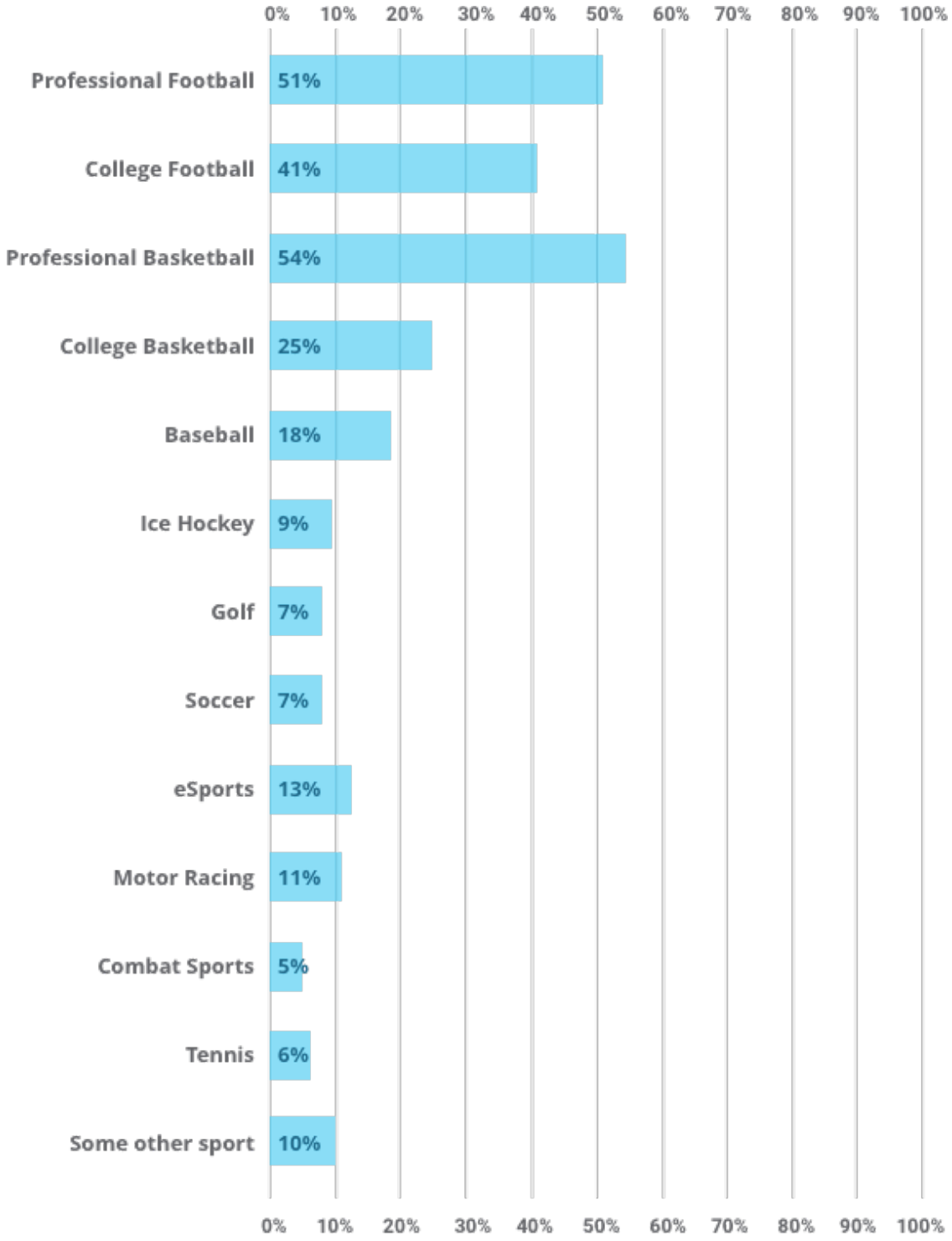


Set aside some of the sports betting revenues to pay for public awareness campaigns designed to educate the public about the risks of gambling and the help that is available

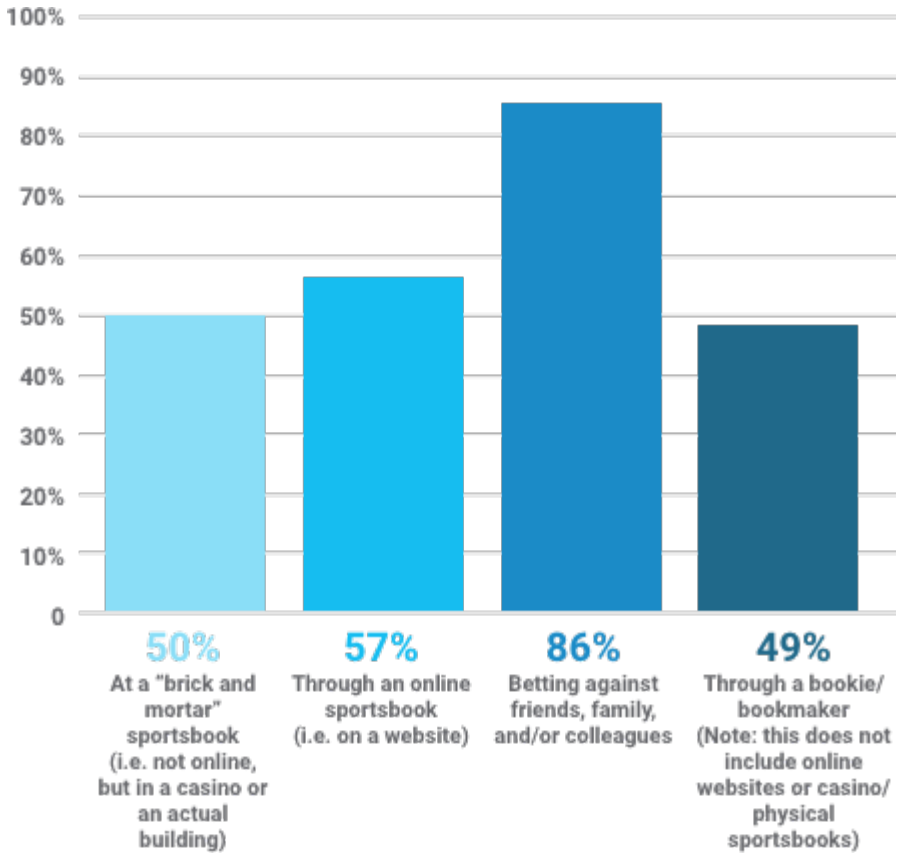


Sp

sports bettors only)

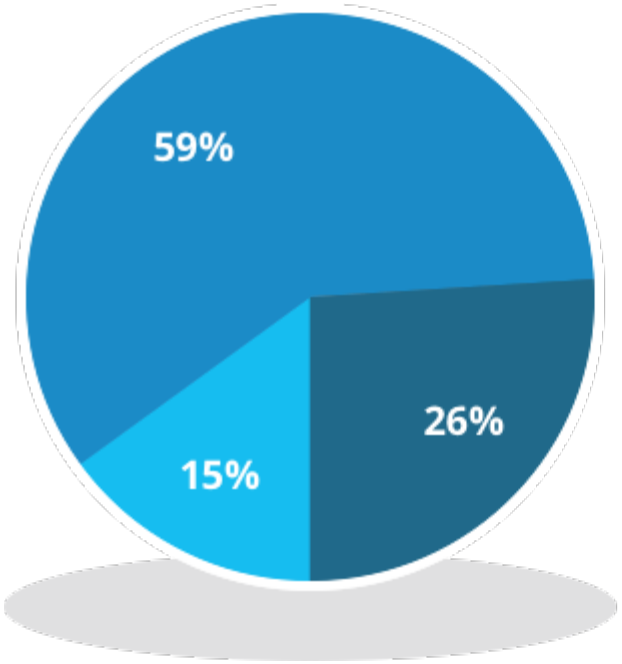

0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Professional Football
51%
College Football
41%
Professional Basketball
54%
College Basketball
25%
Baseball
18%
Ice Hockey
9%
Golf
7%
Soccer
7%
eSports
13%
Motor Racing
11%
Combat Sports
5%
Tennis
6%
Some other sport
10%

W



Daily Fantasy Sports

players only)



15%
Played only Daily Fantasy Sports (DFS), through a site like Draft Kings, FanDuel, etc.

59%
Played only in traditional, season-long Fantasy Sports leagues

26%
Played both traditional, season-long leagues and Daily Fantasy Sports (DFS)

TO: Kate Wagoner

FROM: Kentucky Council on Problem Gambling (KYCPG)

SUBJECT: ***Problem and Addicted Gambling Needs Assessment***
(DOC ID No: PON2_729_2000001488 -- TAA8)

DATE: June 23, 2021

Kentucky is a gambling state, and a lot of people in Kentucky gamble. In the past year, the opportunity to gamble in Kentucky increased. A risk factor for individuals to develop a gambling problem or addiction is availability of gambling options. Increasing gambling opportunity increases the likelihood of more individuals in the Commonwealth developing a gambliing problem or addiction. Although the state sanctioned this legal expansion of gambling, and the state benefits financially from gambling revenues, it has not established a publicly funded program to address problem and addicted gambling in the state. As evidenced in other states, such a program is a contribution to public health through prevention and professionally addressing the pathologies exhibited by problem and addicted gamblers. As state revenues increase from expanded gambling, sufficient funds can be directed from this source to address the public health issues of problem and addicted gambling.

Data from the Kentucky Lottery Corp. indicates 81 percent of all Kentuckians over 18 years of age have played the Lottery in their lifetimes; 64 percent within the previous year. This statistic does not include horse race wagering or charitable gaming participation by those who never have purchased a lottery ticket.

The 2021 National Survey on Gambling Attitudes and Gambling Experiences (NGAGE) released by the National Council on Problem Gambling (NCPG) was conducted by the national polling firm IPSOS and contains a statistically accurate report on gambling in Kentucky based on a random sample of more than 500 individuals. It found 78 percent of adult Kentuckians gambled over the past year. In order, the most frequent gambling activities over the past year were: lottery (70 percent), raffle tickets (43), pulltabs (29), casino (27), bingo and parimutuel wagering (23), slot machines and card games (21), sports betting (18), on-line gaming (17), fantasy sports (16), craps and wheel games (12), and roulette (11).

The NGAGE survey also reported attitudes about gambling. Seventy-four (74) percent likened gambling addiction to alcoholism and substance abuse. Sixty-two (62) percent want the gambling industry to do more to help people with a gambling addiction, and 46 percent also felt it was a government responsibility. Gambling no longer is viewed overwhelmingly as a moral issue as 53 percent disagreed and only 14 percent agreed that gambling is immoral. Respondents were unsure of treatment and assistance options for addicted gambling as about one-third responded to each category of an agree-neutral-disagree continuum that services are available and they know how to find them.

More than $2 billion was spent, wagered or bet on legal gambling activities in Kentucky last year with the Kentucky Lottery, at pari-mutuel racetracks and simulcast facilities, and at charitable gaming venues.

If people gamble, some will develop a gambling problem or addiction. The Harvard Medical School Division on Addiction's 1996 meta-study remains the most-cited reference of the extent of addicted gambling. It concluded approximately 1 percent of a population suffers from a gambling addiction; the number who could be classified as problem gamblers is three times the rate of gambling addiction. The *Diagnostic and Statistical Manual of the Mental Disorders, Fifth Edition (DSM-5)* cited a prevalence rate ranging between 0.2-0.9 percent for disordered gambling. "Disordered gambling" is the replacement term for pathological gambling first cataloged in the *DSM-IV.* In turn, pathological gambling replaced compulsive gambling as the descriptor, although many gamblers in recovery and Gamblers Anonymous still refer to compulsive gambling.

Gambling opportunity is statewide in Kentucky, yet there is limited availability of professional problem gambling treatment services or self-help organizations for problem and addicted gamblers. Medical, counseling and academic

professionals advocate that problem and addicted gambling is a public health issue, and public programs to address the issue should be developed in that context. Please see ***Addendum A***, *"Gambling Call to Action Statement,"* released in December 2017 from Saint Louis University and signed by the leading gambling-addiction researchers in the United States.

As noted gambling continues to expand in Kentucky. Senate Bill 120 passed in the 2021 General Assembly session and was signed into law by Gov. Beshear. It amended the definition of parimutuel wagering to end legal challenges and make permanent the installation of Historical Horse Racing (HHR) machines in use at Kentucky's thoroughbred and harness racetracks and their simulcast facilities. The existence of HHR has led to gaming companies not only installing the machines in existing horse racing venues but also establishing second, remote locations in their areas. For example, Churchill Downs and Derby City Gaming in Louisville and Turfway Park and Newport Racing and Gaming in Northern Kentucky. A new HHHR facility opened in Oak Grove, Ellis Park announced an expansion project, and a new facility is proposed for Williamsburg.

In the 2021 General Assembly session, legislation was introduced to legalize sports betting, which now is available in most of Kentucky's border states. It did not pass, but the sponsors indicated their intent to pursue passage in 2022,.Gambling legally expands in other ways, too. For instance, the Kentucky Lottery allowed the gaming company, Scientific Games, to implement instant lottery games at Kroger grocery store checkout lanes.

I -- What We Know

The impacts of problem gambling are more than monetary and include:

- physical and mental health;
- links to alcoholism, substance use and tobacco addiction;
- domestic abuse;
- suicide;
- crime;
- debt;
- bankruptcy; and
- workplace issues of attendance, lost productivity, distraction, dismissal, Unemployment Insurance and training expense.

[Citations may be found in ***Addendum B***, a 2013 National Conference on Problem Gambling presentation by H. Westley Clark, M.D., Director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMSHA), U.S. Department of Health and Human Services; and ***Addendum C***, *SAMSHA Advisory, "Gambling Problems: An Introduction for Behavioral Health Services Providers,"* (Summer 2014, Volume 13, Issue 1).]

Gambling disorder as defined by the American Psychiatric Association in the *Diagnostic and Statistical Manual of the Mental Disorders, Fifth Edition (DSM-5)* impacts many more people than the gambler. In Kentucky, that could be as many as 550,000 individuals, as one study suggested one of every eight people has been impacted by a problem gambler. (One-eighth of Kentucky's 2016 U.S. Census Bureau population estimate of 4.4 million.) A study by Nancy Petry, Ph.D., indicated each addicted gambler (those suffering a gambling disorder, which previously has been known as compulsive gambling or pathological gambling) affected 8-10 other individuals.

Gambling disorder is a medical condition classified as an addiction by the American Psychiatric Association *(DSM-5)*. Academic and medical research identifies both learned responses and normally occurring brain chemicals as contributing to a person's striving to recreate an experience through gambling. For these individuals, it's not about the money; it is about staying in the game. In the gambler's parlance, it's being in action. They crave the need to gamble and likely need help through counseling or treatment to stop or minimize their gambling.

A gambling problem is evident when someone continues to gamble in spite of recurring negative consequences resulting from or linked to the gambling activity. Those meeting the American Psychiatric Association's definition of gambling disorder (four or more of nine diagnostic criteria) are about one-half of one percent of the population

according to national surveys cited in the *SAMSHA Advisory*. Those identifying three or less of the criteria are described as problem gamblers and are two-four times as plentiful as addicted gamblers according to SAMHSA.

Kentucky's 4.4 million population (July 1, 2016, U.S. Census Bureau) consists of 3.3 million adults. Applying the prevalence estimate used in the SAMSHA literature only to the adult population indicates 16,500 addicted gamblers in Kentucky, with 33,000-66,000 additional individuals with a gambling problem.

The last prevalence study in Kentucky was conducted in 2008 by the University of Kentucky Survey Research Center for the Kentucky Council on Problem Gambling (KYCPG). The survey of randomly selected, wired telephone households based its questions on the American Psychiatric Association criteria then in use. The survey found 9,000 addicted gamblers, 51,000 persons with a gambling problem, and 190,000 individuals at risk of developing a gambling disorder who answered yes to one *DSM* criterion. That equals 250,000 people, which is almost the population of Lexington, Kentucky's second largest city.

These numbers are consistent with increases in both population and gambling opportunity since 2003 when the University of Kentucky Survey Research Center conducted a similar land-based telephone survey for the Kentucky Legislative Research Commission. *LRS Research Report #316, "Compulsive Gambling in Kentucky,"* reported 15,000 addicted gamblers, 20,000 problem gamblers, and 170,000 Kentuckians at risk of developing a gambling addiction. That total was 205,000 compared to 250,000 in 2008. Since 2008, Kentucky has seen the advent of Keno, Historical Racing gambling machines, and electronic pulltab machines at charitable gaming venues.

It is noteworthy that Barry Boardman, lead author of *LRC Report #316*, described the survey results as "lower bound" because data collection used only land-based telephones. Increasing use of wireless telephones causes surveys utilizing only land-based telephones to overlook a significant portion of the population.

Youth gamble, too, and statistically studies indicate youth disordered gambling is a higher percentage than the adult rate.

The *Kentucky Incentives for Prevention (KIP) survey* is conducted in even-numbered years by REACH of Louisville, Inc. It asks questions of sixth and eighth grade students, and high school sophomores and seniors. In 2018, 128,759 public school students were surveyed in more than 100 of Kentucky's 120 counties. It included four gambling questions. The 2018 data showed:

- Lifetime gambling -- Grade 6: 13.2 percent indicated they had gambled for money or possessions during their lives; Grade 8: 23.9 percent; Grade 10: 26 percent; Grade 12: 26.6 percent.
- Past-year gambling -- Grade 6: 7.5 percent indicated they had gambled for money or possessions within the past year; Grade 8: 15.7 percent; Grade 10: 17.7 percent; Grade 12: 18.2 percent.
- 30-day gambling -- Grade 6: 4.2 percent indicated they had gambled for money or possessions within the past 30 days; Grade 8: 8.7 percent; Grade 10: 10.2 percent; Grade 12: 10.8 percent.
- Financial or personal problems -- Grade 6: 1.4 percent indicated money or time spent gambling led to financial problems or problems with family, work, school or personal life; Grade 8: 1.8 percent; Grade 10: 2.1 percent; Grade 12: 1.9 percent.

The financial or personal problems question on the KIP Survey reflects criteria used in the *DSM-5* to assess for gambling disorder. The results equate to more than 2,000 Kentucky youth admitting to a possible gambling problem.

Gambling is when individuals place something of value (money, possession, etc.) at risk with the permanent result determined in part or wholly by chance. There is no single form of gambling more addictive than another. Any form preferred by the individual can be addictive.

Some researchers have attempted to quantify in dollars the negative, societal impacts of gambling disorder. The numbers vary widely, with one U.S. study indicating each addicted gambler costs society $1,200, compared to an Australian study showing social costs as much as $19,000 per addicted gambler. Using these estimates and the prevalence of gambling in Kentucky, the impact to the state could be as low as $10 million or as high as $313 million each year.

- The 9,000 addicted gamblers in the 2008 prevalence study would cost the state $10.8 million annually using the $1,200 per addicted gambler costs; or
- The 16,500 adults with a gambling disorder (one-half of one percent per SAMHSA Advisory) could cost the state $313 million each year using the $19,000 estimate.

The $313 million cost estimate exceeds the more than $250 million the Commonwealth of Kentucky receives each year from taxes, fees and transfer payments on the approximately $2 billion legally gambled in the state each year: lottery (including Keno), charitable gaming (bingo, pulltabs, raffles and card games), and horse racing parimutuel wagering (including HHR and simulcasting). The revenue accruing to the state is likely to increase substantially. During the debate on SB120 leading to its passage, legislators complained the tax on HHR was too low, and the industry agreed to address the issue. The General Assembly formed a 2021 interim committee to develop a proposal for the 2021 session on taxing HHR. None of this accounts for the illegal gambling (bookmakers, cockfighting, etc.) that exists but cannot be quantified.

The Kentucky General Assembly never has included awareness or treatment of gambling disorder funding in the state budget as exists in 39 other states.

In Kentucky, help for gambling problems is available by calling or texting 1-800-GAMBLER (1-800-426-2537). A trained telephone counselor will answer the call or text 24/7 and confidentially will provide referral information to a Gamblers Anonymous meeting or a certified gambler counselor. They also can receive informational resources on problem gambling and gambling disorder. In 2016, during Responsible Gaming Education Week, texting and chat services supported by the Kentucky Lottery Corporation were added to the helpline. Chat services are available by clicking on a link provided on the KYCPG website, www.kygamblinghelp.org.

A public health perspective addresses the societal and human costs of gambling disorders. It's not just a gambling problem; it's a public health concern.

And raising similar concerns is the World Health Organization (WHO) classification of gaming addiction. Individuals can play electronic or video games without consequence, but WHO has cited some individuals becoming addicted to gaming. They exhibit many of the same traits that lead to a designation as addicted gambling: preoccupation, loss of control, etc. Many video games permit, some encourage, players to enhance their gaming experience by purchasing "loot boxes." The unknown contents of the loot box may or may not help the player. This introduces an element of chance, further creating similarities with gambling. Transference from video games for entertainment to video games for gambling is easy. The development of video game addiction should be monitored. Awareness messaging is appropriate as it is with gambling sites.

II -- Data Gaps That Are Known

A current prevalence study would aid in developing a plan to address problem and addicted gambling behavior in Kentucky. The prevalence study also could be constructed to identify both the demographic and geographic extent of gambling activity and gambling problems in the state. The major gap in providing service to problem and addicted gamblers and their families is not demographic, although more study on the impact of gambling behavior on all demographics is needed. **The major gap in providing service to problem and addicted gamblers and their families is geographic.** Both access to certified gambler counselors and Gamblers Anonymous meetings is limited to a few, more-populous areas of the state; however, legal gambling exists in every county in Kentucky.

There are more than 30 Gamblers Anonymous meetings in Kentucky or near Kentucky's border each week, and in response to the COVID-19 pandemic GA meeting now are available via the internet. It is difficult to provide an exact number of GA meetings because the meetings organize and disband frequently based on local need. Prior to the pandemic, there were active meetings in Louisville (daily), Lexington (two per week), Northern Kentucky (daily if including Cincinnati), Owensboro (one), Paducah (one in Metropolis, IL) and Pikeville (one). It is unclear when or which of these meetings will reconvene. It is evident there is little geographic availability of self-help meetings across the state.

Similarly, there are 10 certified gambler counselors in the state; however, three are retired and see clients on a limited basis. The counselors are located in Louisville, Murray, Owensboro and Somerset. Kentucky Council on Problem Gambling research of existing gambler counselor programs in Connecticut, Iowa and Oregon indicated that based on Kentucky's population there should be 14-24 certified gambler counselors in the state. The need is across the state, not just in four locations.

Because legal gambling is a capitalist venture, it must constantly evolve its business model to remain competitive for the entertainment dollar. That has resulted in the recent additions of Keno, Historical Racing machines, and electronic pulltabs. The expansion is most evident at the new Red Mile facility in Lexington, Derby City Gaming in Louisville, and Newport Racing and Gaming in Northern Kentucky. They not only serve as the site for simulcasting, but also house a Las Vegas-style HHR venue. More is coming, as the Lottery continually introduces new games to keep and attract customers and charitable gaming seeks to link bingo halls to stimulate bigger payouts.

Most of the impacts of problem and addicted gambling are difficult to quantify in dollars, particularly regarding physical and mental health, domestic abuse, and social services. Although some national data exists, data specific to Kentucky can be developed. **Further research could identify specific Kentucky recommendations to address problem gambling and its impact in the following areas.**

Physical and Mental Health

The SAMSHA Advisory notes, "Gambling problems are associated with poor health, several medical disorders, and increased medical utilization -- perhaps adding to the country's healthcare costs." The advisory continues that those who gamble more consider themselves more unhealthy than those who gamble less, and those with gambling problems are more likely to use expensive medical services such as emergency room care. A Canadian study indicated that as problem gambling risk goes up the individual's health deteriorates.

As gambling problems move toward gambling disorder, research found there is a greater chance of the individual developing a psychological disorder, particularly antisocial personality disorder, major depression and phobias.

Gambling disorder is linked to behavioral health conditions. The *SAMSHA Advisory* cites: "According to the National Epidemiologic Survey on Alcohol and Related Conditions, of people diagnosed with pathological gambling (now called gambling disorder), 73.2 percent had an alcohol use disorder, 38.1 percent had a drug use disorder, 60.4 percent had nicotine dependence, 49.6 percent had a mood disorder, 41.3 percent had an anxiety disorder, and 60.8 percent had a personality disorder."

According to the National Council on Problem Gambling (NCPG), 20 percent of those with a gambling problem attempt suicide, a higher rate than any other addictive disorder. KYCPG's President and Director of Education RonSonLyn Clark, Psy.D., ICGC-II, Senior Director of Prevention and Substance Abuse Treatment Services, River Valley Behavioral Health, Owensboro, always screens for suicide thoughts or actions when treating gambling disorder. She says it is a primary duty of care for the client because the suicide rate of problem gamblers is so high, and they are so effective at keeping their addiction hidden.

Domestic Problems

2008 research reported those with a gambling problem are six times more likely to be divorced than those without a gambling problem.

A study from the National Research Council showed 25-50 percent of spouses of compulsive gamblers (now called disordered gamblers) were abused. A survey of spouses of compulsive gamblers found 50 percent were physically and verbally abused by the spouse and 12 percent had attempted suicide. A study of hospital emergency rooms showed intimate partner violence increased 10.5 times when the partner was a problem gambler.

A 2013 report from the Responsible Gambling Council (RGC) of Ontario, Canada, included several citations of U.S. and world studies of problematic gambling behavior. "Negative impacts on family members can include a variety of physical, emotional, and financial problems, such as stress-related illness (e.g., headaches, high blood pressure, anxiety, depression), loss of trust, neglect, domestic violence, severe financial hardship, separation, and . . . divorce."

The RGC report pointed out gambling problems often affect generations. "Research has shown that children with parents who have gambling problems are up to 10 times more likely to develop gambling problems themselves than children with no-gambling parents. They are also more likely to use tobacco, alcohol and drugs; be neglected and abused; and have psychosocial problems, educational challenges, and emotional disorders."

Society pays for the government social services in place to address these problems.

Problem Gambling and Crime

"Problem Gambling and Criminal Behavior" was the subject of an honors thesis written by Zachary Lamb at Eastern Kentucky University in 2013. His research included interviews with identified gamblers in recovery in the state. He wrote: "The suggestions are that problem gamblers have an increased likelihood of being involved in criminal activity. Studies have consistently found that this relationship does seem to exist.

"Out of 14 interviews conducted, only two individuals had not engaged in some form of illegal activity in direct association with their gambling. Activities included drug use, selling drugs, involvement with organized crime, check kiting, bank robbery and embezzlement. The majority of illegal activities were directly related to obtaining money to gamble with or committed during the gambling itself. Of the 12 individuals that had committed crimes only three individuals were incarcerated for their crimes. . .

"A number of participants indicated that they had stolen to gain money with which to gamble. Some participants indicated they had stolen from their work or businesses, and one individual stole from organized crime. . . Eleven of the participants committed illegal acts to gain money with which to gamble. The most common activity was check kiting or writing cold checks."

Lamb noted in his literature search on gambling and crime there is an assumption that problem gamblers are at an increased risk for criminal activity, and some research supports that assumption. "Early research by (Henry) Lesieur (1987) found that up to 97 percent of problem gamblers had been involved in some sort of illegal activity in connection with gambling. Helpline callers also frequently report criminal activity in connection with their gambling (Potenza, Steinberg, McLaughlin, Wu, Rounsaville, & O'Malley 2000)."

Research released in 2021 by a University of Buffalo (NY) professor reported socioeconomic status, prior substance use, and involvement with delinquent peers early in life are part of a set of variables associated with both criminal behavior and problem gambling. Society pays for the cost of criminal justice proceedings and incarceration associated with gambling disorders.

Gambling at the Workplace

While criminal activity such as embezzlement can impact employers and the workplace, there are other workplace costs. The National Opinion Research Center reported that among those with a gambling disorder 61 percent missed work to gamble, 59 percent were preoccupied with gambling while at work, 50 percent almost lost their jobs, and 36 percent did lose their employment. Some who lost their jobs were entitled to Unemployment Insurance, which is partially paid for by the employer, and the employer pays the cost of training the new employee who takes the dismissed gambler's place.

In 2010, Responsible Gaming Education Week focused on gambling in the workplace. Research by KYCPG cited in a distributed brochure indicated 79 percent of workplaces surveyed by the Society for Human Resources Management had betting pools or games of chance organized among employees. Bensinger-Dupont, an employee assistance provider and operator of a problem gambling telephone helpline, reported 66 percent of callers to an employee

assistance program admitted gambling in the workplace, and 48 percent of the callers admitted gambling negatively affects their workplace productivity.

The economics of business means society eventually pays for these problem gambling impacts on the workplace through increased prices for goods and services as employers seek to recoup costs and maintain profits.

Debt and Bankruptcy

Debt becomes an obstacle for disordered gamblers. The National Opinion Research Center indicated that 90 percent of those with a gambling disorder used their paychecks or family savings to gamble, more than 60 percent borrowed money from friends and relatives, 60-70 percent accumulated indebtedness to financial institutions, and 30 percent report high amounts of debt. Frequently, those with a gambling disorder hold multiple credit cards, several of which may be at the maximum, and many have secured second and third mortgages on their homes. Spouses of problem gamblers testify they are shocked to discover retirement plans have been used; some completely.

Given the preponderance of debt, it is not surprising that those with a gambling disorder frequently file for bankruptcy to escape creditors. Several studies confirm a link between gambling disorder and bankruptcy. Although the gambler may file for personal bankruptcy, others are impacted and have to deal with the results, including loss of investment, delayed return or outright forgiveness of debt.

The impact is far from just the individual. Society shares in the cost. New and more comprehensive data can provide a better understanding of the scope of the problem and plan an effective public health initiative.

III -- Plan for Filling Gaps

The Gambling Research Exchange Ontario (GREO), an independent, non-profit organization funded by the Ontario, Canada, Ministry of Health and Long-Term Care, advocates a public-health approach to responsible gambling. As reported by Lori Rugle, Ph.D., in *Insights Magazine*, January/February 2019, "GREO's proactive public health framework emphasizes the need for interventions and public policies that cover all levels of intervention to prevent or mitigate gambling-related harm, promote healthy lifestyle choices, protect vulnerable or high-risk groups, and reduce population health inequities and broader societal determinants of gambling-related harm. Additionally, a public-health perspective needs to consider a broader, evidence-based scope of gambling-related harms."

Treatment works. NCPG wrote in *Problem Gambling in the 21st Century Healthcare Systems*: "State-funded treatment in Oregon, Arizona and Nevada have all shown significant improvements among problem gamblers that complete treatment. . . Oregon's treatment program reported a 40 percent drop in suicide ideation, a 75 percent decrease in illegal acts, a 73.6 percent rate of abstinence from gambling one year after treatment, and statistically significant improvements on numerous quality of life indicators, including physical health and emotional well being."

A paper published in *Addiction Science Clinical Practice* in 2021 concluded: "Health, care and support services offer potentially important contexts in which to identify and offer support to people who are at risk of gambling related harm. Screening interventions appear feasible and acceptable in a range of community healthcare settings for those at risk of gambling harm."

As with adults, making youth aware of the realities of gambling can lessen or prevent the development of gambling problems. An organized, systemic program to bring gambling awareness to youth is warranted, similar to programs for substance use, alcohol, smoking and risky behaviors.

Evidence from the KIP survey indicates this approach does work. Since gambling questions were placed on the KIP survey in 2006, the prevalence rates have dropped by one-third to one-half across all grades, and that corresponds with awareness efforts presented during Responsible Gaming Education Week and continuing programs from the Kentucky Council on Problem Gambling (KYCPG) and the Kentucky Lottery Corporation. The second Responsible

Gaming Education Week in Kentucky in 2003 focused on teen gambling, and awareness posters and other materials were distributed through 2016 for display at Family Resource and Youth Service Centers, public libraries, and through the Kentucky High School Athletic Association. The 2021 KYCPG Educational and Awareness Conference was dedicated to expanded understanding of video gaming addiction and its links to problem and addicted gambling.

In 2004, the Kentucky Council on Problem Gambling partnered with the Kentucky Lottery Corporation to distribute *Beat Addiction,* a middle and high school addiction awareness curriculum that included a problem gambling segment. The curriculum was updated in 2008 and now is called *Choices -- There Always Is a Right One!* More than 300 curricula have been distributed across the state to schools, youth counselors and support staff.

As detailed in Section II, a prevalence study is needed to identify:

- the extent of gambling behavior in Kentucky;
- the types of gambling participation in Kentucky;
- the amount of addicted, problem and at-risk gambling in Kentucky;
- the demographics of whom gambles in Kentucky; and
- the geographic location of gamblers in Kentucky.

The data obtained from a prevalence study can be used to develop programs to efficiently and effectively address a public-health approach to problem and addicted gambling.

The state's system of Community Mental Health Centers (CMHCs) is the location for much of the substance use and mental health counseling available to Kentuckians. Only one CMHC has certified gambler counselors on staff. **A survey of CMHCs to determine the level of knowledge and expertise to treat problem and addicted gambling that exists in each can form the basis to develop an education and training program leading to the location of a certified gambler counselor in each CMHC, which would result in complete geographic availability of a certified gambler counselor.**

Identification of legal gambling opportunities in each county would definitively establish the extent and availability of gambling opportunity in the state. Academic studies indicate one of the strongest at-risk indicators of problem gambling behavior is availability of gambling opportunity. Knowing the areas of highest gambling opportunity can help in identifying the need for both counselors and self-help meetings and contribute to development of a comprehensive plan to address problem and addicted gambling in Kentucky.

From the perspective of professional development that can be supported by the Department of Behavioral Health, Developmental and Intellectual Disabilities, regional training programs for prevention specialists and counselors are needed. Prevention specialists provided with expert instruction on best practices could integrate gambling awareness into community outreach and organizing activities. Counselor training based on the requirements of the International Gambler Counselor Certification Board would lead to more availability of certified gambler counselors in the state.

IV -- Outcomes

From the beginning, KYCPG recognized the importance of helpline services to provide crisis support and referral information to problem and addicted gamblers, their families, employers and co-workers, and friends. KYCPG contracts with the Council on Compulsive Gambling of New Jersey for permission to use 1-800-GAMBLER (1-800-426-2537) in Kentucky. KYCPG also accepts calls to the National Council on Problem Gambling helpline, 1-800-522-4700, placed from the state's five area codes: 270, 364, 502, 606 and 859.

Helpline calls are answered by trained telephone counselors at River Valley Behavioral Health in Owensboro. KYCPG conducts an annual training seminar for the helpline staff on problem and addicted gambling. Beginning in 2016, the helpline service also can respond to texts sent to either number, and chat services are available at www.kygamblinghelp.org. Communication to the two helpline numbers total more than 300 per month. Historically, approximately 30 calls per month are provided with referrals or information on problem gambling; however, in 2021

helpline staff report an increase in calls and services provided. The amount of communications with the helpline via text is nearing half of all contacts.

Calls from Kentuckians to the 1-800-GAMBLER helpline (and 1-800-522-4700) over the past 23 years show that people from all walks of life suffer with disordered gambling. The helpline receives calls from all areas of the state, racial/ethnic backgrounds, and socio-economic circumstances. Also, the calls are about equally divided between men and women. About 2-3 percent of the monthly calls have come from persons under 21 years of age.

Often, callers to the helpline are calling on someone else's behalf or are looking for general information on disordered gambling. About a third of the callers to the helpline are provided specific referrals to counsellors, Gamblers Anonymous, or other treatment options.

Since 1998, the Kentucky Council on Problem Gambling has provided education and training that can lead counselors to achieve certified gambler counselor status. More than 1,000 individuals have attended the conferences, but the number that have achieved certification is very low. One of the reasons for this has been the lack of insurance reimbursement for problem and addicted gambling counseling. This is changing somewhat with the inclusion of gambling disorder as an addictive behavior in the *DSM-5*.

At the 12th Annual Educational and Awareness Conference on Problem Gambling Issues held in Lexington, Ky., Jan. 29-30, 2009, the Kentucky Council on Problem Gambling conducted a facilitated discussion among its current certified gambler counselors and other attendees to obtain answers to two questions:

1. What can we do to advocate for quality care for addicted and problem gamblers?
2. What is needed to set up a program to serve addicted and problem gamblers?

The observations and recommendations in five areas -- outreach, helpline, intake, treatment/counseling, and certification/training -- were recorded and summarized. The summary for each topic area captures the insight of certified gambler counselors who currently are treating addicted and problem gamblers and those affected by their actions. A comprehensive prevention, education, awareness, and treatment program for addicted and problem gambling should include these measures:

- Reduced morbidity -- decrease in abuse of gambling, increase in understanding of risk behaviors, decrease in symptomology of problem gambling.
- Employment/Education -- increased, or stability in, employment or education among addicted gamblers, workplace policies, and procedures regarding gambling, school policies and procedures regarding gambling, increased employee education on symptomology of problem/addicted gambling.
- Crime/Criminal Justice -- decrease in criminal incarcerations and gambling related crimes, decrease in criminal activity among addicted gamblers in recovery, increase in educational programs targeting the criminal justice system.
- Stability in Housing -- increase in stability in housing and recovering addicted gamblers, better family communication about gambling, increase in social support and social connectedness in the area of problem gambling.
- Access/Capacity -- increased access to services, increased service capacity, increased public awareness to access points.
- Retention -- increased retention in treatment programs, increased positive outcomes of the treatment experience, access to prevention messages, reduced utilization of ancillary human services.
- Perception of Care -- client's positive treatment experience, decreased negative consequences of problem/addicted gambling, increased seamless utilization of services.
- Cost Effectiveness -- affordable services for clients, appropriate levels of care provided, effective use of resources.
- Use of Evidence-Based Practices -- quality of care givers, evidence-based counseling techniques, evidence-based levels of care, quality training of care givers.

In 2021, KYCPG was able to negotiate with the Indiana Problem Gambling Assistance Program for limited access to an on-line counselor training opportunity for Kentucky-based behavioral counselors. Completing the training is a

necessary step to achieve certified gambler counselor status. KYCPG obtained donations to support the negotiated cost, and 12 Kentucky-based counselors are enrolled in the program at no cost to them.

V -- Next Steps

The breadth of the impact from gambling disorder, both on the individual and those who are affected by the gambler, leads many to conclude disordered gambling is a public health issue. The referenced *SAMSHA Advisory* advises medical professionals about gambling disorder and how it can be recognized and treated. Even the National Center for Responsible Gaming, which is the foundation research arm of the American Gaming Association, the trade association for casino operators, promotes this approach. Addressing gambling problems from a public health perspective not only focuses on the health and welfare of the individual but also on the health and safety of the family, community and workplace. It argues for public policy that supports healthy behaviors and includes awareness and prevention efforts as well as direct treatment.

The institution of a publicly funded Problem and Addicted Education and Treatment Program, established by legislation, would set aside funds flowing to the state from sanctioned behavior of a potentially addictive activity, to provide education, awareness, prevention and treatment availability, which would incentivize more counselors to obtain certification and more prevention specialists to incorporate gambling addiction awareness. At last count, 39 other states, including six of Kentucky's border states, provide public funding for problem gambling education and treatment. The seventh, Virginia, has a proposal to establish a publicly funded program before its legislature.

National, evidence-based models of prevention and treatment for addicted and problem gambling behavior are emerging. Kentucky provides no state-budgeted, publicly funded services for prevention, education, awareness, or treatment for addicted or problem gamblers. Six of Kentucky's seven border states (Illinois, Indiana, Missouri, Ohio, Tennessee and West Virginia), each of which also is a gambling state, provide publicly funded services for addicted and problem gambling prevention, education, awareness, or treatment. Kentucky state government has not officially, through legislation or regulation, established or designated an agency of the state government to oversee or manage addicted and problem gambling prevention, education, awareness, or treatment services. Advocates for such services cite a benchmark of $1 per total population to provide a fully functioning level of services. In Kentucky, that level would be about $4 million, or just 1.5 percent of the current income the state receives from the legal gambling it sanctions.

Specific training and certification requirements are needed for professionals to deliver quality care to addicted and problem gamblers. The following skills and knowledges are needed:

- Intake assessment procedures based on the *DSM-5 (Diagnostic and Statistical Manual of the Mental Disorders, Fifth Edition)*.
- Face-to-face skills for intake, individual counseling, group counseling, treatment planning, and after care.
- Networking, outreach, and referral protocols to other mental health providers and criminal justice programs (including parole and probation officers).
- Concepts of financial restitution and financial case management.
- Case management services, family counseling and family programs.
- Public awareness outreach for employers, employee assistance professionals, and community educational presentations.
- Understanding and delivery of prevention programs.
- Retention skills.
- Knowledge of research, evidence-based counseling techniques, medications, and co-occurring disorders.

In 2021, the closing paragraph of the 2003 *LRC #316* report's Executive Summary remains true: "Because of the many similarities between compulsive (now addicted) gambling and alcoholism (links now are established with substance use disorder, suicide, and other risky behaviors), some mental health researchers are commending a similar public health approach to compulsive gambling. This approach involves broad prevention and awareness strategies, early identification and risk reduction, and appropriate treatment for those with a gambling disorder."

Addendum A

Gambling Call to Action Statement

The October 1, 2017 mass shooting event in Las Vegas was perpetrated by a man, who according to media reports, exhibited behaviors suggestive of a significant gambling problem.i This tragedy raises important questions about gambling and its potential role in this particular disaster.Feelings of isolation, despondency, and suicide, mixed with (1) a perceived injustice, (2) a disregard for and violation of the rights of others, and (3) availability of lethal means to kill and injure a great number of individuals in a short amount of time, can result in disastrous events. A tragedy of this magnitude is rare, but human suffering is not. The relationship between suffering and gambling disorder is complex because suffering can lead to intemperate gambling and vice versa. We must learn more about gambling and its potential role in human suffering.

We are writing this letter as a call for action. Our society does little to help those suffering from gambling disorder. Resources for gambling-related treatments and research are sparse. The American Psychiatric Association classifies gambling disorder as an addiction and estimates that it affects about 1-3% of individuals from all walks of life. Harms include financial ruin for individuals and families, significant guilt and shame, disrupted social relationships, engagement in illegal behaviors, occupational impairment, despair, and suicide. The impact of these harms is greater than the harms associated with many well researched medical and psychiatric conditions.ii Few with the disorder seek treatment,iii and the amount spent on publicly funded outreach and gambling treatment across the nation is small ($73 million)iv compared to the billions of dollars our society spends on substance abuse treatment and prevention.

The federal government does not programmatically fund research focusing on gambling disorder nor does it monitor the impact of gambling activities on society, despite the gambling industry generating approximately $100 billion in annual tax revenue for local, state, and federal governments.v An additional $7 billion is generated from taxes on individuals' gambling winnings. Responsible gambling initiatives by the gambling industry are critical and need greater support and examination to ensure that patrons use their product safely as a form of entertainment and recreation. More could and should be done to understand, prevent and treat this condition by state and federal governments and by the gambling industry.

We call for three primary initiatives.

The federal government needs to programmatically conduct research regarding gambling and its mental and physical health consequences.

- We call upon the National Institutes of Health (NIH) to fund research surrounding the etiology, prevention, and treatment of gambling disorder. Currently, unlike other addictions such as alcohol, cocaine, and opiates use disorders (e.g., National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse), no institute at the NIH has gambling disorder within its research mandate. We ask that NIH funding dedicated to the study of gambling disorder be allocated and placed within the research mandate of an NIH institute.
- To monitor and study the impact and harms associated with gambling, we call upon the Centers for Disease Control and Prevention and other government agencies to consistently include a five-item assessment of gambling behavior and gambling disorder in their epidemiological surveys, such as the Behavioral Risk Factor Surveillance System. These items would assess gambling frequency, amount risked, and a three-item gambling disorder screen.vi

The federal and state governments and the gambling industry need to improve access to prevention, treatment and recovery services for gambling disorder. The points of contact for offering a range of services for gambling problems are underdeveloped.

- For example, fewer than 13,000 Americans sought publically (state) funded treatment for gambling problems - despite estimates of over three-to-five million people with the disorder. Approximately 10 states and the District of Columbia do not currently offer any state funded gambling treatment, despite gambling-related tax revenues being collected in 48 of the 50 iv We call for all states to offer free and easily accessible treatment for gambling disorder.
- We call for increasing the visibility and impact of resources to assess for gambling-related harms at gambling venues.
- We must increase the identification of individuals with potential gambling problems and access to treatment via gambling helplines, referral networks, and screening in settings where gambling disorder prevalence is elevated. We call on substance abuse treatment centers, community mental health clinics, and criminal justice settings to implement routine screenings for gambling disorder.
- While Gamblers Anonymous (GA) is a free self-help resource, few with gambling disorder utilize GA in a way that results in sustained recovery.vii We call for the development of alternative treatment options. Empirically-supported treatments for gambling disorder currently are underdeveloped and inadequately researched.

For the gambling industry to make greater investment in identifying and validating responsible gambling initiatives.

- Casinos and other gambling outlets must engage in greater accountability to ensure that their product is used safely, otherwise the industry may encounter exposure to legal liability like alcohol servers and cigarette manufactures. In fact, excessive gambling may be rewarded through loyalty programs and comps. We call on both the gambling industry and for public policy initiatives to design and evaluate evidence-based approaches to advance responsible gambling.viii

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Addendum B

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

A Life in the Community for Everyone
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DSM-5, Gambling, and Health Reform: Opening the Door

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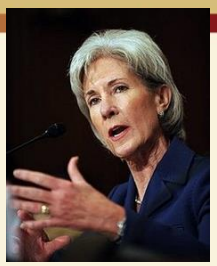
10th Annual Midwest Conference on Problem Gambling & Substance Abuse
June 26, 2013 • Kansas City, MO

President Barack Obama

"…we need to see [to] it that men and women who would never hesitate to go see a doctor if they had a broken arm or came down with the flu, that they have that same attitude when it comes to their mental health."

June 3, 2013

3



Kathleen Sebelius
Secretary
U.S. Department of Health & Human Services

"Now is the time to work together to banish those fears and bring mental health out of the shadows once and for all."

February 4, 2013

4

SAMHSA: Key Messages

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover from mental and substance use disorders

Administrator, SAMHSA

5

SAMHSA

- Mission is to reduce the impact of substance abuse and mental illness in America's communities.
- Emphasizes that behavioral health is a component of service systems that improve overall health status, and that contain health care and other costs to society.
- Promotes continuous process improvement and cost effectiveness in the delivery and financing of prevention, treatment and recovery support services
- Concerned about problem and pathological gambling given the correlations with MH/SUDs.

6

Intertwined Public Health Challenges

"I'm really in trouble with my gambling. It is out of control. I just got into a recovery program for my drinking. It seems like whenever I gamble, I have a much harder time not drinking. And when I drink, my gambling really takes off. I just wish I could stop."
– George, age 32

http://www.masscompulsivegambling.org/stuff/contentmgr/files/75736a05fb001ca0be5cf405f4759f3b/download/2011_gd_sud_factsheet.pdf

7

The Gambling Environment is Evolving

- Gambling has become more convenient and accessible.
- Gambling is coming out of gambling environments and is converging with other technologies.
- Gambling is becoming more anonymous and "asocial".
- Gambling is perceived as an ever more important source of public revenues.

Sources include: Griffiths, M. (2012) Technological trends, behavioral tracking, and implications for social responsibility tools in gambling. [PowerPoint presentation] Retrieved from http://www.responsiblegambling.org/docs/discovery-2012/technology-trends-behavioural-tracking-and-implications-for-social-responsibility-tools-in-gambling.pdf?sfvrsn=8

8

Gambling in the U.S.

- Approximately 85% of U.S. adults have gambled at least once in their lives; 60% in the past year.
- 2 million (1%) of U.S. adults are estimated to meet criteria for pathological gambling in a given year.
- Another 4-6 million (2-3%) would be considered problem gamblers.

Source: National Council on Problem Gambling , Retrieved from http://www.ncpgambling.org/i4a/pages/index.cfm?pageid=3314#widespread

9

Gambling and Co-occurring Disorders

According to the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC):

- 73.2% of pathological gamblers had an alcohol use disorder
- 38.1% had a drug use disorder
- 60.4% had nicotine dependence
- 49.6% had a mood disorder
- 41.3% had an anxiety disorder
- 60.8% had a personality disorder
- 15-20% attempt suicide

Source: Petry, NM, et al. (2005) Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: Results from the national epidemiologic survey on alcohol and related conditions. *Journal of clinical Psychiatry.* 66:564-574

10

Family and Genetics?

- Small family studies have found that first-degree relatives of those diagnosed with pathological gambling had significantly higher lifetime rates of alcohol and other substance use disorders than did control subjects.
- In a study of male twins, 64% of the co-occurrence between pathological gambling and alcohol use disorders was attributable to genes that influence both disorders – suggesting an overlap in the genetically transmitted underpinnings of both conditions.

Source: Grant, J.E. J.D. Potenza, M. MD, Weinstein, A. PhD., Gorelick, D. MD, PhD. (2010) *The American Journal of Drug and Alcohol Use,* Early Online 1-9. DOI: 10.3109/00952990.2010.491884

11

Pathological Gambling & Drug and Alcohol Disorders

Behavioral addictions – such as pathological gambling – share common features with drug and alcohol use disorders:

- Failure to resist an impulse, drive, or temptation that is harmful to the person or to others.
- Onset in adolescence and young adulthood – more men than women.
- Occurrence of an urge or craving state prior to initiating the behavior.
- Resulting "high" – need to increase the intensity of the behavior to achieve the same high.
- Financial and marital problems.
- Criminal behavior to fund addictive behavior or cope with consequences of it.

Source: Grant, J.E. J.D. Potenza, M. MD, Weinstein, A. PhD., Gorelick, D. MD, PhD. (2010) *The American Journal of Drug and Alcohol Use,* Early Online 1-9. DOI: 10.3109/00952990.2010.491884

12

Gambling and Alcohol

- Problem gamblers with frequent alcohol use have greater gambling severity and more psychosocial problems resulting from gambling than those without alcohol use histories.
- Adolescents who are moderate to high frequency drinkers are more likely to gamble frequently than those who are not. *(Grant, Potenza, etal, 2010)*
- For individuals with alcoholism and gambling disorders, addressing both problems simultaneously leads to better outcomes. *(Hodgins and el-Guebaly, 2002)*

13

Gambling and Drugs

- Research indicate that cocaine-addicted individuals are nearly two times more likely to have serious gambling problems than those who are not cocaine-dependent.
- Cocaine may artificially inflate a gambler's sense of certainty of winning and skill, contributing to increased risk behaviors.
- Pathological gamblers may use cocaine to maintain energy levels and focus during gambling and sell drugs to obtain gambling money.
- Research also suggests a positive correlation between methamphetamine abuse and pathological gambling.

14

Neurological Similarities between Gambling & Drug and Alcohol Abuse

- Multiple neurotransmitter systems are implicated in the pathophysiology of behavioral addictions and substance use disorders.
- Serotonin and dopamine, in particular, may contribute to both sets of disorders.
  - Serotonin is involved with inhibition of behavior.
  - Dopamine is involved with learning, motivation, stimuli, and rewards.
- Alterations in dopaminergic pathways in the brain are thought to underlie reward-seeking (gambling, drugs, alcohol) that triggers the release of dopamine and produces feelings of pleasure.

Source: Grant, J.E. J.D. Potenza, M. MD, Weinstein, A. PhD., Gorelick, D. MD, PhD. (2010) *The American Journal of Drug and Alcohol Use*, Early Online 1-9. DOI: 10.3109/00952990.2010.491884

15

Similar Treatment for Drug & Alcohol Abuse and Pathological Gambling

- Behavioral addictions and substance use disorders often respond positively to the same treatments:
  - Recovery support services – including peer recovery support and 12-step programs
  - Motivational enhancement
  - Cognitive behavioral therapies
- Naltrexone : Approved for treatment of alcohol/opioid dependence, has shown efficacy in controlled trials for the treatment of pathological gambling. (Kim, SW et al, 2001 and Grant JE et al, 2006, 2008, & 2009)
- Recent findings suggest IM naltrexone can control gambling cravings/behavior while mitigating issues with adherence and toxicity. (Yoon and Kim. 2013. Am J Psychiatry. Letters.)

Source: Grant, J.E. J.D. Potenza, M. MD, Weinstein, A. PhD., Gorelick, D. MD, PhD. (2010) *The American Journal of Drug and Alcohol Use*, Early Online 1-9. DOI: 10.3109/00952990.2010.491884

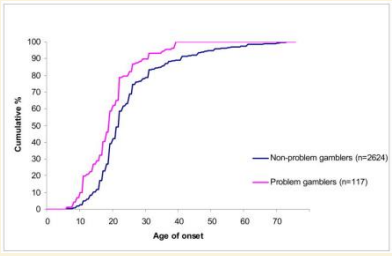
16

Gambling and Associated Medical Conditions

- Obesity
- Heart disease
- High blood pressure
- Digestive problems
- Muscular tension
- Insomnia
- Ulcers
- Migraines

17

Gambling at any Age



Source: Kessler, RC, et al. (2008) The prevalence and correlates of DSM-IV Pathological Gambling in the National Comorbidity Survey Replication. Psychol Med. 38(9):1351-1360.

18

Gambling at any Age: Adolescent Gamblers

- Approximately 4%-8% of kids between 12 and 17 years of age meet criteria for a gambling problem, and another 10%-15% are at risk of developing a problem.
- Research also shows that a majority of kids have gambled before their 18th birthday.
- Adolescent involvement in gambling is believed to be greater than their use of tobacco, hard liquor, and marijuana.

Sources: Youth Gambling, NPGAW website, 2007 & National Council on Problem Gambling

19

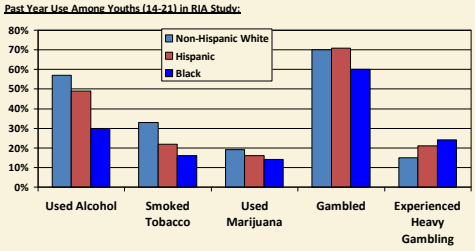
Adolescent Problem Gambling & Substance Use

- The Research Institute on Addictions at the University of Buffalo conducted a survey of gambling among 14-21 year olds in the U.S.
- 68% of the youth reported having gambled during the past year.
- 37% of the youth who were identified as heavy drinkers were also heavy gamblers compared to 11% heavy gamblers among non-drinkers.[1]
- The rate of heavy gambling was twice as great for those who reported heavy marijuana use vs. those who did not smoke marijuana.[2]

[1] Heavy drinking was defined as drinking 5 or more drinks in 1 day on at least 12 days in the past year.
[2] Heavy marijuana use was defined as using marijuana or hashish 52 times or more during the past year.
Source: Barnes, GM, Welte, JW, etal. (2009) *Gambling, alcohol, and other substance use among youth in the United States*. Research in Brief. Research Institute on Addiction. May/June 2010

20

Adolescent Gambling & Substance Use by Race/Ethnicity



Source: Barnes, GM, Welte, JW, etal. (2009) *Gambling, alcohol, and other substance use among youth in the United States*. Research in Brief. Research Institute on Addiction. May/June 2010

21

The Internet and Adolescent Gamblers

- A study of Connecticut high schoolers identified 2,006 adolescent gamblers – 20.5% of whom were Internet gamblers.
- Among the Internet gamblers:
  - 57.5% were classified as at-risk/problem gamblers (ARPGs) vs. 27.7% among non-Internet gamblers
  - 42.5% as low-risk gamblers (LRGs) vs. 72.3% among non-Internet gamblers
- ARPGs also reported higher regular use of tobacco, marijuana, moderate and heavy alcohol use, and dysphoria/depression.
  - They were also more likely to engage in serious fights and carrying a weapon.

Source: Potenza, M.N., et al (2011 February) Correlates of At-Risk/Problem Internet Gambling in Adolescents, Journal of American Academy of Child & Adolescent Psychiatry, vol. 50, No. 2, retrieved from www.jaacap.org

22

Gambling at any Age: College Students

- Research has shown that college-aged young adults are more impulsive and at higher risk for developing gambling disorders than adults.
- It has been estimated that 75% of college students gambled during the past year, whether legally or illegally.
- Meta-analysis of 15 college student studies estimates the percentage of disordered gamblers among college students at 7.89%.

Sources: http://www.ncpgambling.org/files/NPGAWcollegefactsheet.pdf and NCRG, http://www.collegegambling.org/
Blinn-Pike, L. et al. (2007) . Disordered Gambling among College Students: A Meta-Analytic Synthesis. J. Gambl Stud. 23:175-183.

23

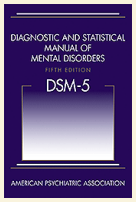
Gambling at any Age: Older Adults

- Estimates are that 39-45% of casinos' traffic is comprised of patrons 65 years or older.
- A recent study of over 10,000 older adults (age 60 or older) found that 28.7% were lifetime recreational gamblers and 0.85% were lifetime "disordered" gamblers.
- Compared with older adults without a history of regular gambling, disordered gamblers were significantly more likely to have disorders such as alcohol (53.2% vs. 12.8%) drug (4.6% vs. 0.7%), anxiety (34.5% vs. 11.6%) and personality (43% vs. 7.3%).

Sources: Wick, JY. (2012) High-stakes gambling: seniors may be the losers. http://www.ncbi/nlm.nih.gov & Pietrzak, RH et al. Gambling level & psychiatric and medical disorders in older adults: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry*, April 2007

24

DSM-5 and Health Reform for MH/SUDs



DSM-5 and Health Reform Provisions are poised to transform services for MH/SUDs and gambling disorders.

(http://www.dsm5.org/Pages/Default.aspx) (https://www.healthcare.gov/ and https://www.cuidadodesalud.gov/es/)

25

Importance of DSM-5

- Handbook used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders.
- Clinicians use DSM-5 diagnoses to communicate with patients, other clinicians, and to request insurance reimbursement.
- DSM-5 diagnoses can be used by public health authorities for compiling and reporting morbidity and mortality statistics.
- Also used to establish diagnoses for research: Consistent and reliable diagnoses enable researchers to examine risk and causal factors for specific disorders, and to determine their incidence and prevalence rates.

Source: http://www.dsm5.org/Documents/FINAL%20UPDATED%20Insurance%20Implications%20of%20DSM-5--FAQ%206-11-13%20(2).pdf

26

DSM-5: Reclassification of Gambling

- Contains significant changes to "Substance-Related and Addictive Disorders".
- Places "Gambling Disorder" in "Substance-Related and Addictive Disorders", under "Non-Substance-Related Disorders"
- Change reflects research findings that indicate that GD is similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology, and treatment.

Sources: DSM-5. 2013. APA.
http://www.dsm5.org/Documents/Substance%20Use%20Disorder%20Fact%20Sheet.pdf;
Petry, NM, et al. (2013). An Overview of and Rationale for Changes Proposed for Pathological Gambling in DSM-5. *J Gambl Studies*. Published online March 23, 2013. DOI 10.1007/s10899-013-9370-0.

27

DSM-5 Gambling Reclassification Implications

- Placement in "Substance-Related and Addictive Disorders" could open the door to coverage under MH/SUD-related provisions of health reform.
- Improve diagnostic accuracy and screening efforts.
- Support more appropriate treatment and services.
- Facilitate integration/bundling of services and payment processes with MH/SUDs services and primary care (e.g., SBIRT).
- Increase public health awareness, and raise visibility among health care providers, insurers, and policy makers.
- Accelerate research and development of more robust, evidence-based practices.

Sources: http://www.dsm5.org/Documents/FINAL%20UPDATED%20Insurance%20Implications%20of%20DSM-5--FAQ%206-11-13%20(2).pdf; and Petry, NM, et al. (2013). An Overview of and Rationale for Changes Proposed for Pathological Gambling in DSM-5. *J Gambl Studies*. Published online March 23, 2013. DOI 10.1007/s10899-013-9370-0.

28

DSM-5 and ICD Codes: Enhanced Comprehensive/Coordinated Care

- Contributing psychosocial and environmental factors are represented in an expanded set of ICD-9-CM V-codes (forthcoming ICD-10-CM, Z-codes).
- These codes enable clinicians to indicate other conditions or problems requiring clinical attention or that may influence the diagnosis, course, prognosis, or treatment of a mental disorder.
- Such conditions may be coded along with the patient's mental and other medical disorders if they are a focus of the current visit or if they help explain the need for a treatment or test.
- Alternatively, codes may be entered into the clinical record as useful information relative to patient care.

Source: http://www.dsm5.org/Documents/FINAL%20UPDATED%20Insurance%20Implications%20of%20DSM-5--FAQ%206-11-13%20(2).pdf

29

DSM-5 and Insurance

- DSM-5 was developed to facilitate seamless transition into immediate use by clinicians and insurers to maintain continuity of care.
- Represents a step forward in more precisely identifying and diagnosing mental disorders.
- Completely compatible with the HIPAA-approved ICD-9-CM coding (and updated ICD-10-CM in 2014).
- Can be used immediately for diagnosing mental disorders.
- Change in format from a multi-axial system may result in a brief delay while insurance companies update claim forms and reporting procedures to accommodate new format.

Sources: http://www.dsm5.org/Documents/FINAL%20UPDATED%20Insurance%20Implications%20of%20DSM-5--FAQ%206-11-13%20(2).pdf; and https://questions.cms.gov/faq.php?id=5005&faqId=1817

30

DSM-5 and Internet Gaming

- Internet Gaming Disorder (IGD) is identified in Section III as a condition requiring additional clinical research to determine if it warrants inclusion as a formal disorder.
- Recent scientific reports indicate that "gamers" using the internet play compulsively, and that their persistent and recurrent online activity results in clinically significant impairment or distress.
- Important to note that multiple studies suggest Internet gambling results in higher incidence of gambling disorders than land-based gambling.

Sources: http://www.dsm5.org/Documents/Substance%20Use%20Disorder%20Fact%20Sheet.pdf; and Gainsbury , SM, et al. (2013) Recommendations for International Gambling Harm-Minimisation Guidelines: Comparison with Effective Public Health Policy. J. Gambl Stud. Published online June 8, 2013. DOI: 10.1007/s10899-013-9389-2)

31

HHS Launches Two Complementary Web Sites: HealthCare.gov is the Web Destination for the Health Insurance Marketplace

healthcare.gov

- Consumer-focused website and a 24-hours-a-day consumer call center for the Health Insurance Marketplace.
- Helps Americans prepare for enrollment now; and to sign up for private health insurance starting October 1, 2013 for coverage in 2014.
- New tools explain choices and help identify coverage best suited for individuals, families, and small business owners.

32

HHS Launches Two Complementary Web Sites: HHS.gov/HealthCare has Additional Information on Health Reform for the Public

hhs.gov/healthcare

- Important information and resources about provisions in the Affordable Care Act law:
  - Prevention and wellness
  - Pre-existing conditions
  - Prescription discounts for seniors
  - Young adult coverage
  - Lifetime limits
  - Federal and State level information
  - And more…

33

Health Reform Goals and MH/SUDs

- Increase coverage and access, reduce disparities.
- Improve patient care *and* patient's experience with health care.
- Control and reduce cost.

34

Health Reform Provisions and MH/SUDs

- Expands coverage for at-risk, high risk, and underserved populations.
- Includes MH/SUD services in list of 10 Essential Benefits.
- Expands and extends parity measures and protections of MHPAEA.
- HHS estimates that ACA associated coverage expansion and parity provisions have the potential to provide new or expanded MH/SUD benefits for 62 million Americans.

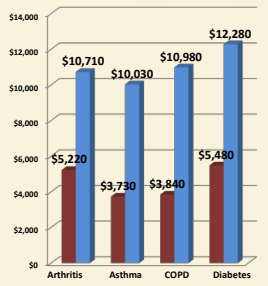
35

Health Reform Provisions and MH/SUDs

- Mandates free coverage of preventive services including alcohol misuse, tobacco use, depression, and behavioral assessments for children of all ages.
- Fosters and supports new, improved service delivery and payment models including service integration and coordination.
- Promotes and supports innovation and advances in HIT.

36

Estimated Health Care Cost Increases Associated with BH Co-Morbidity



Chronic Disease	% Cost Increase w/Mental Illness
Arthritis	105%
Asthma	169%
COPD	186%
Diabetes	124%

Annual Cost of Care [$]/Patient

Annual Cost of Care w/Mental Illness [$]/Patient

Adapted from: http://www.wyattmatas.com/mimik/mimik_uploads/pivot_point__charts/14/Pivot_Point_Dec_Chronic_Condition_BH_12.10.2012.pdf

37

Cumulative Effects of These Transformative Behavioral Health Care Drivers

- Value-based, integrated and coordinated care becoming the new norm.
- Accelerated innovation, uptake, and implementation service delivery and payment, notably in HIT.
- Imperative for strategic alliances, partnerships, collaborations, and networks.
- Increased mergers and consolidation for service providers and payers.
- Substantial gains in operational efficiencies.
- Workforce training, retraining, and cross-training.
- Additional support for research, research translation, and evidence-based practices.

38

DSM-5 and Health Reform Opportunities

Are We Prepared?

- Education and public outreach programs and activities.
- Requisite operational/organizational infrastructure.
- Service delivery effectiveness and efficiency.
- Accessibility to services, service integration, and coordination.
- Professional networks for seamless and comprehensive care.
- Partnerships and collaboration with emergent health care providers.
- Ongoing dialogue with public/private insurance providers and realignment of payment streams to support value-based health care.
- HIT upgrades for patient-centric, interconnected services and records sharing, including privacy and security safeguards.

39

Gambling: Elevating the Conversation

Congressional Comprehensive Problem Gambling Acts

- H.R. 2334 (2011), S.3418 (2010), and H.R. 2906 (2009) have all been bills proposing to enact comprehensive legislation that would target problem gambling as a national health priority.
- H.R. 2334 called for the establishment and implementation of programs for prevention, treatment, and research; as well as a national campaign to increase knowledge and raise awareness of problem gambling.
- None of these bills made it out of committee, and no comprehensive bill has been introduced in the current Congress to date.

Sources: http://thomas.loc.gov and http://www.govtrack.us/

40

Gambling: Elevating the Conversation

H.R. 2282 Internet Gambling Regulation, Enforcement, and Consumer Protection Act of 2013

- Internet gambling facility that offers services to persons in the United States must be authorized under this Act.
- Includes measures addressing the development of a Compulsive Gaming, Responsible Gaming, and Self-Exclusion Program that each licensee must implement as a condition of licensure.
- Regulations provide for the establishment of a program to alert the public to the existence, consequences, and availability of the self-exclusion list.
- June 6, 2013: referred to House committees

http://thomas.loc.gov/cgi-bin/bdquery/z?d113:h.r.2282:

41

The Imperative: The Cost Benefit of Gambling Intervention

- Various studies put the cost of gambling addiction from $5,000 a year to $15,000 a year per addict.
- Providing services for pathological gamblers can save the State money across other systems, reducing costs in terms of the criminal justice system, child neglect and abuse, domestic violence and other systems.

"You cannot beat a roulette table unless you steal money from it."
- Albert Einstein

Source: Pulliam, R. Like cigarettes, gambling takes toll on addicts. *Indiana Star*. 8/3/06, retrieved from http://www.aproundtable.org on 7/31/08

42

Treatment Barriers: Co-Morbidity's Impact on Recovery

Co-morbid mental health and drug and alcohol substance use disorders affect the ability of a pathological gambler to achieve abstinence. A recent study found that:

- Pathological gamblers with a drug diagnosis during their lifetime were less likely to have a minimum 3 month period of abstinence.
- A lifetime history of mood disorder also predicted a longer time to reach a minimum 3 months of continuous abstinence.
- A history of alcohol problems predicted an increase in the odds of experiencing a relapse from abstinence.

Source: Hodgins, DC, el-Guebaly, N. (2009) The influence of substance dependence and mood disorders on outcome from pathological gambling: Five-year follow-up. *J Gambl Stud*. Retrieved 7/24/09 from http://www.springerlink.com/content/j383744434148188/?p=d6d7ecebbcb4457fa93acf3159a79714&pi=10

43

Treatment Barriers: Sequential Addiction Pattern

- A sequential addiction pattern is common: a person with a history of alcohol dependence – even with many years of recovery – can develop a gambling problem.

- Former drug/alcohol abusers may "switch addictions" to problem gambling.
- For some addicts in recovery, picking up a new addiction is seen as helping to manage stress or giving them some sense of control over their lives.
- Gambling can represent an attempt to self-medicate or to escape negative mood states.

Source: TIP 42: *Substance Abuse Treatment for Persons with Co-Occurring Disorders (Problem Gambling)*, SAMHSA, CSAT

44

Overcoming the Barriers: The Benefits of Integrated Care

- Results from two U.S. national surveys found that only about 1 in every 10 pathological gamblers ever seeks treatment or attends a Gamblers Anonymous meeting.
- Primary care providers can learn to recognize indications of possible problem or pathological gambling and ask appropriate questions.
- "The dentist may notice it because an appointment is missed or a bill goes unpaid. The doctor may have to ask, 'Why aren't you taking that high blood pressure medication?' only to find that the money to buy it had been gambled away." *(Joanna Franklin, Program Director, U of Maryland School of Medicine Center on Problem Gambling)*

Source: Korman, C. (9/20/12) University of Maryland launches problem gambling center. Baltimoresun.com

45

Overcoming the Barriers: Screening, Brief Intervention & Referral to Treatment (SBIRT)

- Screening, Brief Intervention & Referral to Treatment (SBIRT) can also be an effective way of identifying those with problem and pathological gambling "upstream."
- Including screening for problem and pathological gambling in SBIRT within primary care settings would:
  - Identify patients who don't perceive a need for treatment,
  - Provide them with a solid strategy to reduce or eliminate substance abuse, and
  - Move them into appropriate services.

Slutske, W. S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two U.S. National Surveys. The American Journal of Psychiatry, 163(2), 297–302.

46

SBIRT: Core Clinical Components

- Screening: Very brief screening that identifies substance related problems.
- Brief Intervention: Raises awareness of risks and motivation of client toward acknowledgement of problem.
- Brief Treatment: Cognitive behavioral work with clients who acknowledge risks and are seeking help.
- Referral: Referral of those with more serious addictions.

47

Overcoming the Barriers: Holistic Approach to Treatment

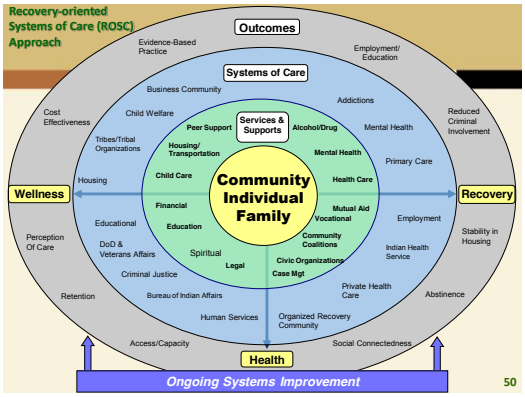
- Integrated care and SBIRT emphasize the importance of a holistic approach to the treatment of problem or pathological gambling.
- Because problem or pathological gambling has wide reaching effect on the person, the family, and community (Financial, Relationships, Employment, etc.).
- Treatment and recovery benefit from a holistic approach that includes a wide range of support systems.

48

Overcoming the Barriers: Recovery-Oriented Systems of Care (ROSC)

- Recovery-Oriented Systems of Care provides a coordinated network of community-based services and supports that is person-centered.
- ROSC builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.
- ROSC is already being successfully integrated into many problem gambling treatment programs.

49



50

Values Underlying ROSC

- Person-centered
- Self-directed
- Strength-based
- Participation of family members, caregivers, significant others, friends, and the community
- Individualized and comprehensive services and supports
- Community-based services and supports

51

Operational Elements of a ROSC

- Collaborative decision-making – empower and support the individual
- Continuity of services and supports – coordination and seamless connections between services & support
- Service quality and responsiveness – evidence-based, gender-specific, culturally relevant, trauma-informed, family-focused
- Multiple stakeholder involvement – involves all segments of the community
- Outcomes-driven – performance data used to improve service delivery
- Recovery community/peer involvement – peer-to-peer recovery support services included

52

Examples of Peer Recovery Support Services

- The benefit of peer-to-peer support services has long been recognized by those treating pathological and problem gambling.
- The first Gamblers Anonymous group was started approximately 60 years ago – The National Council on Problem Gambling was founded in 1972 – and Maryland opened the first state-funded treatment program in 1979.
- Other Peer Recovery Support Services include:
  - Assistance in finding housing, educational, employment opportunities
  - Life skills training – including financial management
  - Health and wellness activities
  - Assistance in managing systems (e.g., health care, criminal justice, child welfare)

53

Overcoming the Barriers: Benefits of ROSC for Treating Gambling Addiction

- Addressing quality of life issues through a holistic approach decreases the risk of relapse and increases the chances for a successful recovery for pathological gamblers.
- Recovery support services in conjunction with clinical treatment help to establish a more continuous treatment response.
- The ROSC approach ultimately means that the program focuses on reducing the acute and severe relapses that pathological gambling clients often experience.

54

Overcoming the Barriers: Eliminating Silos

- Adopting an integrated treatment approach like ROSC does not guarantee a truly integrated system.
- Silos can exist between the various services, systems, agencies, and organizations that are part of recovery-oriented systems of care.
- Maintaining linkages and communication between all services and systems is essential.
- Health Information Technology, when truly interoperable, can help to eliminate silos while protecting confidential data and records.

55

Overcoming the Barriers: Health IT

- Health Information Technology is an important part of providing integrated treatment by linking between programs, services, and providers.
- Health IT can help behavioral health providers:
  - Communicate and collaborate between providers and other programs
  - Track the progress of those who leave a program and monitor when and if additional services are needed
  - Reduce redundancy between programs and providers
  - Increase the quality of care
  - Increase access to services and support

56

Overcoming the Barriers: Behavioral Health IT

- Behavioral health is unique
  - More stringent privacy requirements
  - Subjective diagnoses
  - Majority Non-pharmacological treatments
  - Less emphasis on labs & imaging
  - Need for strong and continued patient engagement
  - Role of the family and social support structure

57

Overcoming the Barriers: Using HIT to Increase Patient Engagement

- HIT has tremendous potential to increase patient engagement in their own care
  - Provide the patient with health information tailored to their own risks and health literacy
  - Link to community and online resources
  - Tools to support shared decision making
  - Goal setting and tracking
  - Supporting adherence
  - Link with Mobile Health tools

58

Overcoming the Barriers: Ensuring Confidentiality and Trust

- Increased accessibility to health records raises the question of how to ensure patient confidentiality and trust.
- In order to achieve any level of systemic durability and success, electronic exchange efforts must establish trusting relationships with all participants, including patients. *(Melissa M. Goldstein, JD et al, 2010)*

59

Overcoming the Barriers: The Impact of 42 CFR Part 2

- The purpose of 42 CFR Part 2 and other regulations prohibiting disclosure of records relating to substance abuse treatment -- except with the patient's consent or a court order after good cause is shown -- is <u>to encourage patients to seek substance abuse treatment without fear that by doing so their privacy will be compromised</u>.

Source: State of Florida Center for Drug-Free Living , Inc.,842 So.2d 177 (2003) at 181.

60

Overcoming the Barriers: Using Technology in Treatment

- More providers in many areas of medical practice are beginning to encourage the use of health apps for assistance in treating conditions and promoting general wellness.
- **Health apps** are programs that offer health-related services for smart phones and tablet-PCs. They can also be internet based-tools that are accessible from a PC. Apps can be used for self-monitoring purposes or in collaboration with treatment providers.
- The desired goal of apps is to increase participation in one's own health care, increase access to information and create linkage to care.

61

Overcoming the Barriers: mHealth Apps

A number of mHealth apps have been developed for use in the prevention and treatment of problem and pathological gambling, including:

- Mobile Monitor Your Gambling & Urges (MYGU)
  - Free tool that promotes self-awareness of gambling behaviors: Educational tool can gather important information about gambling behaviors and report back to the gambler.
- Cost2Play
  - Free tool that helps people to understand the long-term costs involved in popular casino games: slots, blackjack and roulette.

Information provided for educational purpose only: Does not imply SAMHSA endorsement.

62

Advantages and Concerns for mHealth and Web-Based Apps for Gambling Disorders

- Advantages:
  - Convenience: Essentially 24/7 without geographical constraints.
  - Access: Low cost and potential to reach marginalized, difficult-to-reach populations.
  - In theory offers greater anonymity and reduced "shame" factor.
- Concerns:
  - Leakage: Potential to act as gateway to gambling, especially internet-based.
  - Hijacking: Susceptible to hacking such as introduction of pop-up ads for gambling.

Sources include: Rodda, S. et al. (2013). Web-Based Counseling for Problem Gambling: Exploring Motivations and Recommendations. J Med Internet Res. 15(5) e99.

63

Overcoming the Barriers

SAMHSA

64

Addiction Comprehensive Health Enhancement Support System (A-Chess)

- Connection with a support team (other ACHESS users)
- Photo sharing, discussion group and healthy event planning
- Use of GPS to detect when user is near a high-risk location (for example, a liquor store)
- Video chat with counselor or discussion group

http://chess.wisc.edu/chess/projects/AddictionChess.aspx

65

Integrated Treatment for Co-occurring Disorders

- SAMHSA supports integrated treatment for co-occurring disorders.
- Through grants, publications, technical assistance and support, SAMHSA promotes integration at the State, community and agency levels.

66

Integrated Treatment for Co-occurring Disorders

- In evidence-based Integrated Treatment programs, consumers receive combined treatment for co-occurring disorders from the same practitioner or treatment team.
- SAMHSA resources captures lessons learned from States administrators and community providers; and focuses on six areas: Integration; Screening & Assessment; Workforce; Training; Financing; Data.

67

Dual Diagnosis Capability in Addiction Treatment

- SAMHSA's Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index is a program-level assessment used to inform addiction treatment agencies and others about a program's ability to provide co-occurring services.
- The DDCAT measures an addiction treatment program's co-occurring capability in seven domains that are rated on a continuum from Addiction Only Services to Dual Diagnosis Capable to Dual Diagnosis Enhanced. The measure can be used to plan for and track improvement over time.

68

SAMHSA Grantee: Mid-America ATTC

- Collaborates with and is a member of the Midwest Consortium on Problem Gambling and Substance Abuse.
- Co-sponsors and plays a major role in the Midwest Conference on Problem Gambling and Substance Abuse.

69

SAMHSA Grantee: The Washington State Division of Behavioral Health and Recovery (DBHR)

DBHR:

- Is an integral part of a longer-range initiative to integrate behavioral health and physical healthcare.
- Provides services for substance abuse, mental health and problem gambling.
- Maintains and improves infrastructure to allow client level reporting.

70

SAMHSA Collaboration: Problem Gambling Toolkit

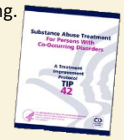
- Collaboration of CSAT/SAMHSA, the National Council on Problem Gambling, and the Association of Problem Gambling Service Administrators.
- Toolkit includes:
  - *Substance Abuse Treatment for Persons with Co-Occurring Disorders (Problem Gambling)*
  - *Problem Gamblers and Their Finances: A Guide for Treatment Professionals*
  - *Personal Financial Strategies for the Loved Ones of Problem Gamblers*

71

SAMHSA's Treatment Improvement Protocol: SAT for Persons with Co-Occurring Disorders

TIP 42: *Substance Abuse Treatment for Persons with Co-Occurring Disorders*–

- Provides information about the field of co-occurring substance use and mental disorders, and captures the state of the art in the treatment of people with co-occurring disorders, including problem gambling.



72

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)

- The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers.
- The NREPP website helps states, territories, community-based organizations, and others to identify service models that may address your particular regional and cultural needs, and match your specific resource capacity.
- http://www.nrepp.samhsa.gov/

NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

SAMHSA's NREPP Topics

- Substance abuse
- Post traumatic stress
- Workplace
- Violence
- Juvenile justice
- HIV/AIDS
- **Gambling**
- Co-occurring disorders
- Child welfare and substance abuse
- Tobacco use
- Physical exercise
- Cancer screening
- Nutrition
- Sun safety
- Mental health
- Adolescent substance abuse treatment

74

SAMHSA's NREPP Programs Focused on Gambling

- Brief Self-Directed Gambling Treatment
  - Brief Self-Directed Gambling Treatment (BSGT) is designed for individuals who choose not to enter or are unable to access face-to-face treatment.
  - BGST uses a motivational interviewing and cognitive behavioral treatment model.
  - Participants complete a 45-minute motivational interview by telephone with a doctoral-level therapist and then receive a self-help workbook through the mail.
  - The goal of the telephone intervention is to help clients increase their motivational levels and confidence about making change, as well as to heighten interest in the contents of the workbook.

75

SAMHSA's NREPP Programs Focused on Gambling (cont'd)

- Stacked Deck: A Program To Prevent Problem Gambling
  - A school-based prevention program that provides information about the myths and realities of gambling and guidance on making good choices, with the objective of modifying attitudes, beliefs, and ultimately gambling behavior.
  - The intervention is provided to students in 9th through 12th grade as part of a regularly scheduled class such as health education or career management.

76

Still to be Done: Develop the Workforce

- Support national gambling addiction professional minimum competency standards.
- Develop ongoing data collection of information about the changing characteristics of the client population and the workforce available to help them.
- Continue dissemination of research findings and evidence-based clinical and organizational practices through the ATTCs and other mechanisms.

77

Still to be Done: Develop Core Principles of Effective Treatment

- Place clients in level of care most appropriate for individual.
- Include motivational interviewing techniques.
- Develop treatment designs that are specific to the clinical needs of problem gambling clients.
- Include a family program component.

78

Still to be Done: Improve Public Perception

- ➔ Promote stigma reduction for persons in treatment and recovery:
  - Respect their rights
  - Treat recovering persons like those suffering from other illnesses
- ➔ Support educational initiatives that inform the public about the effectiveness of treatment.
- ➔ Promote the dignity of persons in treatment and recovery.

79

Emergent Challenges

- ➔ Rapidly expanding gambling gateways
- ➔ Youth gaming and gambling
- ➔ Aging baby boomers and gambling
- ➔ Internet gambling
- ➔ Government supported expansion of gambling
- ➔ Chronic feedback loops: Mental illness, Drug, Alcohol, Tobacco use and abuse, Gambling

80

Recovery Month – September 2013

Goals:

- Elevate the conversation, disseminate knowledge, and improve understanding.
- Promote the message that recovery is possible.
- Increase support for addiction treatment.
- Generate momentum for hosting state and local community-based events.
- Reduce discrimination associated with addiction.
- Encourage those in need to get treatment.
- Support those who are already in recovery.

81

Get involved in *Recovery Month*

Help bring hope and healing to others

- Visit the *Recovery Month* Web site at www.recoverymonth.gov
- Use the tools to spread *Recovery Month's* message:
  Toolkits, events, presentations, giveaways, public service announcements, *Road to Recovery* television and radio series, and more
- Join thousands of individuals and organizations by hosting a *Recovery Month* event in your community
- Educate others about the effectiveness of treatment and the hope of recovery
- For more information call 1-800-662-Help

82

THANK YOU.

Westley.clark@samhsa.hhs.gov

83

Substance Abuse and Mental Health Services Administration
SAMHSA ADVISORY
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Behavioral Health Is Essential To Health • Prevention Works • Treatment Is Effective • People Recover

Gambling Problems: An Introduction for Behavioral Health Services Providers

Gambling problems can co-occur with other behavioral health conditions, such as substance use disorders (SUDs). Behavioral health treatment providers need to be aware that some of their clients may have gambling problems in addition to the problems for which they are seeking treatment. This *Advisory* provides a brief introduction to pathological gambling, gambling disorder, and problem gambling. The Resources section lists sources for additional information.

Gambling is defined as risking something of value, usually money, on the outcome of an event decided at least partially by chance.[1] Lottery tickets, bingo games, blackjack at a casino, the Friday night poker game, the office sports pool, gambling Web sites, horse and dog racing, animal fights, and slot machines—there are now more opportunities to gamble than ever before. More than 75 percent of Americans ages 18 and older have gambled at least once,[2] and many people view gambling as a harmless form of entertainment.

Only about 10 percent of people with a gambling problem seek treatment for the problem.[3,4] When people do seek help, financial pressures that result from their gambling problem are often the main reason they seek treatment, not a desire to abstain from gambling.[5,6] In addition, people with a gambling problem are more likely to have sought help for other behavioral health conditions than for their gambling problem.[2,3]

Behavioral health services providers need to be aware of financial and legal consequences that may indicate excessive gambling (see the section later in this *Advisory,* How Can Behavioral Health Services Providers Help Clients With Gambling Problems?). If the client assessment reveals a problem with gambling, then that disorder (and its consequences) is a major issue in the client's treatment for any behavioral health condition. Furthermore, a variety of other problems can be related to gambling, including victimization and criminalization; social problems; and health issues, including higher risk for contracting sexually transmitted diseases and HIV/AIDS.[7]

Gambling problems are associated with poor health,[8] several medical disorders, and increased medical utilization—perhaps adding to the country's healthcare costs.[9] People with pathological gambling tend to have lower self-appraisal of physical and mental health functioning than those who gamble little or not at all; people with gambling problems are significantly more likely than low-risk individuals to rate their health as poor. People with gambling problems are also more likely to have received expensive medical services during the prior year, such as treatment in an emergency department.[9]

What Are Pathological Gambling, Gambling Disorder, and Problem Gambling?

Pathological gambling was a diagnosis formerly included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published by the American Psychiatric Association. When the manual was revised in 2013 (DSM-5),[10] "Pathological Gambling" was renamed "Gambling Disorder." Exhibit 1 lists the diagnostic criteria for gambling disorder. Exhibit 2 summarizes the changes in diagnostic criteria, from pathological gambling to gambling disorder. Of note: Whereas pathological gambling was classified as an Impulse-Control Disorder Not Elsewhere Classified, gambling disorder is categorized under Substance-Related and Addictive Disorders. Reclassification may improve treatment coverage, diagnostic accuracy, and screening efforts.

Summer 2014 • Volume 13 • Issue 1

ADVISORY

Exhibit 1. DSM-5 Diagnostic Criteria for Gambling Disorder

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
2. Is restless or irritable when attempting to cut down or stop gambling.
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
4. 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).
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. The gambling behavior is not better accounted for by a manic episode.

Reprinted with permission from the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition, (Copyright 2013). American Psychiatric Association.[11]

Much of the research published to date used the criteria for pathological gambling from the DSM-IV[12] and DSM-IV-TR[13] as a research parameter. In addition, researchers have often used the term *problem gambling*. This term has been used to refer to gambling that causes harm; *pathological gambling* has been reserved for cases in which there is harm and lack of control over, or dependence on, gambling.[1]

Although gambling disorder has replaced pathological gambling in DSM-5,[10] this *Advisory* uses *pathological gambling* and *problem gambling* when the cited research uses those terms.

Exhibit 2. From Pathological Gambling to Gambling Disorder: A Summary of Diagnostic Changes

- The number of diagnostic criteria that must be met as a basis for diagnosis was lowered from five to four.
- The diagnostic criteria must have occurred within a 12-month period. (Previous versions of the DSM had no established timeframe.)
- Committing illegal acts to finance gambling was removed from the list of diagnostic criteria.

How Common Are Gambling Problems?

Estimates from large national surveys show that about 0.5 percent of Americans have had pathological gambling at some time in their lives.[2,14] Extrapolating from the survey estimates suggests that roughly 1.5 million Americans have experienced pathological gambling. The milder condition, problem gambling, is more common than pathological gambling and may affect two to four times as many Americans as pathological gambling.[2]

Who Typically Has a Gambling Problem?

Anyone can develop a gambling problem; such problems occur in all parts of society. However, men are more likely than women to have gambling problems.[2,14,15] Gambling problems show some association with adolescence and young adulthood, ethnic minority status, low income and low socioeconomic status, high school education or less, and unmarried status.[2,15,16]

Some people gamble because the activity is stimulating. These people tend to be "action gamblers" who favor forms of gambling that involve some skill or knowledge, such as playing poker or betting on sports. Most of these types of gamblers are men.

Gambling can also serve as a relief (an "escape") from stress or negative emotions. In this type of gambling (e.g., bingo, lottery, slot machines), the outcome is determined by pure chance. Most of these "escape" gamblers are women.[17]

Gambling Problems: An Introduction for Behavioral Health Services Providers
Summer 2014, Volume 13, Issue 1

What Are the Links Between Gambling Problems and Other Behavioral Health Conditions?

Gambling disorder frequently co-occurs with SUDs and other behavioral health problems. According to the National Epidemiologic Survey on Alcohol and Related Conditions, of people diagnosed with pathological gambling, 73.2 percent had an alcohol use disorder, 38.1 percent had a drug use disorder, 60.4 percent had nicotine dependence, 49.6 percent had a mood disorder, 41.3 percent had an anxiety disorder, and 60.8 percent had a personality disorder.[14] Other studies suggest that between 10 percent and 15 percent of people with an SUD may also have a gambling problem.[18,19,20] People who have both an SUD and pathological gambling have high rates of attention deficit disorder and antisocial personality disorder.[14]

Gambling disorder and SUDs are similar in many ways. Both are characterized by loss of control, cravings, withdrawal, and tolerance. In gambling, tolerance means having to gamble using increasing amounts of money to achieve the same subjective feeling.[21] The results of brain imaging studies suggest that pathological gambling and SUDs may originate in the same area of the brain.[22,23] Impulsivity in childhood has been related to the onset later in life of pathological gambling and SUDs.[24] Data also suggest that as gambling problem severity increases, so does the number of gambling precipitants, or high-risk factors for relapse to gambling. The frequency with which gambling occurs in given situations—such as when the person who gambles feels tense, nervous, or anxious; wants to celebrate; feels relaxed and confident; starts thinking about gambling debts or seeing reminders of gambling; or is out with others who are gambling—may also increase.[25]

Suicidality

Pathological gambling is associated with suicide, suicidal ideation, and suicide attempts.[26] Among the many risk factors are financial difficulties and depression. People who have pathological gambling and also have an SUD may be at greater risk of attempting suicide; some research has found substance abuse to be the only factor that distinguishes people who gamble pathologically and attempt suicide from people who gamble pathologically but only think about suicide.[27] Some people who gamble pathologically may think about making the suicide look accidental so that their families can collect life insurance to pay off gambling debts.[17] As with all clients, these individuals should be screened for suicide risk and referred appropriately.

Are There Tools for Screening, Assessing, or Diagnosing Gambling Problems?

More than 20 different tools are available for screening for gambling problems.[28] The Lie/Bet Screening Instrument consists of two questions:[29]

1. Have you ever felt the need to bet more and more money?
2. Have you ever had to lie to people important to you about how much you gambled?

A "yes" response to one of these questions warrants further investigation using a longer tool, such as the South Oaks Gambling Screen (SOGS). The SOGS consists of 16 items and differentiates between no gambling problems, some problems, and probable pathological gambling.[30] It is widely available on the Internet. Another tool is the National Opinion Research Center's Diagnostic Screen for Gambling Problems. This is a questionnaire based on DSM-IV[12] criteria; it is available at http://govinfo.library.unt.edu/ngisc/reports/attachb.pdf. In addition, several screening tools are available at http://www.problemgambling.az.gov/screeningtools.htm.

Screening for gambling problems is important because few people seek treatment for these problems and instead seek help for other complaints (e.g., insomnia, stress-related problems, depression, anxiety, interpersonal issues).[30] In addition, there are no obvious signs (e.g., needle marks) that can be detected by physical observation or examination.

ADVISORY

How Can Behavioral Health Services Providers Help Clients With Gambling Problems?

People who gamble pathologically are often overwhelmed by feelings of shame and anger. Conveying empathy, unconditional positive regard, and a sense of hope can help build rapport with clients. Behavioral health services providers can offer nonjudgmental feedback to the client about gambling behaviors and assess the client's motivation and readiness to address his or her gambling behaviors.[17]

Clients with gambling problems often have other problems, and they may need information on resources about the following topics:[17]

- **Financial difficulties.** Money issues are the most common reason people seek treatment; addressing financial problems should be an integral part of treatment. In the face of overwhelming debts, clients may be dealing with loss of employment or their home, depletion of college or retirement savings, or incurrence of major debts. Some may not have enough money to buy food or pay utility bills. A behavioral health services provider can assess financial problems and include financial issues in treatment. A case manager can help clients prioritize needs and help them obtain housing, shelter, and food assistance, if necessary. Debtors Anonymous can help people learn how to budget their money and rein in their spending.[17] A referral to a provider with training in how to treat people with gambling disorder can help clients address the unique financial aspects of the condition.
- **Marital and family issues.** Gambling disorder has many negative consequences on marriages, partnerships, and families. It contributes to chaos and dysfunction within the family, can contribute to separation and divorce, and is associated with child and spousal abuse. Family members may have depressive or anxiety disorders and abuse substances.[31] People often hide gambling problems from their families; disclosing the gambling secret can be devastating to relationships, leading to resentment and loss of trust. The financial difficulties created by pathological gambling can profoundly affect family members.[32] The spouse or partner needs to be included in treatment to address family issues; a referral to a family or marital therapist can help families in these situations. The provider can refer the client to Gamblers Anonymous, and family members and loved ones to Gam-Anon.
- **Legal problems.** One study found that about a quarter of people who gambled pathologically had committed at least one illegal gambling-related act, such as the writing of bad checks, stealing, and unauthorized use of credit cards.[33] Counselors can instruct clients on how to obtain legal counsel or access public defenders or other assistance.

What Are Some Treatment Strategies for These Clients?

Although a variety of approaches have been researched and found to be useful in treating gambling problems,[34] none has been clearly shown to be more effective than another.[35] Most research studies have assessed a mixture of approaches (e.g., cognitive therapy [CT], motivational interviewing [MI], relapse prevention),[36] making it difficult to determine the relative effectiveness of the different approaches.

Behavioral therapy

Behavioral therapy focuses on altering behaviors by reinforcing desired behaviors, modifying attitudes and behaviors related to gambling, and increasing clients' skills to cope with environmental cues that may trigger cravings to gamble. This approach helps clients identify their personal cues and triggers to gamble and then helps clients develop alternative activities to gambling that compete with reinforcers specific to pathological gambling.[30,37] For example, during imaginal desensitization, relaxation and other techniques are used to help the client cope with gambling stimuli and blunt the urge they create to gamble.[37]

Cognitive therapy

CT is directed at changing distorted or maladaptive thoughts[17]—in this case, about gambling and the odds of winning. CT educates clients about the randomness of gambling, increases clients' awareness of their distorted thinking, helps clients doubt their irrational cognitions, and helps them restructure their thoughts.[38,39] For example, a

treatment provider might work on altering a client's belief that two events are related when they are not. Examples of distorted beliefs are that a lucky item improves the chances of winning or that a slot machine must be due to hit the winning sequence because it has not hit the sequence in a long time.[40,41]

Cognitive–behavioral therapy

The two approaches discussed above are frequently combined in cognitive–behavioral therapy (CBT). CBT tries to modify negative or self-defeating thoughts and behaviors.[17] A meta-analysis by Gooding and Tarrier[38] found that various CBTs were effective in reducing pathological gambling. Topf et al.[34] reviewed CBT studies, several of which included relapse prevention interventions, and also found that CBT was beneficial in the treatment of pathological gambling.

CBT to treat gambling disorder usually involves identifying and changing cognitive distortions about gambling, reinforcing nongambling behaviors, and recognizing positive and negative consequences.[42] CBT helps people recognize that the short-term experiences and sensations are not worth the long-term negative consequences of debt, legal problems, and harm to one's family.[43]

CBT usually incorporates some relapse prevention techniques. Relapse prevention consists of learning to identify and avoid risky situations that can trigger or cue feelings or thoughts that can lead to relapse to gambling. The gambling risk situations clients learn to identify include places (e.g., casinos, lottery outlets), feelings (e.g., anger, depression, boredom, stress), and other difficulties (e.g., finances, problems with work or family).

In addition to techniques learned in CBT, developing a support system, attending Gamblers Anonymous meetings, and participating in continuing care may help prevent relapse.[17]

Motivational interviewing

MI, also known as motivational enhancement, seeks to help clients address their ambivalence toward behavior change.[44] It has not been as well studied as CBT as a treatment for pathological gambling, but some studies have shown promise for MI.[45,46] MI is frequently combined with CBT.

Gamblers Anonymous

Gamblers Anonymous, the structure of which is modeled on Alcoholics Anonymous, is a mutual-help group for people with gambling problems. Although mutual-help groups are not treatment or counseling, they can be an important support to people in recovery. The free meetings are available in many communities.

Researchers have reported that even very brief motivational interventions can help people with gambling problems.[47,48] Treatment that combined MI and CBT has been delivered effectively over the Internet and with brief phone calls from trained therapists.[49]

Medications

Several medications have been investigated to treat pathological gambling. However, the U.S. Food and Drug Administration has not approved any medications for treating the condition.[30]

Prevention

Once a person is diagnosed with gambling disorder, prevention of further harm to the person and his or her family is important. One such approach is having the person participate in a self-exclusion program, if available in his or her state. These voluntary programs allow a person to be banned from gambling venues for a defined period, even a lifetime. Depending on state policy, if the person violates the ban, he or she is asked to leave the venue, is required to forfeit winnings, and is potentially subject to criminal trespassing charges. The few outcome studies conducted on self-exclusion show a decrease in gambling.[50,51]

A variety of prevention approaches and models have been used to try to prevent the development of gambling problems, but these have not been well studied.[52] Because gambling issues in youth may lead to the development of gambling disorder in adulthood, many prevention programs focus on young people.[53] Although youth are barred from many gambling venues, some venues in which betting is available (such as race tracks) may restrict youth only from placing bets; it is not unusual for children to attend horse races with family members who bet.

ADVISORY

Other approaches can be considered, such as public awareness campaigns that seek to make the general public aware of the risks and potential consequences of problem gambling, the way gambling products work and the real probability of winning, and warning signs for problem gambling and the availability of help.[52,53]

Policy initiatives include restricting who can gamble and restricting the number of electronic gaming machines in a locality. The gaming industry has cooperated in some places by posting signage that reminds people to gamble responsibly (e.g., stay within their time and funding limits) and restricting money transfers into a casino and access to automated teller machines. Some electronic gaming machines remind players of the amount of time and money spent; others can be programmed to a slow speed or require that the player check out after prolonged periods of play.[52,53]

Who Can Treat People With Gambling Disorder?

Gambling disorder is a behavioral health condition. Treating gambling disorder is within the scope of practice of mental health counselors, licensed clinical social services providers, clinical psychologists, psychiatrists, and other professionals with licenses to treat mental disorders.

Resources

Resources for providers

Association of Problem Gambling Service Administrators
http://www.apgsa.org

National Council on Problem Gambling
http://www.ncpgambling.org

Problem Gambling Toolkit, Substance Abuse and Mental Health Services Administration. The toolkit provides background and financial information to help clients with gambling issues.
http://store.samhsa.gov/product/PGKIT-07

UCLA Gambling Studies Program
http://www.uclagamblingprogram.org

Resources for clients and families

Debtors Anonymous
http://www.debtorsanonymous.org

Gam-Anon
http://www.gam-anon.org

Gamblers Anonymous
http://www.gamblersanonymous.org

Notes

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ADVISORY

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SAMHSA Advisory

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Kentucky Council on Problem Gambling

When it's no longer a game . . . there is help!

A 20-Year Quest

KYCPG's Advocacy Efforts, 2000-2021

The Kentucky Council on Problem Gambling (KYCPG) is a non-profit Kentucky corporation whose mission is increasing awareness of problem gambling, promoting prevention and research, and advocating for the availability of treatment. It is governed by a 12-member Board composed of academicians, business people, behavioral heath counselors and former administrators, gambling industry representatives, and recovering gamblers. It is funded by membership dues paid largely by the gambling industry, conference sponsorships and receipts, and service contracts and grants.

KYCPG has sought legislation to address the public health concern of problem and addicted gambling beginning in 2000 when then-Rep. Jack Coleman introduced HB711. It passed the House of Representatives but was blocked from Senate action by then-Commissioner of Charitable Gaming Ray Franklin, gubernatorial adviser Tom Dorman, and Gov. Paul Patton.

In 2003, Rep. C.B. Embry achieved passage of a concurrent resolution that directed the Legislative Research Commission to release ***LRC Research Report 315, Compulsive Gambling in Kentucky.*** It concluded a publicly funded program to address problem and addicted gambling was warranted.

Representative Jim Wayne did achieve passage of HB137 by the House Appropriations and Revenue Committee in 2008, but it did not get a third floor vote.

In subsequent years, Rep./Sen. Embry and Rep. Terry Mills pursued legislation but largely were denied due to the state's fiscal condition and the legislators' reluctance to establish new expenditures. KYCPG has sent frequent correspondence to all legislators noting particulars of the issue.

KYCPG reached out to and met with Rep. Adam Koenig who understood the issue and graciously included language to establish a publicly funded problem and addicted gambling education and treatment program in his proposals to legalize sports gambling. The legislation was approved by the Licensing, Occupations and Administrative Regulations Committee in both 2020 and 2021, but did not advance further.

KYCPG has met with several members of the Kentucky General Assembly, each of whom has expressed and understanding of the issue and seemed supportive, with the exception of Sen. John Schickel who believes people need to take care of their own problems.

In particular, Sens. Raque Adams and Meredith have been encouraging, as well as Reps. Koenig, Moser and Nemes. Additionally, Licensing, Occupations and Administrative Regulations Committee lead LRC staff member Tom Hewlet has been involved in drafting the legislative proposals since 2002. He is very familiar with the issue.

KYCPG has met with Sens. Raque Adams, Alvarado, Embry, Givens, Higdon, McDaniel, Meredith, Schickel and Thayer. KYCPG has met with Reps. Burch, Graham, Jenkins, Koenig, Moser and Nemes.

NOTE: Beginning in 2014, KYCPG entered into a contract with the Dept. of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) to support an annual awareness and counselor training conference and enhance prevention efforts through the KYCPG websites. These funds are passed through DBHDID from federal sources. One of the deliverables is a comprehensive needs assessment of the issues, which is updated annually. Copies are available on request from KYCPG Executive Director Michael R. Stone, kmstone1951@gmail.com, 502-223-1823.

Kentucky Council on Problem Gambling

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Helpline: 1-800-GAMBLER (1-800-426-2537)

When it's more than a game, there is help.

KYCPG Strategic Plan

Adopted by KYCPG Executive Board August 6, 2021

VISION -- *The Kentucky Council on Problem Gambling will be the focal point for problem gambling issues in the Commonwealth of Kentucky.*

MISSION -- *The Kentucky Council on Problem Gambling will increase awareness of problem gambling, promote prevention and research, and advocate for the availability of treatment.*

GOAL 1 -- *Promote services for problem and addicted gamblers and their families.*

- ★ Objective 1: Continue efforts to increase the number of certified gambler counselors (CCGC) in Kentucky by interacting with potential partner organizations to increase awareness of the need for CCGSs among the professional counseling community.
- ★ Objective 2: Seek establishment of in-patient problem and addicted gambler treatment services at Kentucky behavioral health facilities by identifying potential providers/partnerships and pursuing networking with community mental health centers (CMHCs), all to meet American Society of Addiction Medicine (ASAM) level of care.
- ★ Objective 3: Pursue grants and contracts to fund counselor training and addiction treatment services.

GOAL 2 -- *Advocate for legislation to establish a publicly funded problem and addicted gambling education, prevention and treatment program in Kentucky.*

- ★ Objective 1: Advocate with the Kentucky General Assembly and Executive Branch for need to provide services to address the public health issue of problem and addicted gambling.
- ★ Objective 2: Engage key shareholders to educate them about the need for problem and addicted gambling services.

GOAL 3 -- *Pursue use of model prevention and awareness programs in Kentucky.*

- ★ Objective 1: Promote awareness by publicizing the availability informational outreach presentations and educational materials.
- ★ Objective 2: Reach out to the legal community to raise awareness of the impact of problem and addicted gambling on the criminal justice system and work to establish a gambling court.
- ★ Objective 3: Continue awareness efforts through National Problem Gambling Awareness Month in March, marketing of the ***Choices*** addiction awareness curriculum to schools and youth groups, and exhibiting with organizations and groups to further awareness and education about problem and addicted gambling.

KYCPG Continuing Programs, Services and Products

★ **1-800-GAMBLER Helpline** (1-800-426-2537) Phone, text and chat services available 24/7, toll-free, confidential telephone counseling and referrals. **An average of more than one call or text per day is received** and provided information on problem gambling or referral to Gamblers Anonymous or a certified gambler counselor.

★ **National Problem Gambling Awareness Month (NPGAM):**

- ✓ Held in March annually in partnership with the Kentucky Lottery Corporation.
- ✓ Statewide media advisories and outreach activities.
- ✓ Public service announcements.
- ✓ Awareness presentations.

★ **Education and Counselor Preparation:**

- ✓ Annual Educational and Awareness Conference on Problem Gambling Issues. Held annually in March. Includes 10+ hours continuing education credits applicable to certified gambler counselor requirements.
- ✓ MidCentral Alliance on Problem Gambling Fall Conference. Held annually among eight state councils on problem gambling, of which KYCPG was a founding member; includes 6+ hours continuing education credits.
- ✓ Certified Gambler Counselor training conducted as needed to promote an increase in statewide availability of professional counseling services for problem gamblers.
- ✓ www.kycpg.org, a website providing information and resources on problem and addicted gambling in Kentucky.

★ **An Awareness Website** providing basic information on Problem Gambling and referral resources, www.kygamblinghelp.org. Chat services are accessed through this site.

★ ***Choices -- There's Always a Right One!*** Middle and high school addiction awareness curriculum includes segment on problem gambling; complimentary on request. **Since its introduction, the lifetime rate of gambling among high school seniors has decreased from 49.4 percent in 2006 to 26.6 percent in 2018.**

★ **Awareness Outreach:**

- ✓ Assorted posters, brochures, rack cards and booklets.
- ✓ Advocacy before the Kentucky General Assembly on issues related to problem and addicted gambling.
- ✓ Presentations and exhibits at various behavioral health, counseling, and public-awareness events.
- ✓ Membership in the Kentucky Mental Health Coalition and the Kentucky Coalition for Healthy Children.
- ✓ Collaborative outreach with Kentucky Department of Behavioral Health, Developmental and Intellectual Disabilities; other government agencies; and associations.

Research:

- ✓ *Gambling in Kentucky,* a prevalence study showing 9,000 addicted gamblers, 51,000 problem gamblers and 190,000 at-risk of developing a gambling problem.
- ✓ *Challenge for Kentucky,* a guideline for establishing a counseling treatment program for addicted gamblers.

For information on or to order any Kentucky Council on Problem Gambling (KYCPG) products or services, please contact KYCPG at 502-223-1823 or kmstone1951@gmail.com.

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