



Briefing Book on Problem Gambling October 6, 2018

ONCE AGAIN, the Commonwealth of Kentucky and the Kentucky General Assembly are considering proposals for expanded gambling in the state. In 2019, the focus is sports gambling. The arguments, pro and con, include the extent of currently illegal sports betting, a new revenue stream for public benefit, allowing an activity of questionable impact on individual welfare, and potential societal degradation.

Lost in the discussion about expanded gambling: **Kentucky already is a gambling state.**

- \$2 billion is wagered, bet and spent annually on legal gambling activity sanctioned by state government.
- Surveys indicate the majority of Kentucky citizens have gambled in their lifetimes.
- The state government benefits from more than \$250 million in annual receipts from gambling activity.

Lost in the discussion about expanded gambling is **Kentucky continues to see the expansion of legal gambling opportunities.** In the last five years, Kentucky has seen gambling expanded through:

- Keno;
- Historical Racing, which has been regulatorily approved to expand further; and
- Electronic Pulltabs.

The negative societal impacts of gambling -- whether it expands or not -- already exist in the state and are not going away. Kentuckians who frequent out-of-state casinos bring their problems back to Kentucky where there are few resources to provide trained, available help.

IT IS THE POSITION of the Kentucky Council on Problem Gambling (KYCPG) that regardless of whether gambling expands, there is an evident public-health need for a portion of gambling-generated public revenue to be directed toward:

- Providing public awareness and educational programs to promote responsible gambling behavior; and
- Establishing a program within existing provider systems to serve those who have a gambling problem or addiction, including families and employers of the addicted.

The Kentucky Council on Problem Gambling does not advocate for gambling or for its abolition. Gambling exists as it has since the emergence of mankind. KYCPG does advocate for solutions that lessen the negative public and societal impacts of gambling and provide services for those seeking help to address their addiction and pursue productive lives.

The justifications for KYCPG's position and its urging the Kentucky General Assembly to action are contained in the following pages of this reference book.



When It's No Longer a Game, There Is Help! Call or Text 1-800-GAMBLER

A Resolutions of the Kentucky Council on Problem Gambling (KYCPG):

KYCPG Officers and Directors

President

Herbert E. (Bud) Newman,
Psy.D., CCGC
Louisville

Secretary

Sara Westernman
Crestwood

Treasurer

Michael Townsend
Crestwood

Professional Adviser

Curtis L. Barrett, Ph.D.,
ABPP, CCGC, NCGC-II
Prospect

Director of Education

RonSonLyn Clark, Psy.D.,
CCGC, CADC
Owensboro

NCPG Representative

Chip Polston
Louisville

Directors

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Louisville

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Pikeville

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Owensboro

Scott A. Hunt, Ph.D.
Richmond

Susan Jacobson
Petersburg

Patrick Malarkey
Louisville

Executive Director
Michael R. Stone

Helpline/Text/Chat

1-800-Gambler
1-800-426-2537

Websites

www.kycpg.org
www.kygamblinghelp.org

Include Problem and Addicted Gambling Prevention and Treatment in Sports Gambling Legislation

WHEREAS, the Kentucky Council on Problem Gambling (KYCPG) is neither for nor against legal gambling; rather, KYCPG's mission is to raise awareness of problem and addicted gambling to prevent a serious public health threat and promote education about and treatment of addicted gambling; and

WHEREAS, the 2018 U.S. Supreme Court ruling that allowed states to potentially adopt legislation to legalize sports betting, has resulted in Kentucky legislators of both parties publicly advocating for passage of sports gambling legalization legislation to raise revenue for uses to serve the public good; and

WHEREAS, research indicates any expansion of gambling increases the opportunity to gamble; and increased gambling raises the likelihood of problem and addicted gamblers; and

WHEREAS, Kentucky state government has not established a publicly funded problem and addicted gambler prevention and treatment program available through the Department of Behavioral Health, Developmental and Intellectual Disabilities; and

WHEREAS, research documents that addicted gambling is associated with higher incidences of debt, social services expenses, domestic abuse, criminal acts and criminal justice costs, loss of employee productivity, bankruptcy, and suicide;

NOW, THEREFORE, BE IT RESOLVED that the Kentucky Council on Problem Gambling (KYCPG) urges the Commonwealth of Kentucky in a responsible and ethical manner, through actions of the General Assembly, the Executive Branch, and appropriate regulatory agencies, to include in any proposed legislation, regulation or executive order to legalize sports betting, authorization and appropriations to establish a Problem and Addicted Gambler Prevention and Treatment Program to serve Kentucky residents.

**Adopted by the Kentucky Council
on Problem Gambling (KYCPG)
Board of Directors
June 8, 2018**



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Fund Problem and Addicted Gambling Prevention and Treatment from Historical Racing State Revenues

WHEREAS, the Kentucky Council on Problem Gambling (KYCPG) is neither for nor against legal gambling; rather, KYCPG's mission is to raise awareness of problem and addicted gambling to prevent a serious public health threat and promote education about and treatment of addicted gambling; and

WHEREAS, Kentucky is experiencing gambling expansion through the on-going installation of Historical Racing machines at Kentucky's pari-mutuel horse racing sites; since installation of the first machine on Sept. 1, 2011, more than \$3 billion has been wagered at more than 1,700 machines with state government receiving about \$50 million in tax revenue; and

WHEREAS, research indicates any expansion of gambling increases the opportunity to gamble; and increased gambling raises the likelihood of problem and addicted gamblers; and

WHEREAS, Kentucky state government has not established a publicly funded problem and addicted gambler prevention and treatment program available through the Department of Behavioral Health, Developmental and Intellectual Disabilities; and

WHEREAS, research documents that addicted gambling is associated with higher incidences of debt, social services expenses, domestic abuse, criminal acts and criminal justice costs, loss of employee productivity, bankruptcy, and suicide;

NOW, THEREFORE, BE IT RESOLVED that the Kentucky Council on Problem Gambling (KYCPG) urges the Commonwealth of Kentucky in a responsible and ethical manner, through actions of the General Assembly, the Executive Branch, and appropriate regulatory agencies, to fund problem and addicted gambler prevention and treatment services to serve Kentucky residents from taxes and fees collected by state government from Historical Racing activity.

**Adopted by the Kentucky Council
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Gambling in Kentucky by the Numbers

\$2 Billion - Approximately the total consumer spending on legal gambling in Kentucky:

- **About \$500 million each** on parimutuel wagering at horse races and simulcasts, and at charitable gaming bingos, raffles, poker tournaments, and on pulltabs;
- **More than \$1 billion** on Kentucky Lottery games; and
- **These amounts will continue to increase by millions of dollars** spent on Instant Racing, Keno and electronic pulltabs legally sanctioned and implemented over the past three years.

\$500 million - An accounting firm estimate of the amount of money Kentucky residents gamble at out-of-state casinos each year.

Unknown - The amount of money gambled illegally in Kentucky each year; some estimate the total equals the annual legal expenditures on gambling in the Commonwealth.

\$250 million - The amount of annual revenue the Commonwealth receives in taxes, fines, fees and transfer payments from the legal gambling in Kentucky.

0 - The amount of annually budgeted funds by the Kentucky General Assembly specifically appropriated to address addicted and problem gambling among Kentucky's citizens.

250,000 - The number of persons who are addicted gamblers (9,000), problem gamblers (51,000), or at risk of developing a gambling addiction (190,000) according to a 2008 study commissioned by the Kentucky Council on Problem Gambling (KYCPG) and conducted by the University of Kentucky Survey Research Center.

30 Percent - Percentage of Kentucky high school seniors that gamble for money or possessions in their lifetimes as reported in the Kentucky Incentives for Prevention (KIP) survey by REACH of Louisville.

2 Percent - Average percentage of Kentucky 6th, 8th, 10th, and 12th grade students who indicated on the KIP survey their gambling caused problems with school, parents and friends.

\$81 million - The estimated social cost to Kentucky from gambling addiction, derived by multiplying the number of addicted gamblers (2008 UK survey) by the lowest academic estimate of the social cost per addicted gambler (estimates range from \$9,000 to more than \$13,000).



Presented by the Kentucky Council on Problem Gambling,
P.O. Box 4595, Frankfort, KY 40604-4595; 502-223-1823; kmstone@mis.net;
www.kygamblinghelp.org; www.kycpg.org; Learn more about the addiction at:
<https://vimeo.com/littlegiantmedia/review/134741443/58c6bef7bb>





BR37 Was an act before the General Assembly to create a program to address problem and addicted gambling in Kentucky

Summary of Provisions

- ➔ Amends existing law for the prevention, intervention and treatment of alcohol and other drug abuse by adding problem and pathological (addicted) gambling (now defined as disordered gambling).
- ➔ Defines problem and pathological (now disordered) gambling as recognized in the *Diagnostic and Statistical Manual of the Mental Disorders, Fifth Edition*, published by the American Psychiatric Assn.
- ➔ Creates a Problem and Pathological Gamblers Awareness and Treatment Program administered by the Division of Behavioral Health. The Program will:
 1. Provide education and treatment to persons affected by problem or pathological gambling;
 2. Promote the awareness of problem and pathological gamblers' assistance programs; and
 3. Operate programs for the prevention of problem or pathological gambling.
- ➔ Directs services to be delivered through the existing network of community mental health centers, certified gambler counselors, or organizations or individuals qualified by expertise to provide services to problem or pathological (addicted) gamblers.
- ➔ Establishes a Gamblers Awareness and Treatment Program Advisory Council consisting of representatives of gaming/gambling interests, the treatment and advocacy community, and Kentucky state government.
- ➔ Authorizes appropriation from the General Fund of \$600,000 in the first year of the biennium and \$1.2 million in the second year of the biennium and thereafter.

The Proposed Legislation

- ★ Addresses the public health problems of 250,000 Kentuckians who are addicted or problem gamblers, or who are at risk of developing a gambling problem or addiction. (UK Survey Research Center, 2008)
- ★ Utilizes existing public health delivery systems.
- ★ Requests funding from previously unbudgeted new revenues resulting from recent expansion of gambling in Kentucky that will add millions of dollars in new revenue for the Commonwealth. (Instant Racing, Keno, Electronic Pulltabs, and potentially Sports Gambling)
- ★ Fulfills a responsibility to assist those who may develop an addiction or problem through participation in a legally sanctioned and promoted activity from which the Commonwealth receives approximately \$250 million annually in revenue.
- ★ Does not raise taxes, create a new bureaucracy, nor pay the debts of addicted gamblers.



TO: Kate Wagoner

FROM: Kentucky Council on Problem Gambling (KYCPG)

SUBJECT: ***Problem and Addicted Gambling Needs Assessment***
(DOC ID No: PON2 729 1700001258 1)

DATE: March 26, 2018

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

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.

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.

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).]

The impacts of problem gambling also affect more than the gambler. 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 2016, 111,700 public school students were surveyed in 100 of Kentucky's 120 counties. It included four gambling questions. The 2016 data showed:

- Lifetime gambling -- Grade 6: 13.4 percent indicated they had gambled for money or possessions during their lives; Grade 8: 25 percent; Grade 10: 28.6 percent; Grade 12: 30.1 percent.
- Past-year gambling -- Grade 6: 7.6 percent indicated they had gambled for money or possessions within the past year; Grade 8: 16.3 percent; Grade 10: 19.7 percent; Grade 12: 21.1 percent.
- 30-day gambling -- Grade 6: 4.2 percent indicated they had gambled for money or possessions within the past 30 days; Grade 8: 9 percent; Grade 10: 11.4 percent; Grade 12: 12.2 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: 1.7 percent; Grade 10: 2.2 percent; Grade 12: 2 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. It is notable that Kentucky's largest county school systems do not participate in the KIP survey.

Gambling is when individuals place something of value (money, possession, etc.) at risk with the permanent result determined in part are 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 Historical or Instant Racing electronic games operating or being installed at race tracks across the state). This does not account for the illegal gambling (bookmakers, cockfighting, etc.) that exists but cannot be quantified. The Kentucky General Assembly has never included awareness or treatment of gambling disorder funding in the state budget.

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 provide 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 and the Kentucky Department of Charitable Gaming were added to the helpline. Chat services are available by clicking on a link provided on the KYCPG websites, www.kycpg.org or 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.

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. (It is difficult to provide an exact number because the meetings organize and disband frequently based on local need.) There are active meetings in Louisville (daily), Lexington (two per week), Northern Kentucky (daily if including Cincinnati), Owensboro (one) and Pikeville (one). It is evident there is little geographic availability of self-help meetings across the state.

Similarly, there are 11 certified gambler counselors in the state; however, four 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, but the need is across the state, not just in four locations.

Because legal gambling is a capitalist venture, it must constantly evolve its business 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 that not only serves as the site for traditional harness racing, but also houses a Las Vegas-style Historical Racing venue and a simulcasting operation. More is coming, as the Lottery continually introduces new games to keep and attract customers, charitable gaming seeks to link bingo halls to stimulate bigger payouts, and Keeneland and Churchill Downs in 2017 announced a partnership to build two new racetracks, one near Williamsburg and one near Oak Grove. Each will offer Historical Racing and simulcasting. Churchill Downs also announced the renovation of the former Louisville Downs/Sports Spectrum site into a Historical Racing and simulcasting facility.

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 in the following areas. **Further research could develop 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 Director of Education RonSonLyn Clark, Psy.D., ICGC-II, Senior Director of Substance Abuse 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).”

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

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 have been distributed in most years since for display at Family Resource and Youth Service Centers, public libraries, and through the Kentucky High School Athletic Association.

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 200 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 two CMHCs have 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 and www.kycpg.org. Calls to the two helpline numbers total more than 300 per month, with approximately 30 per month provided with referrals or information on problem gambling.

Calls from Kentuckians to the 1-800-GAMBLER helpline (and 1-800-522-4700) over the past 19 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. Approximately 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 of 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.

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 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.

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 2018, 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."

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}

Addendum A, continued

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

Signatories

- Jeremiah Weinstock, D., Saint Louis University
- Antoine Bechara, Ph.D., University of Southern California
- Donald Black, D., University of Iowa
- Tony Buchanan, D., Saint Louis University
- Michael Campos, D., University of California, Los Angeles
- Renee Cunningham-Williams, D., Washington University in St. Louis
- Mark Dixon, Ph.D., Southern Illinois University
- Timothy Fong, D., University of California, Los Angeles
- Meredith Ginley, D., University of Connecticut Health Center
- Jon Grant, D., University of Chicago
- David Ledgerwood, D., Wayne State University
- Matthew Martens, Ph.D., University of Missouri
- Lisa Najavits, Ph.D., Boston University
- Clayton Neighbors, D., University of Houston
- Lia Nower, J.D., D., Rutgers University
- Marc Potenza, M.D., D., Yale University
- Carla Rash, D., University of Connecticut Health Center
- Rory Reid, Ph.D., University of California, Los Angeles
- Richard Rosenthal, M.D., University of California, Los Angeles

Addendum A, continued

- Paul Sacco, Ph.D., LCSW, University of Maryland
- Lori Rugle, Ph.D., University of Maryland
- Jeffrey Scherrer, D., Saint Louis University
- Howard Shaffer, Ph.D., Harvard Medical School
- Randy Stinchfield, Ph.D., University of Minnesota
- Jeffrey Weatherly, Ph.D., University of North Dakota
- James Whelan, D., University of Memphis
- Alyssa Wilson, D., Saint Louis University
- Edelgard Wulfert, Ph.D., University at Albany, SUNY

i <https://www.cbsnews.com/news/las-vegas-shooter-stephen-paddock-had-lost-money-been-depressed-sheriff-says/>; accessed November 9, 2017.

ii Browne, M., Langham, E., Rawat, V., Greer, N., Li, E., Rose, J.,... Best, T. (2016) Assessing gambling-related harm in Victoria: a public health perspective, Victorian Responsible Gambling Foundation, Melbourne. Retrieved from: http://www.responsiblegambling.vic.gov.au/_data/assets/pdf_file/0003/29145/Harm-study-Fact-sheet-4-Distribution-of-harm.pdf

iii Slutske, W.S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two US national surveys. *American Journal of Psychiatry*, 163, 297-302.

iv Marotta, J., Hynes, J., Rugle, L., Whyte, K., Scanlan, K., Shledrup, J., & Dukart, J. (2017). 2016 survey of problem gambling services in the United States. Boston, MA: Association of Problem Gambling Service Administrators.

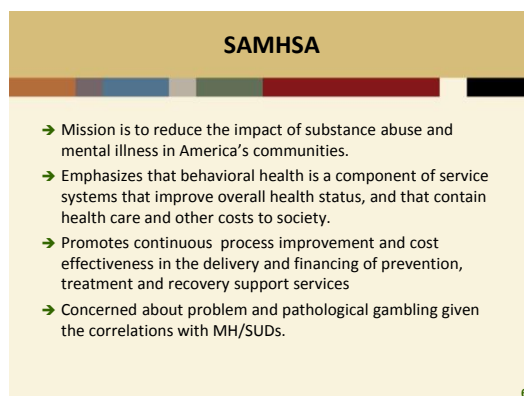
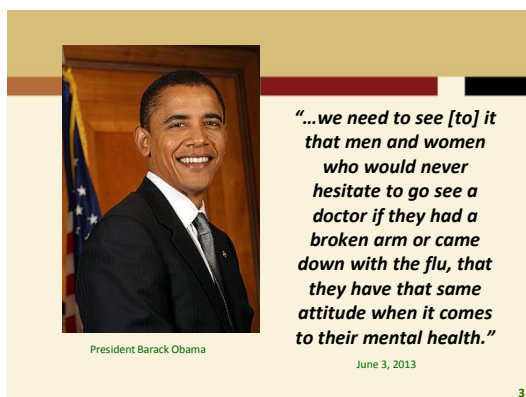
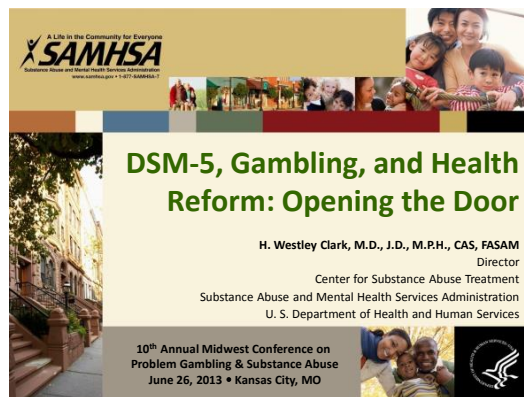
v American Gaming Association (2014). Gaming's quarter of a trillion dollar impact on the U.S. economy.

vi Gebauer, L., LaBrie, R., & Shaffer, H. J. (2010). Optimizing DSM-IV-TR classification accuracy: A brief biosocial screen for detecting current gambling disorders among gamblers in the general household population. *The Canadian Journal of Psychiatry*, 55(2), 82-90.

vii Schuler, A., Ferentzy, P., Turner, N. E., Skinner, W., McIsaac, K. E., Ziegler, C. P., & Matheson, F. I. (2016). Gamblers Anonymous as a recovery pathway: A scoping review. *Journal of Gambling Studies*, 32(4), 1261-1278.

viii Ladouceur, R., Shaffer, P. M., Blaszczynski, A., & Shaffer, H. J. (2017). Responsible gambling: A synthesis of the empirical evidence. *Addiction Research & Theory*, 25(3), 225-235.

Addendum B



Addendum B, continued

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/75736a05fb001ca0be5c4f054759f3b/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?srsltid=AfmBOopv8v8n8>

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/4a/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

Addendum B, continued

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, et al, 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

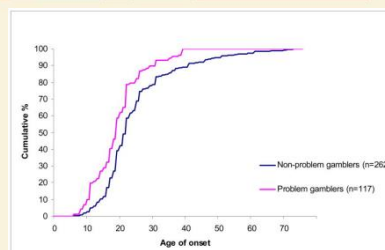
16

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. *PsycholMed*. 38(9):1351-1360.

18

Addendum B, continued

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.

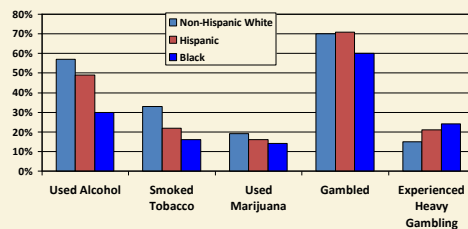
² Heavy marijuana use was defined as using marijuana or hashish 52 times or more during the past year.

Source: Barnes, GM, Welte, JW, et al. (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

Past Year Use Among Youths (14-21) in RIA Study:



Source: Barnes, GM, Welte, JW, et al. (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 NCKG, <http://www.collegiegambling.org/> Birm-Pile, J. et al. (2007). Disordered Gambling among College Students: A Meta-Analytic Synthesis. J. Gambli 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%).

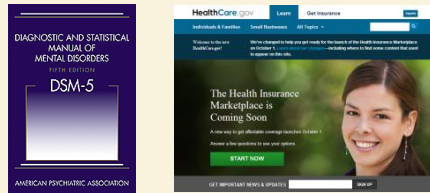


Sources: Wick, JT. (2012) High-stakes gambling: seniors may be the losers. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3400000/> & psychiatric and medical disorders in older adults: results from the National Epidemiologic Survey on Alcohol and Related Conditions. American Journal of Geriatric Psychiatry, April 2007

24

Addendum B, continued

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.cuidadosalud.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%20UPDATE%20Insurance%20Implications%20of%20DSM-5-FAQ%206-11-13%20\[2\].pdf](http://www.dsm5.org/Documents/FINAL%20UPDATE%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%20Disorders%20act%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%20UPDATE%20Insurance%20Implications%20of%20DSM-5-FAQ%206-11-13%20\[2\].pdf](http://www.dsm5.org/Documents/FINAL%20UPDATE%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%20UPDATE%20Insurance%20Implications%20of%20DSM-5-FAQ%206-11-13%20\[2\].pdf](http://www.dsm5.org/Documents/FINAL%20UPDATE%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%20UPDATE%20Insurance%20Implications%20of%20DSM-5-FAQ%206-11-13%20\[2\].pdf](http://www.dsm5.org/Documents/FINAL%20UPDATE%20Insurance%20Implications%20of%20DSM-5-FAQ%206-11-13%20[2].pdf); and <http://questions.cms.gov/fac.php?id=5005&faqid=1817>

30

Addendum B, continued

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. Gambli 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.

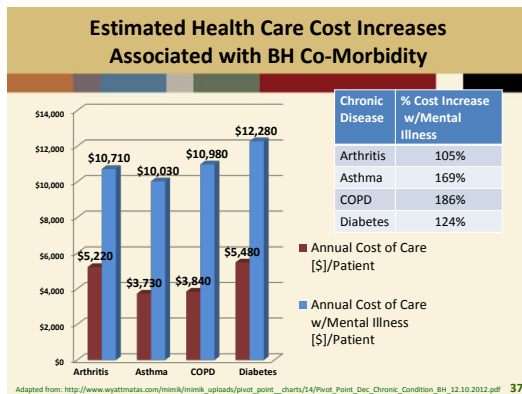
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Health Reform Provisions and MH/SUDs

- 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

Addendum B, continued



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.

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.

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/>

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>

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

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/1383744434348188/?ip=0&7ec6ebcb457683ac51359a797148&ip=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.

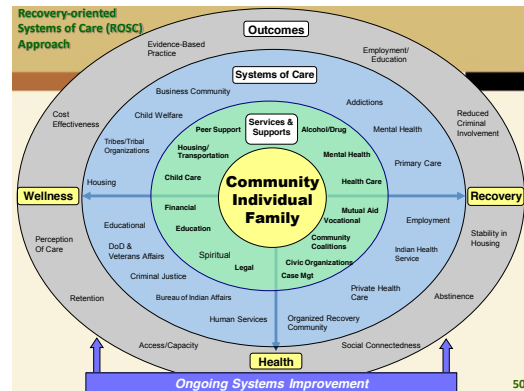
48

Addendum B, continued

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

Addendum B, continued

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 to encourage patients to seek substance abuse treatment without fear that by doing so their privacy will be compromised.

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

60

Addendum B, continued

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: Roddo, 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

Addendum B, continued

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 resource captures lessons learned from States administrators and community providers; and focuses on six areas: Integration; Screening & Assessment; Workforce; Training; Financing; Data.

67

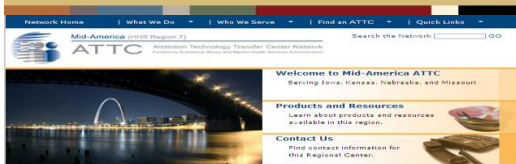
Dual Diagnosis Capability in Addiction Treatment



- 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*

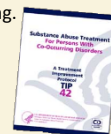


71

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/>

 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.
 - BSGT 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

Addendum B, continued

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



September is Recovery Month
More Information



SAMHSA's
National Helpline
1-800-662-HELP (4357)
English and Spanish
confidential and free

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



September is Recovery Month
More Information



SAMHSA's
National Helpline
1-800-662-HELP (4357)
English and Spanish
confidential and free

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

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.

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-IV¹² and DSM-IV-TR¹³ 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

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-IV¹² 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 thoughts¹⁷—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 Tarrier³⁸ 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

- ¹ Nower, L., & Blaszczynski, A. (2008). Recovery in pathological gambling: An imprecise concept. *Substance Use and Misuse*, 43(12–13), 1844–1864.
- ² Kessler, R. C., Hwang, I., LaBrie, R., Petukhova, M., Sampson, N. A., Winters, K. C., et al. (2008). DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychological Medicine*, 38(9), 1351–1360.
- ³ Alegria, A., Petry, N., Hasin, D., Liu, S., Grant, B., & Blanco, C. (2009). Disordered gambling among racial and ethnic groups in the US: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *CNS Spectrum*, 14(3), 132–142.
- ⁴ Slutske, W. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two U.S. national surveys. *American Journal of Psychiatry*, 163(2), 297–302.
- ⁵ Pulford, J., Bellringer, M., Abbott, M., Clarke, D., Hodgins, D., & Williams, J. (2009). Reasons for seeking help for a gambling problem: The experiences of gamblers who have sought specialist assistance and the perceptions of those who have not. *Journal of Gambling Studies*, 25(1), 19–32.
- ⁶ Suurvali, H., Hodgins, D., & Cunningham, J. (2010). Motivators for resolving or seeking help for gambling problems: A review of the empirical literature. *Journal of Gambling Studies*, 26(1), 1–33.
- ⁷ Hing, N., & Breen, H. (2001). An empirical study of sex differences in gaming machine play among club members. *International Gambling Studies*, 1(1), 66–86.
- ⁸ Desai, R., Desai, M., & Potenza, M. (2007). Gambling, health and age: Data from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychology of Addictive Behaviors*, 21(4), 431–440.
- ⁹ Morasco, B. J., Pietrzak, R. H., Blanco, C., Grant, B. F., Hasin, D., & Petry, N. M. (2006). Health problems and medical utilization associated with gambling disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychosomatic Medicine*, 68(6), 976–984.
- ¹⁰ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ¹¹ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed., p. 585). Arlington, VA: American Psychiatric Publishing.

- ¹² American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- ¹³ American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- ¹⁴ Petry, N. M., Stinson, F. S., & Grant, B. F. (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(5), 564–574.
- ¹⁵ Welte, J. W., Barnes, G. M., Wieczorek, W. F., Tidwell, M. C., & Parker, J. (2002). Gambling participation in the U.S.—Results from a national survey. *Journal of Gambling Studies*, 18(4), 313–337.
- ¹⁶ Petry, N. M. (2005). *Pathological gambling: Etiology, comorbidity, and treatment*. Washington, DC: American Psychological Association.
- ¹⁷ Center for Substance Abuse Treatment. (2005). *Substance abuse treatment for persons with co-occurring disorders*. Treatment Improvement Protocol (TIP) Series 42. HHS Publication No. (SMA) 13-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ¹⁸ Cunningham-Williams, R., Cottler, L., Compton, W., Spitznagel, E., & Ben-Abdallah, A. (2000). Problem gambling and comorbid psychiatric and substance use disorders among drug users recruited from drug treatment and community settings. *Journal of Gambling Studies*, 16(4), 347–376.
- ¹⁹ Langenbucher, J., Bavly, L., Labouvie, E., Sanjuan, P., & Martin, C. (2001). Clinical features of pathological gambling in an addictions treatment cohort. *Psychology of Addictive Behaviors*, 15(1), 77–79.
- ²⁰ Toneatto, T., & Brennan, J. (2002). Pathological gambling in treatment-seeking substance abusers. *Addictive Behaviors*, 27(3), 465–469.
- ²¹ Wareham, J. D., & Potenza, M. N. (2010). Pathological gambling and substance use disorders. *The American Journal of Drug and Alcohol Abuse*, 36(5), 242–247.
- ²² Frascella, J., Potenza, M., Brown, L., & Childress, A. (2010). Shared brain vulnerabilities open the way for nonsubstance addictions: Carving addiction at a new joint? *Annals of the New York Academy of Sciences*, 1187, 294–315.
- ²³ Tanabe, J., Thompson, L., Claus, E., Dalwani, M., Hutchison, K., & Banich, M. T. (2007). Prefrontal cortex activity is reduced in gambling and nongambling substance users during decision-making. *Human Brain Mapping*, 28(12), 1276–1286.
- ²⁴ Petry, N. M. (2010). Impulsivity and its association with treatment development for pathological gambling and substance use disorders. In D. Ross, H. Kincaid, D. Spurrert, & P. Collins (Eds.), *What is addiction?* (pp. 335–351). Cambridge, MA: MIT Press.
- ²⁵ Petry, N. M., Rash, C. J., & Blanco, C. (2010). The inventory of gambling situations in problem and pathological gamblers seeking alcohol and drug abuse treatment. *Experimental and Clinical Psychopharmacology*, 18(6), 530–538.
- ²⁶ Wong, P. W., Chan, W. S., Conwell, Y., Conner, K. R., & Yip, P. S. (2010). A psychological autopsy study of pathological gamblers who died by suicide. *Journal of Affective Disorders*, 120(1–3), 213–216.
- ²⁷ Hodgins, D., Mansley, C., & Thygesen, K. (2006). Risk factors for suicide ideation and attempts among pathological gamblers. *American Journal on Addictions*, 15(4), 303–310.
- ²⁸ Toce-Gerstein, M., Gerstein, D. R., & Volberg, R. A. (2009). The NODS-CLIP: A rapid screen for adult pathological and problem gambling. *Journal of Gambling Studies*, 25(4), 541–555.
- ²⁹ Johnson, E. E., Hamer, R., Nora, R. M., Tan, B., Eisenstein, N., & Englehart, C. (1997). The Lie/Bet Questionnaire for screening pathological gamblers. *Psychological Reports*, 80, 83–88.
- ³⁰ Fong, T. (2009, August 27). Pathological gambling: Update on assessment and treatment. *Psychiatric Times*, 26(9).
- ³¹ Shaw, M., Forbush, K., Schlinder, J., Rosenman, E., & Black, D. (2007). The effect of pathological gambling on families, marriages, and children. *CNS Spectrum*, 12(8), 615–622.
- ³² McComb, J. L., Lee, B. K., & Sprenkle, D. H. (2009). Conceptualizing and treating problem gambling as a family issue. *Journal of Marital and Family Therapy*, 35(4), 415–431.
- ³³ Ledgerwood, D. M., Weinstock, J., Morasco, B. J., & Petry, N. M. (2007). Clinical features and treatment prognosis of pathological gamblers with and without recent gambling-related illegal behavior. *Journal of the American Academy of Psychiatry and the Law*, 35(3), 294–301.
- ³⁴ Topf, J. L., Yip, S. W., & Potenza, M. N. (2009). Pathological gambling: Biological and clinical considerations. *Journal of Addiction Medicine*, 3(3), 111–119.
- ³⁵ Grant, J. E., & Kim, S. W. (2007, March 1). Clinical assessment and management of pathological gambling. *Psychiatric Times*, 24(3).
- ³⁶ Pallesen, S., Mitsem, M., Kvale, G., Johnsen, B., & Molde, H. (2005). Outcome of psychological treatments of pathological gambling: A review and meta-analysis. *Addiction*, 100(10), 1412–1422.
- ³⁷ Grant, J. E., Odlaug, B. L., & Potenza, M. N. (2009). Pathologic gambling: Clinical characteristics and treatment. In R. K. Reis, D. A. Fiellin, S. C. Miller, & R. Saitz (Eds.), *Principles of addiction medicine* (pp. 509–517). Philadelphia: Lippincott Williams & Wilkins.
- ³⁸ Gooding, P., & Tarrier, N. (2009). A systematic review and meta-analysis of cognitive-behavioural interventions to reduce problem gambling: Hedging our bets? *Behaviour Research and Therapy*, 47(7), 592–607.
- ³⁹ Hodgins, D., & Petry, N. (2004). Cognitive and behavioral treatments. In J. E. Grant & M. N. Potenza (Eds.), *Pathological gambling: A clinical guide to treatment* (pp. 169–187). Washington, DC: American Psychiatric Publishing.
- ⁴⁰ Ledgerwood, D. M., & Petry, N. M. (2006). What do we know about relapse in pathological gambling? *Clinical Psychology Review*, 26, 216–228.
- ⁴¹ Toneatto, T. (1999). Cognitive psychopathology of problem gambling. *Substance Use and Misuse*, 34(11), 1593–1604.

ADVISORY

- ⁴² Petry, N. M. (2009). Disordered gambling and its treatment. *Cognitive and Behavioral Practice*, 16(4), 457–446.
- ⁴³ Okuda, M., Balán, I., Petry, N. M., Oquendo, M., & Blanco, C. (2009). Cognitive-behavioral therapy for pathological gambling: Cultural considerations. *American Journal of Psychiatry*, 166(12), 1325–1330.
- ⁴⁴ Center for Substance Abuse Treatment. (1999). *Enhancing motivation for change in substance abuse treatment*. Treatment Improvement Protocol (TIP) Series, No. 35. HHS Publication No. (SMA) 13-4212. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ⁴⁵ Carlbring, P., Jonsson, J., Josephson, H., & Forsberg, L. (2010). Motivational interviewing versus cognitive behavioral group therapy in the treatment of problem and pathological gambling: A randomized controlled trial. *Cognitive Behaviour Therapy*, 39(2), 92–103.
- ⁴⁶ Hodgins, D., Currie, S., & el-Guebaly, N. (2001). Motivational enhancement and self-help treatments for problem gambling. *Journal of Consulting and Clinical Psychology*, 69(1), 50–57.
- ⁴⁷ Hodgins, D. C., Currie, S. R., Currie, G., & Fick, G. H. (2009). Randomized trial of brief motivational treatments for pathological gamblers: More is not necessarily better. *Journal of Consulting and Clinical Psychology*, 77(5), 950–960.
- ⁴⁸ Petry, N. M., Weinstock, J., Ledgerwood, D. M., & Morasco, B. (2008). A randomized trial of brief interventions for problem and pathological gamblers. *Journal of Consulting and Clinical Psychology*, 76(2), 318–328.
- ⁴⁹ Carlbring, P., & Smit, F. (2008). Randomized trial of internet-delivered self-help with telephone support for pathological gamblers. *Journal of Consulting and Clinical Psychology*, 76(6), 1090–1094.
- ⁵⁰ Ladouceur, R., Sylvain, C., & Gosselin, P. (2007). Self-exclusion program: A longitudinal evaluation study. *Journal of Gambling Studies*, 23(1), 85–94.
- ⁵¹ Nelson, S. E., Kleschinsky, J. H., LaBrie, R. A., Kaplan, S., & Shaffer, H. J. (2010). One decade of self exclusion: Missouri casino self-excluders four to ten years after enrollment. *Journal of Gambling Studies*, 26(1), 129–144.
- ⁵² Williams, R. J., West, B. L., & Simpson, R. I. (2007). *Prevention of problem gambling: A comprehensive review of the evidence*. Report prepared for the Ontario Problem Gambling Research Centre. Guelph, Ontario, Canada.
- ⁵³ Dickson-Gillespie, L., Rugle, L., Rosenthal, R., & Fong, T. (2008). Preventing the incidence and harm of gambling problems. *Journal of Primary Prevention*, 29, 37–55.

SAMHSA Advisory

This *Advisory* was written and produced under contract number 270-09-0307 by the Knowledge Application Program, a Joint Venture of JBS International, Inc., and The CDM Group, Inc., for the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). Christina Currier served as the Contracting Officer's Representative.

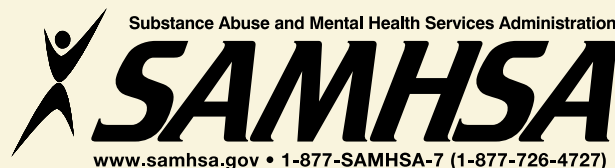
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Recommended Citation: Substance Abuse and Mental Health Services Administration. (2014). Gambling Problems: An Introduction for Behavioral Health Services Providers. *Advisory*, Volume 13, Issue 1.

Originating Office: Quality Improvement and Workforce Development Branch, Division of Services Improvement, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857.





Testimony of Keith Whyte
Executive Director, National Council on Problem Gambling
Before the House Subcommittee on Crime, Terrorism, Homeland Security, and Investigations
“Post-PASPA: An Examination of Sports Betting in America”
September 27, 2018

Chairman Sensenbrenner, Ranking Member Jackson Lee and members of the Subcommittee,

On behalf of the National Council on Problem Gambling and two million Americans with gambling problems I would like to submit this testimony for the record. We speak for those who suffer from a gambling addiction and for those in recovery who must remain anonymous. We speak for those youth and adults who will be harmed in the future from expanded sports betting. We bear witness to the devastating impacts of a gambling addiction on individuals and their families and to the effectiveness of services that provide help and hope for those who struggle. We can never eliminate the disease of gambling addiction, but we can and must make better efforts to prevent and treat it.

We thank Minority Leader Schumer¹, Senator Hatch² and other members of Congress for their statements about the importance of consumer protections in any sports betting legislation. We thank the American Gaming Association³ and individual gambling operators for supporting responsible gambling. We thank the National Football League⁴, National Basketball Association⁵, and other leagues for their public backing for such measures. Indeed, as far as we know every single stakeholder has expressed their support. However, to date not a single bill that has passed or even been proposed includes all five of our responsible gambling principles. We call on every legislator, league, regulator, gambling operator and other interested parties to pledge to incorporate responsible gambling principles into their legislation, regulations and operations.

We believe the expansion of legalized sports gambling in the United States will likely increase gambling participation and problems unless the following steps are taken to minimize harm.

¹ “Protecting young people, and those suffering from gambling addiction.” Statement of Senator Chuck Schumer, August 29, 2018

² “There is no question that sports betting, like other types of gambling and addictive behavior, has ruined far too many lives.” Statement of Senator Orrin Hatch, August 23, 2018

³ “Promote responsible gaming and responsible advertising.” Statement of AGA Senior Vice President Sara Slane, September 27, 2018

⁴ “There must be substantial consumer protections;” statement of NFL Commissioner Roger Goodell, May 21, 2018

⁵ “These requirements would include...mechanisms to identify and exclude people with gambling problems; and education about responsible gaming.” Adam Silver. *Legalize and Regulate Sports Betting*. [New York Times](#), November 13, 2014

1. Dedicate at least one percent of revenue to prevent and treat gambling addiction.
2. Require sports betting operators to implement responsible gaming programs.
3. Assign a regulatory agency to enforce responsible gambling and other regulations.
4. Conduct surveys of the prevalence of gambling addiction prior to expansion and at regular periods thereafter to support evidence-based, data-driven responsive measures.
5. Establish a consistent minimum age for sports gambling and related fantasy games.

We are concerned about the collision of three trends—vast increases in gambling advertising, especially exhortations to gamble during the game; advances in technology including mobile phone gambling, and a virtually unlimited menu of betting opportunities far beyond game outcome or even player performance. This Frankenstein’s monster of advertising, access and action is unprecedented in America, and indeed anywhere else in the world. As a result it is likely that most Americans will soon be bombarded by marketing urging them to bet instantly from their phone on every action by every player on every play in every game in every sport.

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. The only way to maximize benefits from sports betting is to minimize problem gambling harm. Sports betting should not be allowed in a state without public funding for problem gambling services. Yet 20% of states still do not have such funding.

Sports betting operators must be required to have responsible gaming programs. At a minimum they should include comprehensive employee training, self-exclusion, ability to set limits on time and money spent betting and specific requirements for the inclusion of help/prevention messages in external marketing. The operator must have a written plan with measurable objectives, and an annual report on the progress towards these goals must be provided to the regulator and available for public review. Compliance with the responsible gambling regulations and plan performance should be a condition of licensure and renewal. NCPG welcomes the AGA’s expanded Code of Conduct in this area.

Players who wish to exclude themselves from sports betting should have options through either the operator or an outside service recognized by NCPG or the regulatory agency. Family members should be able to request a gambler be banned through a process adjudicated by the regulator. Excluded players should receive information about available help services upon application; and subsequently should not receive any direct marketing or promotional offers to continue gambling. Regulators should hold harmless operators who make reasonable efforts to comply with exclusion requests; but should pursue actions against operators who fail to do so.

The operator should have a clearly articulated commitment to advertising that does not mislead or target people with gambling problems or minors. Advertising should contain a responsible gaming message and/or the National Problem Gambling Helpline (1-800-522-4700) number. Advertising should not be placed before any audience where most of the audience is ordinarily expected to be below the legal age to participate in gambling activity.

Any legislation to legalize sports betting must designate a regulatory agency which should have a specific mandate to minimize gambling-related harm. When considering new and expanded gambling legislation, regulations, policy or programs, the regulator should consider the precautionary principle that there is a social responsibility to protect the public from exposure to harm, when scientific investigation has found a plausible risk.

Survey research should be conducted prior to the expansion of sports betting and periodic monitoring conducted thereafter to support evidence-based, data-driven responsive measures. In addition, de-identified data collected by regulated operators on gambling activity should be made publicly available through the regulatory agency to qualified researchers to help support mitigation efforts.

A minimum age to bet on sports and fantasy games should be determined and enforced. Operators should have an affirmative obligation to put in place technical and operational measures to prevent access by those who are underage, especially in online or mobile betting.

Sports betting legislation that allows internet, mobile and online gambling options may further increase risk factors for gambling addiction, but this technology also allows additional opportunities to enhance the responsible gaming features described above including setting limits and exclusion programs. Therefore NCPG urges legislators and regulators to utilize NCPG's best practice Internet Responsible Gambling Standards (IRGS) as the basis for any internet or mobile gaming. Gaming vendors and operators are encouraged to pursue NCPG's Internet Compliance Assessment Program (iCAP) to receive an independent audit confirming they meet the IRG Standards. Not only will this make it easier for all stakeholders to have a consistent responsible gambling program across various jurisdictions, systems and license holders but most importantly it will provide those who gamble with continuity of protection.

We know a limited amount of legal and a vast amount of illegal sports betting occurs across America. Expansion will likely increase availability and acceptability of sports gambling and thus increase participation, which may lead to more gambling problems. History shows that the expansion of gambling at the state level has not been uniformly accompanied by appropriate—or in some cases any—funds to prevent or treat gambling addiction. As a result current public problem gambling prevention and treatment services—especially for youth—are insufficient in most states and nonexistent in many.

NCPG has additional concerns about the impact of gambling on the health of athletes, as research indicates that athletes are more likely to be at risk for addictions. Preventing and treating gambling addiction among players protects their health and the integrity of the game. Therefore leagues and teams should establish specific gambling addiction prevention and education programs for youth athletes prior to high school all the way through college and into professional sports. They should also ensure that athletes and personnel have a safe harbor to seek help for gambling related problems, and qualified personnel available to provide assistance. Sporting organizations should provide mandatory educational briefings to players and team personnel on team/league policy regarding gambling and where to get help for gambling problems. They could also utilize their high-profile opportunities in the media to help send responsible gaming messages to their fans and the public at large.

The media should promote the National Problem Gambling Helpline (800-522-4700) as a public service in every newspaper and media outlet which prints or publicizes betting lines or odds. I'm pleased to report we are in discussions with ESPN around this issue and call on their competitors to follow their lead.

I'm also pleased to announce our Safer Sports Betting Initiative (SSBI). The initial SSBI goal is to raise awareness of potential gambling addiction-related problems and suggested responsible gambling solutions among states, leagues, gambling operators and other stakeholders over the next three months. The overall SSBI goal is that every sports betting bill includes responsible gambling principles.

The initial SSBI components are to conduct a National Survey of Gambling Attitudes and Gambling Experiences (NGAGE), which will provide statistically valid estimates of gambling participation and problems in every state with a special focus on sports betting. This unprecedented picture of gambling in the US will provide a baseline to measure impacts of expansion. We will benchmark current sports betting regulations and proposed legislation against our responsible gambling guidelines. We will also commission a review of the scientific literature on connections between gambling addiction and sports betting. NCPG will build a national grassroots effort and develop new awareness, prevention and responsible gambling programs for youth and groups such as college athletes, professional leagues and teams.

There will be a small but significant portion of gamblers who experience negative consequences as a result of sports betting. Together with all stakeholders who will profit from sports betting our challenge is to implement measures to reduce that harm as much as possible even as sports gambling expands across the nation.

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The National Council on Problem Gambling was founded in 1972 and is neutral on legalized gambling. We serve as the national advocate for programs and services to assist problem gamblers and their families. We improve health and wellness by leading state and national stakeholders in the development of comprehensive policy and programs to reduce the personal, social and economic costs of problem gambling. If you or someone you know has a gambling problem, call or text the National Problem Gambling Helpline at 1-800-522-4700 or visit www.ncpgambling.org/chat for confidential help.