

Recommendations to National Gambling Impact Study Commission

Executive Summary

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INTRODUCTION

Over the past ten years, gambling has proliferated in and around the United States. Concurrently, public awareness of problem and pathological gambling has increased significantly, due largely to the efforts of the National Council on Problem Gambling (NCPG), its 33 state affiliate organizations and heightened media attention.

Today, various segments of society and government have a basic understanding that while gambling is largely a social activity, it can and does adversely affect millions of Americans nationwide. Since the 1970s, gambling has become a mainstream activity in the United States and is now legal in every state except Utah and Hawaii. In addition to state-sponsored lottery games, casinos, horse and dog racing, bingo, stock market and other forms of gambling, the recent emergence of Internet gambling may now bring gambling into the homes of millions of Americans with access by juveniles as well as adults.

At the same time, public and private gambling operators have begun to acknowledge some negative impact their games have had on a segment of the population. As a result, some gambling operators have developed and implemented programs or guidelines to address these concerns either on their own or in cooperation with the NCPG or affiliate councils. However, efforts are neither comprehensive nor widespread throughout the gambling industry or across the states.

During this same period, treatment and other support programs for persons experiencing difficulties due to gambling struggle to sustain services. Essential outreach, education and research programs are hamstrung due to inadequate levels of funding.

This Executive Summary, which will be followed by the submission of a comprehensive report, is intended to furnish the Commission with input in the following four identifiable areas: basic theory, research, prevention and treatment, and public policy. In an effort to ensure that the National Council's submission accurately represents the recommendations of the organization, the National Council on Problem Gambling solicited input from its entire membership, subsequently developed and disseminated a survey, and conducted a vote on these issues among the members of its Board of Directors. This report is the culmination of this process and the recommendations contained herein reflect the experience and expertise of widely respected individuals in the gambling, addictions and problem gambling fields.

ORGANIZATIONAL BACKGROUND

Founded in 1972 and chartered as a non-profit organization in 1975, the NCPG is dedicated to disseminating information about problem and pathological gambling and promoting the development of services for those adversely affected by a gambling problem. The NCPG has been the recognized leader in advancing the field of problem gambling through the last quarter of the 20th century. Originally organized by an alliance of health professionals and recovering gamblers, the Council has grown into a network of health professionals, augmented by representatives from the legal, gaming and business sectors, as well as the recovering community. The alliance now includes 33 affiliates and three associate members (Ontario, Puerto Rico and Saskatchewan).

BASIC THEORY

Question: *What are problem and pathological gambling and how are these terms defined and assessed?*

Recommendations:

- *Define pathological gambling using the American Psychiatric Association's DSM-IV criteria.*

The American Psychiatric Association (APA) Diagnostic Statistical Manual, Fourth Edition (DSM-IV), is the currently recognized source for identification of the standards for classifying mental health disorders in the United

States. The APA's criteria for pathological gambling were first introduced in 1980 and have evolved as understanding of the disorder has increased over the past two decades. The DSM criteria have proven over time to be a solid objective basis for professionals to render diagnostic determinations.

- ***Define problem gambling using the National Council on Problem Gambling's definition.***

Problem gambling is not a clinical diagnosis. The term "problem gambling" is used to describe a range of behaviors, including those which fall short of the diagnostic criteria for pathological gambling¹ (i.e. compromises, disrupts or damages personal, family, economic or vocational pursuits²).

- ***Assess the behavior using valid and reliable screening tools.***

In general, problem and pathological gambling among adults have been assessed for by using the South Oaks Gambling Screen (SOGS). The SOGS has proven effective in determining the presence of gambling problems³ and is the only valid and reliable screening tool available, although several screens based upon the DSM-IV criteria are presently under development. Further, the only recognized criteria for rendering a diagnosis of pathological gambling by mental health professionals are the DSM-IV criteria.

Currently, there are several tools widely used that screen for problem gambling within the juvenile population. However, validity and reliability of these tools have not yet been firmly established. (See following Research section.)

RESEARCH

Question: *What specific types of organized, systematic, cumulative research should the nation pursue?*

Recommendations:

- ***Establish a National Institute on Problem Gambling (NIPG), fully supported by the federal government, to conduct research and disseminate funding to other organizations.***

Similar to the National Institute of Health, the NIPG should be established to reach across boundaries of mental health, addictions, criminal justice and economics, to bring together the cumulative knowledge in the field. The Institute would enable any person seeking information about problem gambling to obtain timely and up-to-date access to research including but not limited to prevention and education techniques and approaches, treatment models and outcomes, prevalence data, and all matters pertinent to the field. This will also require that funding is dedicated to this issue.

- ***Require the National Institutes of Mental Health, Alcohol Abuse and Alcoholism, Drug Abuse and Justice, as well as other federal research bodies to support programs and set aside funding for research documenting the relationship(s) between pathological gambling and the co-occurrence of other mental health disorders.***

¹ Lesieur HR, Rosenthal RJ. Pathological gambling: a review of the literature (prepared for the American Psychiatric Association Task Force on DSM-IV Committee of Disorders of Impulse Control Not Elsewhere Classified). *Journal of Gambling Studies* 1991;7:5-40.

² National Council on Problem Gambling. *Problem and Pathological Gambling in America: The National Picture*. Report prepared by the Research and Public Policy Committees of the National Council on Problem Gambling. Columbia, MD; 1997.

³ Volberg, RA. Report *Methodological Issues in Problem Gambling Research*. Commissioned by the National Research Council, National Academy of Sciences, 1998.

Currently, there are several national organizations that receive federal government funding to subsidize and conduct extensive research on issues affecting Americans in the areas of mental health, addictive disorders and criminal justice. To date, these research bodies have not documented the relationship between pathological gambling and the matters falling directly under their jurisdiction. It is time for national research bodies to examine the impact of problem and pathological gambling on Americans who also suffer from other mental health or criminal justice related problems.

The above entities should also pursue the following research objectives:

- ***Initiate a recurring set of national prevalence studies of problem and pathological gambling among adults and juveniles in the United States.***

Such studies should be replicated every five years and highlight identifiable changes and specific recommendations. Furthermore, such assessment of problem and pathological gambling should not be limited to typical recreational forms of gambling but must be expanded to include questions relating to the financial markets and other forms of business (e.g. securities, stock market, brokerage and banking industries).

- ***Support and subsidize treatment outcome research based on uniform data to determine best practice guidelines and treatment models, short and long-term care program impacts and cost effectiveness.***

While many entities have begun to collect problem gambling treatment outcome data, a standardized assessment tool is needed to collect and analyze such information on persons undergoing treatment and receiving support services.

- ***Determine economic impacts of problem gambling on the criminal and civil justice systems, financial institutions and household economies. Sources should include, but not be limited to national and state helplines, treatment programs and providers, criminal justice systems, etc.***

Although research and clinical evidence have linked problem and pathological gambling with addictive disorders, suicide, domestic violence, financial crimes and bankruptcies, economic costs to society have been only grossly estimated.

- ***Examine family impacts associated with the disorder and effectiveness of treatment, as well as support received from legal and financial institutions.***

While family members and loved ones often experience the same feelings of devastation, hopelessness and suicidal ideation as the pathological gambler, treatment and support for anyone besides the pathological gambler is extremely limited. Prevalence studies and other research rarely collect or disseminate information about this population. It is unknown what percent of consumers seeking treatment for various mental health-related disorders for family problems have their root in gambling difficulties. Research has also not examined the relationship between physical abuse/neglect of children and problem gambling.

- ***Develop and validate assessment tools for juveniles and adults based on current criteria.***

Recent research has concluded that it is essential to determine whether the SOGS (based on the original APA criteria published in 1980 and tested in clinical trials against the DSM-III-R) is accurately measuring the presence of this disorder on the basis of the most recent DSM criteria published in 1994.

With regard to juveniles, there are currently three screens developed which discriminate between problem and pathological gamblers and non-pathological gamblers among juveniles (i.e. SOGS-RA, the Massachusetts Gambling

Screen (MAGS) and the Fisher DSM-IV-J Screen). However, further validity and reliability research studies of these tools is essential.

- *Research the elements of effective prevention programs for juveniles and adults.*

Prevention models to date that are supported by research have been utilized exclusively for alcohol and substance abuse. The efficacy of transferring these models to gamblers is unclear. Additional research is imperative to identify, develop and implement effective culturally diverse prevention methods and programs across varying populations.

PREVENTION AND TREATMENT

Question: What types of prevention and treatment activities are needed for juveniles and adults?

Recommendations:

- *Insurance coverage and treatment funding must be made available so that problem and pathological gamblers and their families can obtain access to the health care service delivery system.*

Despite the recognition of pathological gambling as a mental health disorder by the APA since 1980, many insurance and managed care companies will not reimburse consumers requiring diagnostic and treatment services. The result is that consumers are not presenting for treatment, or are paying totally out-of-pocket for such services, or are obtaining reimbursement under another related diagnosis when appropriate (e.g. depression, anxiety disorder, etc.). Third party reimbursers are not acknowledging professionals who are certified by a recognized national organization (e.g. National Council on Problem Gambling, American Compulsive Gambling Counselor Certification Board) or state body.

- *Develop and evaluate best practices for problem gambling specific treatment and prevention.*
- *All school systems (i.e. elementary, secondary, post-secondary and graduate) must institute prevention education curricula on problem and pathological gambling.*
- *Any educational institution teaching about addictions, mental health, social work, psychology or psychiatry should include problem and pathological gambling with other behavioral disorders.*
- *Require all addictions, mental health, criminal justice, financial, human service and other organizations working with populations at high risk for a gambling disorder to screen clients for gambling problems. In addition, require professionals within these entities to obtain problem gambling specific training.*

Financial organizations (e.g. credit counseling agencies, banking and credit institutions), the civil and criminal justice systems (e.g. courts of law, correctional facilities, probation, parole and police officers, prison counselors, attorneys), addictions/mental health departments, human service organizations (e.g. homeless shelters, at-risk juveniles/senior programs, food pantries, unemployment, welfare, psychiatric entities) and others rarely assess the scope of pathological gambling among their clients or provide treatment and support services.

Now is the time for these health care and law related professionals to begin using a brief screening tool to conduct preliminary assessments for clients that may be at high risk for problem and pathological gambling.

- *Evaluate, develop and fund effective gambling-specific prevention and treatment programs for problem gamblers and their families, as well as for diversified at-risk minority and other special populations. It is not sufficient to simply adapt existing alcohol or drug prevention programs to these populations. Heightened attention and support*

must be paid to programs serving special populations including women, seniors, teens and racial and ethnic minorities.

PUBLIC POLICY

Questions:

1. *Should there be some way to identify and screen out pathological gamblers on the floor (of a gaming venue)?*
2. *Should there be loss limits?*
3. *What about credit access?*
4. *What is the role of aggressive marketing?*
5. *Should there be a full disclosure of odds?*

Recommendations:

- *Remove the exclusion of pathological gambling from the Americans with Disabilities Act to ensure the same level of services and protections for pathological gamblers as are provided to persons suffering from other addictive and mental health disorders.*
- *Gambling operators should identify customers experiencing a gambling problem through a variety of means (credit history, check cashing, etc.) and offer assistance (e.g. Helpline number).*
- *Require gambling industry operators and equipment manufacturers to contribute to problem gambling programs through licensing fees, fines and penalties or other systems of collection by way of a dedicated fund for prevention, education, treatment and research.*
- *State and federal governments should be required to allocate a portion of gambling revenue for gambling-specific prevention, education, treatment and research. Such allocation should either pass through directly to problem gambling programs and/or through a non-lottery government agency (e.g. state health, mental health or human service organization).*
- *Gambling operations which cross state lines (e.g. multi-state lotteries and bingo games) should also be required to fund problem gambling initiatives in each participating state.*
- *Require comprehensive employee and customer based problem gambling awareness programs, gambling-specific EAP programs, as well as employee education or training for all gambling industry and governmental lottery employees, vendors and agents.*
- *Require gambling operators to institute a voluntary self-exclusion program, enabling gamblers to ban themselves from a gambling establishment for a specified period (e.g. one-year to life). It is vital that participants in these programs be removed from all promotional lists and that no contact by the gambling operator is made to such individuals.*
- *Require conspicuous and prominent posting of National Council on Problem Gambling and/or affiliate council Helpline numbers on gambling material, gaming devices and on signs and stickers throughout the gaming venue (e.g. lottery terminals, bingo halls, racing forms, back and front of house signage, advertisements, credit applications, telephones, ATMs and credit machines, rest rooms, restaurants and guest hotel rooms).*
- *Eliminate underage persons from gaining entry to gambling areas for any reason and require establishments to have child care facilities or rules that protect children. Require the gambling industry to train security and other*

personnel in identifying neglected children (unattended in casino, car, guest rooms, etc.) as per American Gaming Association guidelines.

- *Eliminate immediate credit policies to enable gamblers to take a break in play. Restrict ATMs and credit card machines to areas away from the immediate gaming activities.*
- *Examine and research loss-limit policies and impacts and require industry implementation based upon findings.*
- *Direct lotteries to take aggressive efforts to eliminate access to products by underage persons. Ban lottery vending machines where human oversight is not possible and remove terminals where there is evidence of lack of enforcement.*
- *Require adherence to Truth-in-Advertising standards for state lotteries regarding odds, actual winnings and identification of where proceeds go.*
- *Examine and publish lottery advertising costs and practices (e.g. selection of target population for advertising, etc.) for state and multi-state games.*
- *Review and recommend limits to lottery advertising (i.e. amount of money spent, location of advertisements).*
- *Require investigations and reports by the Securities and Exchange Commission and the Commodity Futures Trading Commission on the extent and impacts of problem gambling within the stock market and other financial markets.*
- *Recommend employee training and customer awareness on problem gambling throughout the banking and credit card industries.*
- *Laws pertaining to the establishment of legal gambling ages in any state should apply to all forms of gambling. Bingo or other charitable gambling operators should not be allowed to waive the age restriction to minors.*
- *Include problem gambling information in all federal health communications (e.g. Center for Substance Abuse Prevention (CSAP) or Center for Substance Abuse Treatment (CSAT) Federal Health Bulletin Boards).*