

**TESTIMONY
to the
NATIONAL GAMBLING IMPACT STUDY COMMISSION**

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by

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TREATMENT APPROACHES TO PATHOLOGICAL GAMBLING

Background Information

In 1976, the subject of problem gambling was formally addressed by the Commission on the Review of the National Policy Toward Gambling. For 22 years, the issue of problem gambling was essentially ignored by the federal government until 1996 when the National Gambling Impact Study Commission was established. Other than limited funding of treatment services in the Veterans Administration and a few prevalence studies by the National Institute of Mental health in selected states, the federal government has had little involvement in the recognition, treatment and rehabilitation of pathological gamblers and their families. It seems anachronistic that 19 years after official recognition of pathological gambling as a medical diagnosis by the American Psychiatric Association, interest and funding for education, prevention, treatment and rehabilitation programs for this disorder have not kept pace with the rapid increase in the availability and access to sophisticated forms of gambling. Six years ago, I received a call from someone in the Pentagon who inquired about treatment of pathological gamblers which was cause for optimism, although short-lived, since this was the last time I heard of any interest on a federal level. In the near future, I am more hopeful that this Commission will be able to generate landmark findings and recommendations that will address the problems of pathological gambling in the United States in an appropriate and comprehensive manner.

This testimony will focus on the effects and continuum of care for pathological gamblers with special emphasis on the Youth and Adolescent or Underage gambling. An underage gambler is anyone 18 years or younger who engages in a progressive disorder characterized by a continuous or periodic loss of control over gambling; a preoccupation with gambling and obtaining money with which to gamble; irrational thinking; and a continuation of the behaviors despite adverse consequences including impairments of life functioning. Age group criteria used for admission to hospital settings or outpatient services usually identifies a child in the age range from infancy to age 12 years an adolescent from age 12 to 17 years.

Research and Demographic Data

Research from the Harvard Medical School Division on Addictions (Shaffer et al 1995) revealed that between 9.9 percent and 14.2 percent of adolescents are experiencing some symptoms of problem gambling and between 4.4 percent and 7.4 percent meet the criteria for pathological gambling. The prevalence of compulsive gambling in young people has been found to be twice that of adults. In Las Vegas, where the minimum age requirement is 21, a survey of high school students (Waddell 1994) found that 52% had gambled and, of this group, 92% had gambled in casinos. Two independent studies undertaken by Oster and Knapp in 1994 to survey prevalence of gambling in a university setting population indicated that 92% of students under 21 had gambled with 56.5% having gambled in a casino and 22% of them weekly. When assessed with the South Oaks Gambling Screen (SOGS), 11.2% of the sample scored in the pathological gambling range. Problem gambling behavior correlated positively to male gender, non-residency in Las Vegas, and having an associated alcohol problem. In Atlantic City, 1,452 teenagers were surveyed with 64% admitting to having gambled in casinos at least once. The New Jersey Gaming Commission estimates that more than 1 million adolescents have been prevented from entering the casinos over a five-year period, while another 140,000 were actually evicted after they have managed to get into the casinos. In La Jolla, California, a survey of 200 adolescents indicated that 83% of the males and 61% of females said they gambled. The trend in underage gambling indicates that over half participated in sports betting while another trend reported betting on cards, horses and playing the lottery. The research study on the prevalence of teen gambling was conducted by the Connecticut Council on Problem Gambling in 1996 with 3,886 students participants. Some major findings of this study are: a) 87% of the students indicate that they have gambled for money at some time, b) 32% of students under the age of 18 have participated in lottery gambling, which is a much greater percentage than participation in any other form of legalized gambling, c) the rate of problem gambling among high school students (11.3%) significantly exceeds the rate for adults (5.4%). d) students who gamble excessively are more likely to abuse substances, including alcohol (18%) and other drugs (18.5%), e) students

with a gambling problem are gambling on school grounds (14.4% daily) or absent from school in order to gamble (6.7% daily), f) a history of gambling and/or substance abuse among family members is significantly correlated to problem gambling among students, g) problem gambling has negative effects on the students' family, school and community life, h) males and minority group members are at greater risk for problem gambling.

Why Do Teens Gamble?

Tendencies for underage gambling may result from the following factors: a) the promise of instant wealth, power, status and freedom is attractive to teens, b) significant appeal of gambling activities as socially acceptable, exciting recreation and amusement, c) the need to escape from problems at home, especially where there is parental gambling, alcohol or substance abuse and violence, d) need for self-importance or self-esteem, e) need to avoid painful and stressful experiences

Attitudes Toward Underage Gambling

Despite research findings indicating a rapid and significant increase in underage gambling with concomitant increase of availability and access to gambling opportunities, there is still much room for improvement in the areas of education, prevention, diagnosis and treatment for this special and high risk population. A lack of scientific attention to this disorder may be attributed to: a) the false notion of the general public, especially parents, to think and assume that rules and regulations pertaining to age 18 or age 21, are already enforced in casinos, b) perception of gambling as a harmless source of excitement and amusement among college students (i.e. athletic events, card games, charitable casino events, and final grades) (Hurley 1992), c) the gambling atmosphere and environment offering something for everyone and particularly attractive to the young because of the fast paced activities and sensory stimulation, d) inadequate knowledge about problem gambling and its potential for negative impact on the student, family or community. e) problem gambling not considered as a priority issue among schools and universities, f) legalized gambling seen as a socially acceptable form of recreation, g) lack of funding for continuum of care and services for pathological gamblers. In 1996, the money authorized for problem gambling by state government is estimated at \$13 million dollars. On the other hand, the total allocation for a single drug and alcohol agency in Texas reached about \$122 million.

Treatment Approaches

Treatment services and programs for pathological gambling vary from state to state. More often than not, problem gamblers are provided treatment and intervention when they are already in crisis. The 5 A's of basic health services as they relate to pathological gambling are as follows:

1. **Availability** - Pathological gamblers seek help in different phases of this disorder. To ensure good continuity of care, the scope of services that should be available to meet the needs of this high risk population are emergency services, acute inpatient care, residential and halfway homes, outpatient care and support groups. About 75% of gamblers can be treated in an outpatient basis in conjunction with Gambler Anonymous (GA) and GamAnon (spouses) support groups. In Las Vegas, only the TriMeridian Intensive Outpatient program and the Veterans Affairs Medical Center provide gambling-specific specialized care.
2. **Accessibility** - Pathological gamblers who require treatment are admitted to inpatient or outpatient programs using their health insurance benefits or eligibility status for care. Most insurance companies do not reimburse for the diagnosis of pathological gambling per se, but may be reimbursed for a diagnosis of severe depression with or without suicidal features and a recognition of the intensity and acuity of care needed by these patients. Some programs charge for services based on a "sliding scale" according to the patient's capacity to pay. Individuals who have no funds may be cared for as "pass-throughs" or "indigents".
3. **Appropriateness** - In the early 1980's, the diagnosis of pathological gambling was new and there were no specialized programs available for gambling-related problems. Patients were treated in Addictions Units primarily geared towards alcohol and substance abuse. Although problems and treatment approaches are similar, there are also significant differences in dealing with gambling-specific experiences. Loreen Rugle, PhD, previously of Brecksville Ohio VA Medical Center and now with TriMeridian, states that "it is no longer clinically ethical for chemical dependency providers to see the similarities with substance abuse and to assume that pathological gambling can be treated in any chemical dependency program." The primary strength of gambling-specific programs is the ability of the gambler to identify with each other and to share common experiences relating to problem gambling.

As mentioned before, 75 % of problem gamblers can be treated on an outpatient basis. An inpatient program is appropriate and sometimes life-saving for high risk pathological gamblers

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with the following criteria: a) significant disturbed behavior with suicidal, homicidal features or intent to commit a crime. b) severe target symptoms of anxiety, panic, or fear of psychological decompensation. c) existing comorbidities such as medical or psychiatric complications that require monitoring and supervision (including severe dissociative reactions or protracted symptoms of sleep deprivation following several days of continuous and uncontrolled gambling), d) overwhelming and devastating pressures from family, work, financial and legal predicaments and may temporarily require a well-structured, secure and safe environment e) patient suffers from multiple chronic relapses and has reasonably tried outpatient care but was unsuccessful.

Because of the propensity for cross-addiction and problems of dual diagnosis, pathological gambling and concomitant comorbidities must each be treated as primary problems with appropriate treatment approaches and follow-up.

4. **Accountability** - The responsibility of dealing with problem and pathological gambling lies with various agencies, organizations and individuals who benefit from or work directly with this population and those impacted by the devastating effects of this disorder. This includes the gaming industry, mental health and other professionals, healthcare and insurance industry, researchers, local, state and federal agencies, and legal and criminal justice systems. Efforts to support education, prevention, outreach, helpline programs and treatment services are much needed.
5. **Acceptability** - A positive outcome of the inclusion of pathological gambling in the Diagnostic and Statistical Manual of Mental Illness (DSM) by the American Psychiatric Association is that patients and their families are more willing to seek professional help with the "medicalization" of this disorder. Treatment planning must include the patients and their families or significant others to ensure the patient's recovery and not be sabotaged because of lack of understanding or poor communication.

The most common and widely used treatment model usually includes basic elements derived from theoretical and practical framework which can be described by the acronym THERAPIES:

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- T- Team approach by interdisciplinary staff with training and qualifications in dealing with gambling specific problems and approaches.
- H- “Here and Now” focus pertaining to patient’s problems.
- E- Educational programs on pathological gambling and biopsychosocial approaches to addictions.
- R- Restitution of all gambling related debts.
- A- Abstinence from gambling activities
- P- Physical problems attended ,especially in cases of dual diagnosis
- I- Individual, group, marital and family therapies are important
- E- Evaluation and management of characterological defects and maladaptive coping skills
- S- Support Groups such as GA, Gamanon and Gamateen are integral parts of the treatment process.

Recommendations

Problem gambling and pathological gambling in our youth and adolescents is becoming a legitimate and major public health concern. It has been more than 20 years since the diagnosis was recognized and more must be invested in education, prevention, and treatment of pathological gamblers. The following recommendations address the multifaceted problems of problem gamblers, especially as they relate to underage gambling:

1. Enhance education, outreach and preventive strategies to promote understanding of the problems of pathological gambling and its devastating effects on the gambler, the family and the community.
2. Inclusion of the topic on recognition , prevention ad treatment of pathological gambling in the school curriculum s part of programs on health.
3. Responsible gaming programs should be developed by the gaming companies as a whole. Paricipation and support of efforts to increase community awareness of the recognition , prevention and treatment of pathological gambling.
4. Adequate funding and support of continuum of care and services in each state.
5. Nationwide research on the subject of underage gambling. This includes not only demographics but also unique patterns of gambling , availability and access to care. Results of these studies could be used as important database for needs assessment , program planning and implementation.

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6. Establish a national policy to address problem and pathological gambling and its potential for addictive dangers especially with our youth. .
7. Stringent enforcement of rules and regulations especially relating to the youth. Consider a uniform minimum age requirement for minors to a gambling facility or gambling activities.

I thank the Commission for the opportunity to present my views on the prevention and treatment of pathological gambling especially as they relate to our youth and adolescents.