

1 CHAIRPERSON JAMES: I want to thank each and every  
2 one of our panelists. At this point we will open it up for  
3 discussion, any questions from our commissioners and even an  
4 exchange among yourselves if you would like to do that.  
5 Commissioner Dobson.

6 DR. DOBSON: Doctor Nora, yesterday Mitzi Schlichter  
7 made a passing reference to medication for her husband, Art who  
8 has been in the prison, that he can't get the medication that he  
9 needs there and she didn't elaborate and we didn't ask. Was she  
10 referring to lithium or haldol (ph) or what might she have been  
11 referring to?

12 DR. NORA: Well, number one, of course, just  
13 listening to the story and not knowing the -- and having a direct  
14 relationship, we do have medications that we are trying right  
15 now. In general, pathological gambling is like one of the  
16 spectrum of obsessive/compulsive disorders and one of the  
17 breakthroughs in psychiatry is we have found medications that do  
18 take care of that. These are what we call your Prozac's, and so  
19 on and so forth. There is one medication that we tried when I  
20 was still in the New York area and actually I could give you the  
21 commercial name is Luvox, which seems to be promising but again,  
22 the weakness is there's only a few of us who actually have done  
23 clinical research directly.

24 Again, you need funding. You need staff time and you  
25 need all kinds of resources to do this but this has some  
26 promising effects. There is no magic pill. There is no vaccine  
27 for compulsive gambling. As we go through more of the  
28 developments of the biological explanations, even genetic, maybe

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1 at some point in the future we'll have something, but we're  
2 beginning to use it only if they have target symptoms.

3 DR. DOBSON: There's just no studies to this point to  
4 validate that.

5 DR. NORA: We published one on the Luvox and we tried  
6 it clinically. It does not work for everyone. I mean, there are  
7 one or two or three but not enough to get --

8 DR. DOBSON: And just very quickly, Mr. Wishoff, were  
9 you able to get in the casinos before you were 21?

10 MR. WISHOFF: No. No, I never had gambled really at  
11 that point but I do recall some instances when I was in there and  
12 I was asked to leave when I was in Las Vegas on the return from  
13 some of those vacations from -- when we would stop by here after.  
14 I remember we had been in there and I was asked to leave, yes.

15 DR. DOBSON: Thank you.

16 CHAIRPERSON JAMES: Commissioner Bible.

17 MR. BIBLE: Just so I understand you would have been  
18 in California then, you were 21 at that time?

19 MR. WISHOFF: Yes.

20 CHAIRPERSON JAMES: How young were you, Mr. Wishoff,  
21 when you started?

22 MR. WISHOFF: I started gambling four years ago at  
23 this point, so I was 21.

24 CHAIRPERSON JAMES: 21. Commissioner Lanni.

25 MR. LANNI: Thank you, Chairman. Doctor Nora, I have  
26 a question. One of the comments that you made was I think that  
27 you thought the casino companies should be funding programs. I

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1 think you made that comment, did you not, as one of your  
2 recommendations?

3 DR. NORA: No, I hope I didn't get misunderstood.  
4 The long history is we were initially in a condition where we  
5 were looked at being as adversarial with the casinos. That has  
6 changed quite a bit, not only here in our Las Vegas Nevada  
7 Council of Problem Gambling but I think almost all of the United  
8 States now in their board of directors include gaming officials,  
9 casino representatives and the funding that I'm talking about is  
10 if they cannot directly deal with the treatment or the crisis  
11 intervention, the most important contribution they could make is  
12 in public education and media and again, the sensitivity and  
13 awareness of the impact of a small but growing group of  
14 compulsive gamblers.

15 MR. LANNI: Well, I think it's a valid  
16 recommendation. I was only concerned that you were limiting it  
17 to casino companies because I would assume --

18 DR. NORA: No, no.

19 MR. LANNI: -- lotteries and parimutuels and states  
20 that are involved in the lotteries as well as Native American  
21 gaming should also be participating in such programs.

22 DR. NORA: Yes, I would think anyone who benefits  
23 from or directly works with issues relating to problem gambling.

24 MR. LANNI: Thank you very much, Doctor. I have  
25 another question if I may of Doctor Westphal. In Louisiana, I  
26 always find Louisiana an interesting state in itself and I notice  
27 you must not be from Louisiana or you've lost your accent.

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1 DR. WESTPHAL: No, I'm not from Louisiana. I've only  
2 been there for five years.

3 MR. LANNI: Well, I'm not very well regarded in  
4 Louisiana because I've already said we should have some serious  
5 discussions with the French about taking it back. Having said  
6 that, I do have some questions.

7 DR. WESTPHAL: Sure.

8 DR. DOBSON: He said that because I was born there.

9 MR. LANNI: No, I point out that Doctor Dobson had  
10 the good sense of leaving Louisiana and he pointed out it wasn't  
11 his choice because he was four years old when he left.

12 DR. DOBSON: Ten months.

13 MR. LANNI: Ten months, well, 10 months, four years  
14 is pretty close. You could probably gamble in South Carolina.

15 DR. DOBSON: But I couldn't keep the earnings.

16 MR. LANNI: Right, exactly. A couple questions;  
17 there's various forms of gaming in Louisiana.

18 DR. WESTPHAL: Yes.

19 MR. LANNI: One of the areas that just amazes me in  
20 your report, and I found to be very interesting, is that there's  
21 a pervasive aspect of video machines at truck stops and casinos.

22 DR. WESTPHAL: Yes, yes.

23 MR. LANNI: But there was no reference in categories  
24 where pathological problem gambling might exist in a category  
25 there. You show these card games, you show skill games, you show  
26 casinos. Why wouldn't that have been a -- or why is that not a  
27 major factor? They're all over the state.

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1 DR. WESTPHAL: It is a major factor and it just --  
2 it's the comparison I made. Some of this if for academic  
3 reasons. I compared it to this national sample. However, when  
4 we look at both the school sample and the juvenile detention  
5 sample, the highest participation rates in legalized form of  
6 gambling was the lottery. The second highest participation rates  
7 were in video poker and the third and lowest were casino  
8 gambling.

9 And it was a significant factor and I actually had --  
10 we broke down the age categories of participation in video  
11 gambling as a separate report and that's available. I just  
12 didn't -- because of time I didn't present it here but it is a  
13 factor and if you have an interest in that, I'll give you the  
14 facts on video poker.

15 MR. LANNI: I would suspect all the commissioners  
16 would be interested in seeing that.

17 CHAIRPERSON JAMES: As a matter of fact, Doctor  
18 Westphal, if you could send us your complete study, do we have  
19 access to your cross tabs and all of the background information  
20 for review?

21 DR. WESTPHAL: I sent the complete copy of the papers  
22 to -- as background so all the -- both -- the full reports of  
23 both studies are in the background. This is just a summary.

24 CHAIRPERSON JAMES: And we'll make that available to  
25 all the commissioners.

26 DR. WESTPHAL: But the video poker was a separate  
27 report I did for the State of Louisiana and I'll -- that was not

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1 included in the background material but I will do that if you're  
2 interested.

3 MR. LANNI: If I may, one last question relative to  
4 that; if I'm not mistaken in the gaming ages in Louisiana differ  
5 from place to place. For example, I think at a racetrack you can  
6 be 18 years of age at a racetrack.

7 DR. WESTPHAL: Yes, yes.

8 MR. LANNI: And I think the river boats are 21 years  
9 of age.

10 DR. WESTPHAL: Yes.

11 MR. LANNI: Video truck stops probably whatever the  
12 age is. It may not be terribly well enforced.

13 DR. WESTPHAL: That was increased to 21 a couple of  
14 months ago.

15 MR. LANNI: But prior to that and for this study --

16 DR. WESTPHAL: Prior to that it was 18.

17 MR. LANNI: Is it not possible that when you took a  
18 look at sixth to twelfth graders, aren't certain twelfth graders  
19 18 years of age?

20 DR. WESTPHAL: Yes, some of them are.

21 MR. LANNI: Did you discount them in this report or  
22 are they included?

23 DR. WESTPHAL: Well, we also have the breakdown by  
24 age.

25 MR. LANNI: That would be helpful also.

26 DR. WESTPHAL: And that was included in the reports.  
27 We've got breakdowns by age also. A good proportion of the  
28 under-age gambling both lottery and video poker and casino were

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1 under 18. But some of them were 18, but it was a small  
2 percentage. But I can break it down by age also.

3 MR. LANNI: Can clearly even with these questions,  
4 please understand, I think one person who gambles under-age  
5 illegally is one too many. So I --

6 DR. WESTPHAL: I would agree with you.

7 MR. LANNI: Thank you.

8 CHAIRPERSON JAMES: Well, Commissioner Leone?

9 MR. LEONE: I have a question of Doctor Westphal but  
10 anybody else on the panel who has any relevant information from  
11 other states or nationally would be helpful. What I'm trying to  
12 get at is evidence that the -- allowing for population changes,  
13 et cetera, the juvenile delinquency let's call it, detention in  
14 your definition has increased as availability has increased which  
15 is a different question from the percent of those in detention  
16 who have a problem gambling. Is there an increase, is there any  
17 evidence in Louisiana or anywhere else that anyone knows about  
18 that the number of kids who fall into that category is in any  
19 way correlated with accessibility to gambling, legalized  
20 gambling?

21 DR. WESTPHAL: This is a very perceptive question.  
22 It's the next question I'm going to ask. As far as I'm aware of,  
23 this is the only study that's been done in the United States  
24 looking at gambling disorders in juvenile detention populations.  
25 And that's the next logical question. And we don't have the data  
26 to look at that yet. I will be able to answer that maybe in six  
27 months or a year.

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1 MR. LEONE: Can I ask a related question which I know  
2 is outside the competence we're attempting to tap today but is --  
3 several people on this panel are scholars in this field. What do  
4 we know about the changes in that kind of delinquent behavior  
5 that have been associated with changes in other related  
6 pathologies becoming more accessible? For example, drugs became  
7 more accessible in this country in the last generation than they  
8 ever were before, et cetera and so forth. Do we have other  
9 evidence of an increase or does it just change the character of  
10 -- and I'm allowing again for changes in economic circumstances  
11 and, you know, obviously, in the size of the teenage cohorts, but  
12 I just wonder do we know anything about that?

13 DR. WESTPHAL: I would like to hear the other panel  
14 members address this also but in my understanding, there has been  
15 a significant increase in cocaine related arrests in that age  
16 group. When cocaine was introduced, especially the crack form  
17 that became more cheap, as it became more accessible, you had  
18 more arrests. I'm, you know, not a scholar on that but basically  
19 that's my understanding of it.

20 That when you introduce a new drug or a new  
21 situation, you do see more criminal arrests, especially in  
22 adolescents which tend to be experimenting and not have the  
23 maturity to handle the consequences, but I'd really like to hear  
24 if anyone else has information on that.

25 DR. NORA: Well, I'd like to comment that one of the  
26 major, major things we have to make sure, especially with the  
27 other lessons is the propensity for cross-addiction. And I think  
28 it's almost, I would say, negligent if somebody makes a diagnosis

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1 of pathological gambling and forgot to check on the other  
2 addictions. That includes over-eating, over-sexed, what have  
3 you.

4 MR. LEONE: Can I ask just one more question?

5 CHAIRPERSON JAMES: Certainly, Commissioner Leone.

6 MR. LEONE: One of the things that I'm trying to come  
7 to terms with and understand about pathological and problem  
8 gambling is that I assume that people get used up in this process  
9 because they run out of money and they become uninteresting to  
10 the marketers of gambling because they've used up their money,  
11 gone bankrupt. We've heard a lot of individual cases where  
12 people who have gone to extraordinary lengths to stay in the game  
13 and to try to get even or to reverse the odds, but again, I  
14 assume many of those examples must be anomalies, since while  
15 credit systems are not far from perfect and economics is far from  
16 decisive.

17 In fact, people who don't have money aren't very  
18 interesting as gamblers and can't lose enough to be problems  
19 after a certain point. They become other kinds of problems or  
20 they become burned out. Do we know anything much about the  
21 pipeline? Do people get processed? These snapshots we're able  
22 to get don't, I presume, tell us much about whether there is  
23 another group that's already been burned out in the process or  
24 caught by their parents or something else has happened to them or  
25 used up all their money or just don't have access or have been  
26 denied. I mean, I don't know because I assume the long term  
27 problem group is a little bit like the most hard core group of

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1 drug users and alcoholics who can't function and become homeless  
2 people.

3           There's another tier of people who keep it going and  
4 then yet another tier who rehabilitate. And this one strikes me  
5 and the gambling strikes me as something where the process might  
6 happen relatively quickly because from everything we've heard in  
7 the last year, people really plunge. I mean, this isn't like --  
8 and they hit bottom fairly quickly once they go into this kind of  
9 behavior. They use up everything. There's no bottom, no  
10 stopping them until they hit bottom. And I just wonder if we  
11 know anything about the numbers of people processed, I guess is  
12 the way I'd put it, by this?

13           DR. STINCHFIELD: We don't know any information about  
14 kids, I don't think, that have hit bottom, just because they  
15 don't show up in the treatment system. We know about adults and  
16 what happens with them because they usually do show up in  
17 treatment systems particularly in -- like in Minnesota. It's  
18 basically a treatment on demand and even if they have run out of  
19 money, they'll still be treated. And in Minnesota they get about  
20 30 new clients per month across the six treatment programs. And  
21 there's at least that many treated by private practitioners, if  
22 not more than that, per month every month in Minnesota.

23           DR. WESTPHAL: I think that one thing we'll be able  
24 to see -- I think there's also some socioeconomic issues. If you  
25 start with something to lose, you lose it and then you hit  
26 bottom, I think in -- you're right, in the snapshots that I just  
27 took of Louisiana about a year ago. If you have people that  
28 don't have a lot to lose, I think my data shows that you can turn

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1 to crime to finance your gambling and I think you get a certain  
2 core group of these people that go on and become in the criminal  
3 justice system. These adult studies show that the average person  
4 that goes into treatment is in their forties.

5 So there's a career there where a core group of these  
6 people will be involved in crime to get their money and then  
7 maybe in their thirties and forties burn out. Again, we don't  
8 have great data on that but if we track some of these, I think  
9 some of the kids that we're seeing in my study are going to be  
10 involved in crime.

11 The issues that -- to repeat what the other doctor  
12 said, gambling is an addiction. They probably have alcohol and  
13 drug addiction, too and both of the addictions or all three of  
14 the addictions make the situation worse. So you have to treat  
15 all of them if you want to do something about it. But my guess  
16 is that some of these people will progress through at least early  
17 adulthood in sort of a criminal lifestyle before they burn out.

18 CHAIRPERSON JAMES: Commissioner Wilhelm and then  
19 Commissioner Moore.

20 MR. WILHELM: I very much appreciate this panel's  
21 testimony. I found this panel as well as the panel on sports  
22 betting yesterday to be quite powerful and troubling perhaps  
23 because it in many ways resonates personally for me and my  
24 family. I have two male children who, at least chronologically  
25 have recently escaped adolescence and they were both athletes in  
26 high school and before they were both heavily into sports betting  
27 in high school.

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1 In fact, they went to a relatively prestigious public  
2 high school in California and actually each of their grades had  
3 their own bookie, a fellow student, which was a phenomenon  
4 commented on yesterday with respect to colleges by the NCAA  
5 representative. And as they've gone off to college I've been  
6 particularly concerned about the intersection amongst drinking,  
7 sports gambling on campuses and credit cards because there's not  
8 a week that goes by where they don't get an unsolicited not only  
9 applications for credit cards but they actually get credit cards  
10 even though one of them is not gainfully employed and the other  
11 one is barely gainfully employed.

12 And they're not credit cards based on their parents  
13 either. They're just credit with their names on them. So all of  
14 that to me is intimidating and I am particularly appreciative of  
15 the suggestions that several of you have made both for further  
16 study and research that needs to be done in this area, as well as  
17 your suggestions for actual steps that need to be taken now even  
18 while further research is done.

19 I would hope that those suggestions, both for  
20 research and for increased treatment opportunities and prevention  
21 activities would be important parts of the report that this  
22 Commission makes, and more than that, I think it's essential that  
23 this Commission try as a part of our report to identify not only  
24 what ought to be done by way of further research and treatment  
25 but how it's going to be paid for because I know that there's  
26 been testimony here about -- and I guess we'll hear more later  
27 today about efforts by the -- at least part of the gambling  
28 industry to generate research funds through the National

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1 Foundation for Responsible Gaming and some of the treatment  
2 people who have testified in earlier sessions have applauded  
3 those steps but it would appear that they're not remotely  
4 adequate to handle the problem.

5           So I'm very grateful for all of that and I hope that  
6 we include all of those things in our report. I'm struck by a  
7 number of things that you've talked about that we really don't  
8 know. It strikes me that we really don't know particularly on a  
9 national basis much about the kinds of gambling, both legal and  
10 illegal, that are significant in this area. For example, I,  
11 Doctor Westphal had never seen the suggestion which is  
12 provocative but I'm sure you'd be the first to agree is not  
13 determinative that it's possible that more regulated forms of  
14 gambling such as casinos may contribute less to this problem than  
15 less regulated forms of legal gambling such as at least as I  
16 would see it, lotteries. And also, of course, there's the whole  
17 issue of illegal gambling.

18           The testimony yesterday was that sports gambling in  
19 this country there's about two and a half billion dollars worth  
20 of legal sports gambling and somewhere between 80 and 400 billion  
21 worth of illegal sports gambling, depending on, you know, whose  
22 "guesstimate" you accept. Several of you have either said or  
23 inferred that there's a tremendous lack of knowledge in the sort  
24 of the relationship amongst these different kinds of abuses.

25           I know that when I was a serious drinker, I used to  
26 also gamble more and I would assume that phenomena like that need  
27 to be understood. And I also appreciated the comment that  
28 particular from you, Doctor George, that or the suggestions that

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1 this problem is not taken serious enough, that resonates in my  
2 family. In that regard, my own view is if the goal is to get our  
3 society to take this problem more seriously that statistics like  
4 90 percent of kids have placed a bet in their lifetime aren't  
5 particularly useful because, you know, because Congressman John  
6 Ensign, who certainly is one of the more morally upright people I  
7 know, testified yesterday he places bets on golf holes.

8 Well everybody -- I mean, I want to know what -- the  
9 other 10 percent were probably lying. Everybody has placed bets.  
10 So I think that your testimony is tremendously useful and if you  
11 have suggestions beyond the ones that you've made, both about  
12 research and about increased prevention and treatment and about  
13 where the money ought to come from, if you would care to  
14 elaborate on that either now or in writing, I personally would be  
15 extremely interested.

16 And finally, I want to say, and I don't -- I'm  
17 hesitant to even raise this because it might sound like I'm  
18 crying over spilled milk or something but this Commission took an  
19 action in technically public session awhile ago by way of a  
20 conference call that I think was a lost opportunity and I don't  
21 raise it because I want to reconsider it because the money is  
22 being spent but I'm troubled by the fact that this Commission's  
23 national prevalence survey has a smaller sample size for  
24 adolescents than it does for adults.

25 When we asked our staff, "Well, what would be some of  
26 the implications of a smaller sample size for adolescents rather  
27 than adults," a couple of things that were pointed out that  
28 would be less discernible because of the smaller sample size for

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1 adolescents, are things that some of you referred to. As an  
2 example, we were told that we could tell less about the  
3 relationship of problem gambling amongst adolescents to a  
4 person's ethnic group because of the smaller sample size that  
5 we're using for adolescents.

6 We were told the same kind of relative lack of  
7 precision with respect to socioeconomic status. Those were two  
8 things that some of you mentioned. So I hope that at least in  
9 our recommendations, since we didn't see fit to do it in our  
10 research that we really focus very heavily on this problem and  
11 again, I'm extremely grateful for all of your testimonies.

12 CHAIRPERSON JAMES: Thank you. Commissioner Moore.

13 MR. MOORE: I would like to comment and I don't want  
14 Doctor Dobson to think that I'm taking over his place on this  
15 Commission but it disturbs me that when Doctor Westphal put his  
16 reports out and found that it started in the sixth grade, well, I  
17 knew that but it comes back to me it appears to the family and  
18 we're talking about education and how we're going to get this and  
19 how we're going to get it out to the people. You know, all the  
20 states and I have sort of followed California, Texas and  
21 Mississippi, in community colleges, we had a lot of community  
22 colleges in Mississippi. We didn't have money to have senior  
23 colleges.

24 And the other two states had so many people they had  
25 to do something with them. Why would it not be a good idea to  
26 spend the money and let the states spend the money, why could not  
27 we have adult education programs at the community colleges. We  
28 have them in everything else at the community colleges. You pick

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1 up what they're teaching, you'd just be amazed at the number of  
2 subjects that are being taught in adult classes. Maybe for  
3 college credit if someone wants college credit but just for  
4 parents that need to go and learn about what their children are  
5 doing, find the signs and symptoms of pathological gaming.

6 I believe that you could reach a tremendous number of  
7 people. We have a community college where I live, this doesn't  
8 sound like much of a thing, 3,000 people attending, I mean, all  
9 different types, art appreciation, all of this. This is more  
10 important to me than art appreciation and I have nothing against  
11 art. What would you think of something of that nature? And  
12 states have money. They get federal aid, federal money for adult  
13 education classes, to teach the parents about their children, how  
14 to look for these.

15 CHAIRPERSON JAMES: Any response from any of our  
16 panelists? Doctor Nora.

17 DR. NORA: Well, I would totally agree with that but  
18 I also will tell you an experience that might elude to that.  
19 The very year that the diagnosis was established, I was the  
20 medical advisor at that time of the New Jersey Council of Problem  
21 Gambling. People did not even have to have a course. We gave it  
22 to them for free but I would have six, 10, 12 people attend. I  
23 think the other states might go through the experience.

24 Only much later when we had all of this impact of  
25 well, research and demographics did it become more attractive but  
26 I certainly like the idea and, of course we would hope not only  
27 in the community colleges but any other ones that would have

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1 contact with -- I mean to say medical schools, nursing schools  
2 and everywhere else but yes, especially the parents.

3 MR. MOORE: Sure, but I'm talking about reaching  
4 people. You don't reach a million people in medical schools.  
5 There's only 100 of us in a class and that's good. But in a  
6 community college you could have -- you'd reach a lot of people.

7 DR. NORA: Yeah.

8 CHAIRPERSON JAMES: I would ask Doctor Shosky if he  
9 could brief us on what he found out about South Carolina and then  
10 perhaps we could have our panelists and our commissioners engage  
11 in a little bit of a discussion on that issue.

12 DR. SHOSKY: Thank you, Madam Chair. Well, we tried  
13 to contact the Attorney General's office but it's a state holiday  
14 in South Carolina, but we were able to reach some well-informed  
15 lawyers who were working today and one of them, Dave Belding was  
16 particularly helpful. I guess the first maxim of law school is  
17 that nothing is easy but this is actually pretty straightforward.

18 The statement yesterday that you were referring to  
19 was from Doctor Frank Quinn and he said in his testimony that  
20 South Carolina law prohibits payouts to anyone under 21 years of  
21 age but it does not prohibit anyone under 21 from playing video  
22 poker. That statement is accurate. There's really three things  
23 to say about it. The first is that it is legal to play video  
24 poker if you're under 21. Number two, there are three types of  
25 -- three classes really of video games.

26 There's one class that's just what they call the  
27 flipper type at least in South Carolina. That just means that if  
28 you win, you get another play. There's a second class that pays

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1 out tickets. It's like an arcade and you get tickets and if you  
2 get enough tickets by winning you can get a bear or something  
3 like that, you know, some sort of prize. The third type actually  
4 --

5 CHAIRPERSON JAMES: Excuse me, John, these are all  
6 state run.

7 DR. SHOSKY: Oh, yes, in South Carolina, right.  
8 These are the full range of classes right, in South Carolina.

9 CHAIRPERSON JAMES: State licensed.

10 DR. SHOSKY: State licensed, right.

11 A VOICE: And paid on the honor system.

12 DR. SHOSKY: Yeah. That's what they were told  
13 yesterday, right? Right.

14 A VOICE: They should be counting the money on the  
15 honor system.

16 DR. SHOSKY: Right. So in the third class, the final  
17 class, money is actually paid out but it would be illegal to pay  
18 the money out to somebody who is under 21, although someone who  
19 is 21 could play the game. We found out one more thing and  
20 that's that there's a state regulation that requires signs in  
21 public places and the wording in conspicuous view that would say  
22 something like this; there are variations on the theme but it  
23 would say something like this. "Persons under 21 not allowed on  
24 premises."

25 And there's an argument that no owner of a machine  
26 would let anyone who is under-age play because of all of the  
27 things that I've just talked about because they can't pay out.

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1 Pragmatically it wouldn't be worth it for them to do so.

2 However, legally someone can play regardless of age.

3 MR. BIBLE: Madam Chair.

4 CHAIRPERSON JAMES: Certainly. Commissioner Bible.

5 MR. BIBLE: Do they also have a claiming statute that  
6 would make it illegal for somebody to claim a jackpot or a payout  
7 on behalf of another? So for instance if a child was in playing  
8 with an adult, that the adult could then claim the jackpot?

9 DR. SHOSKY: I honestly don't know but I will find  
10 out.

11 CHAIRPERSON JAMES: Commissioner Dobson.

12 DR. DOBSON: Just one clarification of that where the  
13 sign says that it's illegal for them to -- minors to be on the  
14 premises, I assume that those video poker machines are placed in  
15 places where children do frequent; is that right? In other  
16 words, if they're in convenience stores or so on, how can you  
17 have a sign like that when they can be in the convenience store  
18 for other purposes? I'm not sure I understand.

19 DR. SHOSKY: Well, that is one of the paradoxes. I'm  
20 not sure that it's understandable in the way that you put it. My  
21 understanding is, is that the video games can be placed away from  
22 all other types of games or convenience store activities in some  
23 sort of isolated location or they can actually be in the  
24 convenience store with other arcade games or in any other  
25 licensed location. So you do have situations where it would be  
26 very hard to distinguish based on location alone.

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1 DR. DOBSON: That's hypocritical it would seem to me,  
2 that they could be down one aisle but not down another. That's  
3 crazy. We don't even do that in Louisiana.

4 MR. WILHELM: That's because they haven't thought of  
5 it.

6 (Laughter)

7 CHAIRPERSON JAMES: Any other questions from  
8 Commissioners or interaction with the panel.

9 MR. LEONE: I just have a question. I'm struck  
10 listening to this by the extent to which the phenomenon we're  
11 talking about is about people's reaction to risk and is different  
12 from their reactions to other addictive behaviors. And I think  
13 it was somebody from Harvard who testified there was some  
14 evidence of more risk oriented behavior in the last 25 years by  
15 males in this country and I was just sitting here thinking about  
16 the extent to which the culture -- and maybe there's a way the  
17 Commission could get into this and maybe you can point us to some  
18 readings on this, the culture makes so much of risk.

19 I mean, think of how many movies are about some  
20 nuclear device counting down and about to go off and being  
21 disarmed at the last minute by George Clooney or whomever.  
22 Swartznager (ph) just throws himself over it and smothers the  
23 blast. But we are capable of getting excited about risk even  
24 when we know it's all phony and we almost have a culture that  
25 pretends that there aren't real risks in the movies. There  
26 aren't real risks and you can't even make a good movie about a  
27 historical event. "The Day of the Jackel" was about an attempt

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1 to kill DeGaul, which we all know didn't happen, didn't succeed  
2 and yet it was a very exciting movie.

3           And it seems to me these machines attempt to  
4 reproduce and this activity attempts to reproduce that excitement  
5 for an individual, the kind of excitement that is part of sports  
6 and life and is different. And I don't think we, as a Commission  
7 except maybe probably a couple of people like Terry and John and  
8 others who've read a lot more and may understand it, have thought  
9 enough about how this is different. I think at least I have come  
10 to this with a model in my head that this was like drinking or  
11 like drugs and today is the first day I really, listening to you,  
12 began to realize it was about another kind of behavior that is,  
13 in fact, in my mind, highly associated with adolescent males,  
14 like to take risks.

15           It may even be a survival trait that for the species,  
16 but is there anything we should be looking at or I'd love to get  
17 some reading suggestions from members of this panel.

18           DR. WESTPHAL: I have one suggestion and I can  
19 provide it, there was a paper in the American Journal of  
20 Psychiatry, I think it was about last year where they took little  
21 boys and they measured their risk taking behavior and they can do  
22 that like on a personality scale and then they measured their  
23 gambling behavior like three or four years later and they showed  
24 that it was correlated almost exactly.

25           So there is -- I mean, you're on to something that I  
26 think there's minimum research on it but there's some and I'd be  
27 willing to provide the copy of the paper. It was from Canada. I

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1 think it was Dirshavesky (ph). I'll find it if you're interested  
2 in that.

3 CHAIRPERSON JAMES: If you could send it to the  
4 Commission office, we will send -- copy it and send it out to  
5 all the Commissioners and make sure they get a copy of that.

6 DR. GEORGE: I would also like to say that we did  
7 recently a survey of the research on adolescent gambling and I  
8 have that document in my office and I'd be delighted to forward  
9 that to Commissioner James and for the rest of the Commissioners.

10 CHAIRPERSON JAMES: That's an interesting question  
11 particularly as we have heard some discussion about habits of  
12 adult gamblers as compared to adolescents and, Dick, that's a  
13 very interesting question you raise because later in life it  
14 seems that there are more women and when does that flip? When  
15 does that happen if in the youth the males tend to be the risk  
16 takers and when does that happen? Any insight in that?

17 DR. WESTPHAL: I think that in terms of treatment,  
18 you're right, the female gambling tends to occur post-middle age  
19 and at least clinically that's been associated with more like  
20 feeling depressed. So it's a need for stimulation. It's like  
21 when you -- the later onset is associated with like a clinical  
22 disorder and the need for stimulation.

23 CHAIRPERSON JAMES: So ours is because of clinical  
24 disorders and theirs is because they're risk takers; is that  
25 right?

26 DR. WESTPHAL: Well, I want to clarify that. I need  
27 to clarify this. I'm not going to take this sitting down.

28 (Laughter)

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1 DR. WESTPHAL: What I wanted to say is that's the  
2 classical model. Okay, if you look at my studies, you'll find  
3 that although males outnumber females in terms of gambling  
4 disorders, there's a significant percentage in the adolescent  
5 gamblers that are female. So that the picture is changing as the  
6 culture is changing and as accessibility is changing but there is  
7 that classical picture but in the next generation, this cohort,  
8 that's going to be different.

9 CHAIRPERSON JAMES: Well, I do think it's a phenomena  
10 to be understood and I'll be anxious to see that article.

11 DR. NORA: I'd like to add to that. Most of the  
12 women are enabled by their husbands, their relatives, whoever and  
13 there is a delay in seeking for help. Another thing is men tend  
14 to risk more, large amounts of money. I mean, immediately you'll  
15 know if the rent or the dental fees have not been paid. With  
16 women it could start very subtle, I mean the groceries and so on  
17 and so forth. And also the advent of video poker really  
18 remarkably effected it.

19 It's women's choice so to speak. They're increasing  
20 in both but it's in your own universe, you're not at a table  
21 where everybody else is heckling you or making a lot of noises.  
22 It's very private, isolated paradise and it's more suited to the  
23 women's choice.

24 CHAIRPERSON JAMES: Commissioner Wilhelm.

25 MR. WILHELM: As a former young male I thought the  
26 evidence was already in that we were disordered, but I think  
27 Richard's point is extremely provocative and I hope that we'll  
28 find some way to either look at that or at least in the report

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1 point to the direction of the need for understanding that better  
2 and it also reminds me of another area in which I think we need  
3 to make sure as we approach our report that we're not looking at  
4 -- that we're not in a way that is misleading and inaccurate  
5 isolating the subject of our examination too much.

6 I don't know how much work has been done, if any, you  
7 know, we've had some jocular remarks here about the culture in  
8 Louisiana but more broadly it seems clear to me that the legal  
9 forms of gambling that we're charged to examine clearly have  
10 their roots as well as their levels of receptivity in a culture  
11 about gambling that has nothing to do with legal or illegal. To  
12 me one of the things that's intriguing about the South Carolina  
13 situation that we've learned about a little bit yesterday and  
14 today is that it almost sounds to me sort of -- and I grew up in  
15 Virginia. I know a little bit about the culture of the South.

16 And contrary to what outsiders sometimes think you  
17 know about the sort of relative moral conservatism of the South,  
18 the fact is that gambling open and technically -- open though  
19 technically illegal has been a part of the culture of the South  
20 as it has been a part of the culture of other areas, particularly  
21 the Midwest and the Northeast for a very long time. And it  
22 almost sounds to me like South Carolina is kind of a halfway  
23 house between illegal gambling and legal gambling because it's  
24 sort of been legalized. But it has a lot of the characteristics  
25 of illegal gambling such as the notion that the take on the  
26 machines is reported by the honor system. Well, that's -- you  
27 know, that's not really legal gambling in the normal sense of the  
28 term and I hope that we're able to take a look at the

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1 relationship between the broader culture of gambling or again at  
2 least point for the need for this to be looked at and legal  
3 gambling.

4 As an example, I'm not a big fan of lotteries but the  
5 point was made quite some time ago to this Commission that one  
6 things that lotteries have done is to diminish the illegal  
7 numbers racket in a number of urban areas. Now, you can make all  
8 kinds of arguments about, you know, which is better but I think  
9 Richard's point is extremely important and I hope that it reminds  
10 us that we need to look at the overall environment in which we're  
11 examining these forms of legal gambling and not look at them as  
12 though they're isolated, because they're not.

13 CHAIRPERSON JAMES: Thank you. Commissioner Lanni.

14 MR. LANNI: Just one last thing, I know Mr. Wishoff,  
15 we didn't ask you a lot of questions but we don't have too many  
16 occasions to ask these learned people with Ph.D.'s at the ends of  
17 their names. Maybe you'll have one one day, but I think your  
18 testimony was very compelling. It was very helpful and I  
19 appreciate the fact that you took the time to do that because I'm  
20 sure it's not a very easy thing to do but hopefully that's part  
21 of your curative process as it goes on. So thank you for making  
22 your presentation.

23 MR. WISHOFF: I also had one last comment I wanted to  
24 add. I recall back on those vacation times when I was in  
25 adolescence probably about 14, 15 years old, at the hotel we were  
26 staying at there were -- since I'm a slot machine fan, that's  
27 basically my - - what I play. There were some slot machines in  
28 the lobby there and I remember while we were checking out, I kind

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1 of just wandered over on my own and I remember it was probably  
2 like a nickel denomination.

3 I had put a nickel in just out of curiosity and I do  
4 remember I got a payment back of maybe five or six nickels or  
5 something like that, but I think that early exposure may have  
6 contributed to that.

7 CHAIRPERSON JAMES: Thank you. I want to thank each  
8 of our panel members for being here. This has been a very, very  
9 provocative and enlightening discussion. I would dare say that  
10 this is one area where there's a great deal of consensus among  
11 the Commissioners and among those who follow these issues. Our  
12 job is not done in this area yet and we would ask that you would  
13 stay in close contact with the Commission. We're looking for  
14 receiving your information over the next few months as you get it  
15 in. Doctor Westphal, we're most anxious to receive the rest of  
16 the information that you will send to us and we would ask that  
17 you would be on standby to help us as we begin to draft this  
18 particular portion of our report, and I do want to thank you.

19 And Mr. Wishoff, you said you're 24.

20 MR. WISHOFF: Yes.

21 CHAIRPERSON JAMES: Gainfully employed.

22 MR. WISHOFF: Yes.

23 CHAIRPERSON JAMES: And single.

24 MR. WISHOFF: Yes.

25 CHAIRPERSON JAMES: And you're on television. He'll  
26 be in the back corner. We're going to take a break right now and  
27 we'll get back together at about 10:35. Thank you.

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