CHAIRPERSON JAMES: Mr. Ashe, thank you so very much for being here today and for sharing with the Commission.

MR. ASHE: Thank you, Madam Chairman, it's a pleasure to be here. Madam Chair and members of the Commission, the National Council on Problem Gambling appreciates the opportunity to submit this report to the National Gambling Impact Study Commission. We are pleased to speak on this panel with the National Center for Responsible Gaming. The two organizations are different but complimentary.

The National Council concentrates on public policy and advocates for the problem gambler and their families, while the National Center funds basic research in the field of problem and pathological gambling. This report is intended to furnish the Commission with input in the following four areas; basic theory, research, public policy, and prevention and treatment. The recommendations contained herein reflect the experience and expertise of widely respected individuals in the gambling addictions and problem gambling fields.

Our organization was originally founded in 1972 and incorporated in 1975. The organization devotes its intention to those persons adversely effected by gambling problems and it's important to note that the National Council is neutral on gaming issues, that is it is neither for nor against gambling.

The NCPG has been a recognized leader in the past quarter of a century, originally it was organized by a group of health care professionals and recovering gamblers. That group has expanded to include representatives from the legal, gaming,

business, health care professionals as well as the recovering community.

The council now consists of 33 state affiliates and three associate members. Our recommendations are 36 in nature. Three are under the basic theory recommendations. One, defines pathological gambling using the American Psychiatric Association DSM-IV criteria. The APA is currently a recognized source for identification for the standards of 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-IV criteria have proven over time to be a solid objective basis for professionals to render diagnostic determinations.

Our second recommendation is to 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 gambling such as those that compromise, disrupt, damage, personal, family, economic or vocational pursuits of the gambler.

Our third recommendation is to assess the behavior using valid and reliable screening tools. In general, problem/ pathological gambling among adults have been assessed by using the South Oaks Gambling Screen. The SOGS have proven effective in determining the presence of gambling problems and is the only valid and reliable screening tool although several screens based

upon DSM-IV criteria are presently under development. Further, the only recognized criteria for rendering a diagnosis of pathological gambling by the mental health professionals are the DSM-IV criteria.

Our recommendations on the research include eight different recommendations. One and the most important, establish a national institute on problem gambling 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, treatment models and outcomes, prevalence data and other matters in the field. This will also require the continued dedication of funding.

Two, require the National Institute of Mental Health, alcohol abuse, alcoholism, drug abuse and justice as well as other federal research bodies, to support programs and set aside funding for research documenting the relationships between pathological gambling and the co-occurrence of other mental health disorders. Currently there are several national organizations that receive federal government funding through subsidized and conduct extensive research on issues effecting Americans in the mental health, addictive disorders and criminal justice.

To date these research bodies have not documented the relationship between pathological gambling and matters falling directly under their jurisdiction. It is time for the national research bodies to examine the impact of problem/pathological gambling on Americans who suffer from other mental health or criminal justice related problems.

The above entities should also include the following research objectives. One, initiate a reoccurring set of national prevalence studies on problem/pathological gambling among adults and juveniles in the United States. This study should be replicated every five years to identify changes in specific recommendations. Further the assessment of problem/pathological gambling should not be limited to typical recreational forms of gambling but should be expanded to include questions relating to financial markets and other forms of business.

Two, support and subsidize the treatment and outcome research based upon uniform data to determine best practice guidelines and treatment models, short or long term care impacts and cost effectiveness. Three, 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 help lines, treatment programs, and providers, criminal justice systems and others.

Although research and the clinical evidence have linked problem and pathological gambling with addictive disorders, suicide, domestic violence, financial crimes and

bankruptcies, economic costs to society have only been grossly estimated.

Four, examine family impacts associated with the disorder and the effectiveness of treatment. 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.

Five, develop and validate the system tools for juveniles and adults based upon current criteria. Recent research concluded that it is essential to determine whether SOGS is currently measuring the presence of this disorder based upon the most recent DSM-IV criteria published in 1994. Six, research the elements of effective prevention programs for juveniles and adults. Prevention models to date are supported by research have been utilized exclusively for alcohol and other substance abuses. The effectiveness 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.

Our public policy recommendations include 19 suggestions. One, remove the exclusion of pathological gambling from the American Disabilities Act to insure the same level of services and protections for pathological gamblers as are provided to other persons suffering from other addictive disorders. Two, gambling operators should identify customers

experiencing a gambling problem through a variety of means and offer assistance.

Three, gambling industry operators and equipment manufacturers to contribute to problem gambling programs through licensing fees, fines, penalties or other systems of collection by way of a dedicated fund for prevention, education, treatment and research. Four, state and federal governments should be required to allocate a portion of the gaming revenue for gambling specific prevention, education, treatment and research. Such allocation should either pass directly to the problem gambling programs or through non-lottery, governmental agencies.

Five, gambling operators which cross state lines should also be required to fund problem gambling initiatives in each participating state. Six, comprehensive employee and customer based gambling awareness programs and specific EAP programs as well as employee education and training for all gambling industry and government lottery employees and vendors and agents should be adopted.

Seven, require gambling operators to institute a voluntary self-exclusionary program establishing gamblers to ban themselves from a gambling establishment for a specific period of time. It is vital that these participants on these programs be removed from all promotional lists and that no contact by the gambling operator be made to such individuals. Eight, require conspicuous and prominent posting of the National Council on Problem Gambling or its affiliate councils' phone hot line numbers on gambling material, gambling devices, signs and stickers throughout the gambling venue.

Nine, eliminate under-age persons from entering gambling areas 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 as per the American Gaming Association's guidelines. Ten, eliminate immediate credit policies to enable gamblers to take a break in play. Restrict ATM machines and credit card machines to areas away from the immediate gaming facilities.

Eleven, examine and research loss limit policies and the impacts and require industry implementation based upon such findings. Twelve, direct lotteries to take aggressive efforts to eliminate access to products by under-age persons. Ban lottery machines where human oversight is not possible and remove terminals where there is evidence of lack of enforcement. Thirteen, require truth in advertising standards for state lotteries regarding odds and actual winnings and identification of where proceeds go to.

Fourteen, examine and publish lottery costs and practices for states and multi-state games. Fifteen, review and recommend limits to lottery advertising. Sixteen, require investigations and reports by the Security and Exchange Commission and the Commodities Future Trading Commission on the extent and impacts of problem gambling within the stock market and other financial markets. Seventeen, recommend employee training and customer awareness on problem gambling throughout the banking and credit card industries.

Eighteen, laws pertaining the establishment of legal gambling ages in any state should apply to all forms of gambling. Bingo and other charitable gambling operators should not be allowed to waive the age restriction to any minors. Nineteen, include pathological and problem gambling information in all federal health communications such as the Center for Substance Abuse and the Center for Treatment as well as federal health care bulletins.

With regard to treatment and prevention we have six recommendations. Insurance coverage and treatment funding must be made available so that pathological and problem gamblers and their families can obtain access to health care service delivery systems. Despite the recognition of pathological gambling as a mental health disorder, many insurance and managed care companies do not reimburse customers requiring diagnostic and treatment services.

Two, develop and evaluate best practices for problem gambling specific treatment and prevention. Three, all school systems must initiate prevention education curricula on problem and pathological gambling. Four, any educational institution teaching about addictions, mental health disorders, social work, psychology, or psychiatry should include problem gambling and pathological gambling with other behavioral disorders.

Five, require all addiction, 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. Now, is the time for these health care and law related professionals to begin using a brief screening tool to conduct preliminary assessment for clients that may have a high risk for pathological or problem gambling.

Six, evaluate, develop and fund effective gambling specific prevention and treatment programs for problem gamblers and their families as well as for diverse minorities and other special populations. It is not sufficient to simply adopt alcohol and drug prevention programs for these populations. Heightened attention and support must be paid to programs serving special populations including those of women, seniors, teens, racial and ethnic minorities.

In conclusion, I appreciate the opportunity to speak to you on behalf of the National Council. I am happy to answer any questions you may have in this regard. Thank you for your time.

CHAIRPERSON JAMES: Thank you, Mr. Ashe.