

1 CHAIRPERSON JAMES: Ms. Reilly.

2 MS. REILLY: Madam Chairperson, members of the
3 Commission, I appreciate having this opportunity to appear before
4 you today. Given the scope of the study assigned this body, I
5 believe it will be helpful for you to be aware of the work of the
6 National Center for Responsible Gaming.

7 The National Center was founded in 1996 to fund
8 research on problem, pathological and under-age gambling. The
9 NCRG is a division of the Gaming, Entertainment Research and
10 Education Foundation which is a separately incorporated,
11 independent, non-profit organization classified as a 501(c)(3) by
12 the IRS. We're affiliated with the University of Missouri,
13 Kansas City where we have our office space.

14 Twenty-two casino operators and gaming suppliers and
15 one foundation have pledged as of today \$4.9 million to the NCRG,
16 an unprecedented level of support for disordered gambling
17 behavior research. In fact, ours is the first national
18 organization devoted exclusively to funding scientific, peer
19 reviewed research on this disorder.

20 As I know you've heard this from many of your
21 panelists, and I'll reiterate, there are major questions
22 remaining unanswered about the nature of gambling related
23 disorders. Is pathological gambling a primary disorder or is it
24 sometimes a consequence of the other mental health problems we so
25 frequently see in pathological gamblers? Why is there a high
26 rate of co-morbidity with other psychiatric addictions and
27 disorders? Are the current diagnostic and screening instruments
28 accurate? Does gambling at an early age predispose a person to

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1 have a gambling problem in adulthood? What role does genetics
2 play in the onset of a pathological gambling disorder?

3 Such questions must be answered before we can develop
4 effective prevention and treatment strategies. The NCRG's
5 mission is to provide the necessary financial support to those
6 institutions that have the resources and the expertise to
7 investigate and resolve these questions. Because of the
8 parallels that are often drawn with research sponsored by the
9 tobacco industry, I want to take this opportunity to emphasize
10 that the NCRG does not conduct its own research.

11 Our operations consist of a two-person office at the
12 University of Missouri, Kansas City and we are basically focused
13 on coordinating and promoting a competitive grants program
14 designed to attract proposals from the highest caliber research
15 universities and medical centers. Before the establishment of
16 the National Center, there was no funding source, no foundation,
17 no research organization and no federal agency focused on problem
18 gambling research.

19 Consequently the field was under-funded and
20 under-developed. Moreover, much of the research that had been
21 conducted was not scientifically sound. It was not always peer
22 reviewed and did not follow rigorous standards in collecting and
23 interpreting data. That is why the NCRG is dedicated to creating
24 a field of disordered gambling research and a pool of outstanding
25 researchers committed to the pursuit of scientific excellence.
26 To that end we have assembled a distinguished board of directors
27 that includes members such as Doctor Louis Sullivan, head --
28 former U.S. Secretary of the Health and Human Services and he is

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1 now president of Moorehouse School of Medicine; Doctor Howard
2 Schaffer, director of the Division on Addictions at Harvard
3 Medical School; Carol O'Hare, executive director of the Nevada
4 Council on Problem Gambling; Sue Cox, executive director of the
5 Texas Council on Compulsive Gambling.

6 Our by-laws state that at least 50 percent of the
7 governing board must represent sectors other than the gaming
8 industry. Furthermore, the governing board does not select the
9 research projects supported by NCRG. It has wisely delegated
10 this authority to peer review panels and the NCRG's advisory
11 board. These independent bodies are composed of nationally
12 recognized scientists such as Doctor Fred Goodwin. He's the
13 former head of the National Institute on Mental Health and
14 currently the director of the Center on Neuroscience Medical
15 Progress and Society at George Washington University Medical
16 Center; Doctor Richard Evans, nationally known prevention expert
17 who is a distinguished university professor of psychology at the
18 University of Houston; Doctor Mark Applebaum of that University
19 of California San Diego, Doctor David Self at Yale School of
20 Medicine and Betty George who was on the panel earlier this
21 morning is also a member of our advisory board, a very
22 distinguished group.

23 In fact, we have modeled our organizational structure
24 and decision making procedures on the National Institute of
25 Health. As you can see in the chart that we included in the
26 folder of information, it shows what the various roles of the
27 governing board are compared to that of the advisory board and
28 the peer review panel.

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1 Since it's a recent establishment, the NCRG has
2 awarded 11 grants totalling nearly \$1.5 million. These research
3 projects are led by an outstanding group of scientists
4 representing the leading university and medical research centers
5 in North America. We hold a very high opinion of our
6 investigators and that's an opinion that's shared by many of the
7 most prestigious academic bodies in the country, including one
8 employed by the National Gambling Impact Study Commission.

9 The National Research Council of the National Academy
10 of Sciences has been commissioned by you to study the social and
11 economic impact of pathological gambling and this year the
12 National Research Council convened groups of leading experts in
13 the field to address the committee. I was very proud to note
14 that 10 of the presenters selected by the National Research
15 Council serve as key personnel on our current projects.

16 The National Research Council is also drawing on
17 other work of the NCRG. The committee requested and was granted
18 permission to use the data base created by Harvard Medical School
19 for its study of the prevalence of disordered gambling. I
20 believe that you are aware of Doctor Howard Schaffer's ground-
21 breaking work, estimating the prevalence of disordered gambling
22 behavior in the U.S. and Canada, a META (ph) analysis. The
23 Harvard study was the first research project supported by the
24 NCRG. It not only provided the first reliable estimates of the
25 prevalence of the disorder but set new and more rigorous
26 standards.

27 To date we have filled requests for nearly 2,000
28 copies of this report and I have brought along several copies

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1 with me if you would like some. I think that's an incredible
2 circulation for an academic document. The NCRG's advisory board
3 determined at the outset that this is a very complex disorder and
4 therefore it requires a variety of perspectives, a variety of
5 disciplines to look at it. So they established three main areas
6 in which we accept proposals for funding; epidemiology,
7 neuroscience and behavioral and social science.

8 In epidemiology, the very first project was the
9 Harvard study. That has been completed and because we realize
10 the importance of this work, we extended the original grant to
11 Harvard so that researchers, public policy makers and the public
12 will have access to the most up to date estimates on the
13 prevalence of the disorder among both the adult population and in
14 particular youth population. So that is an ongoing project.

15 In neuroscience our work is really reflecting the
16 great advances that are going on in mental health research right
17 now, in exploring the role that neurobiology plays in mood
18 disorders and addictions, through the use of brain imaging, drug
19 trials and genetic studies. Our neuroscience projects are
20 currently being conducted at the City of Hope National Medical
21 Center, Foundation for Clinical Neuro-science Research, the
22 University of New Mexico and the University of Minnesota School
23 of Medicine. The findings of such cutting edge research will
24 have an enormous impact on how we define the disorder, how we
25 diagnose it, how we measure it's prevalence and how we treat it.

26 It may also offer clues to the roots of other
27 addictive disorders. Perhaps most significantly neuroscience
28 will reveal biological markers of the disorder. That can give us

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1 a gold standard against which screening and diagnostic
2 instruments can be measured. For example, we do not have
3 independent validation of the criteria used to diagnose
4 pathological gambling in the American Psychiatric Association's
5 DSM-IV. Neuro-science research will soon provide this gold
6 standard.

7 Recognizing that the environment also plays a crucial
8 role in mental health disorders, we've committed funds to
9 behavioral and social sciences. We are currently financing
10 experiments that will assess the efficacy of various treatments
11 such as cognitive and behavioral therapies and perhaps most
12 importantly, two of our projects are looking at youth gambling.
13 You heard from Randy Stinchfield this morning. He is one of our
14 investigators working in this area. The other is Doctor Ken
15 Winters, also in Minnesota. And they're looking at the dynamics
16 of youth gambling. This is something we know very little about
17 and we obviously need a lot more research on.

18 We obviously are also very interested in trying to
19 figure out if there are risk factors that show up early that lead
20 to later problems. For example, Ken Winters is looking at
21 whether young people involved in gambling mature out the same way
22 that most teenagers do when they reach adulthood. They drink
23 less, they don't abuse drugs and so on. So he's trying to get a
24 sense if there are parallels with that process.

25 This is the kind of research that will serve as the
26 foundation for prevention programs. The prevention programs have
27 to be rooted in theory and in empirical evidence. And so I think

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1 we can all agree that prevention is ultimately the most effective
2 form of treatment.

3 The next round of grants for us will be in the spring
4 of 1999. My advisory board recently reviewed 79 letters of
5 intent and selected 49 to be submitted as full proposals in
6 January. We expect to award at least \$1.2 million during this
7 next competition. The request for applications that solicited
8 these proposals emphasized our special interest in youth
9 gambling, prevention and neuroscience. And for example, in the
10 social and behavioral area, a majority of the proposals are
11 focused on either youth gambling or prevention.

12 One of our original objectives was to serve as a
13 catalyst by encouraging other funders to support disorder
14 gambling research and we're very proud to have already achieved
15 this objective with the recent announcement of the first ever
16 funding initiative on pathological gambling by the NIH. The NCRG
17 played a role in this development by demonstrating the enormous
18 potential of the field for not only understanding pathological
19 gambling but also for illuminating addictive disorders in
20 general.

21 Because continuing dialogue with NIH staff is vital
22 to fulfilling our mandate, we are going to co-sponsor a one-day
23 conference with George Washington University Medical Center in
24 Washington on February 5th, 1999. All of the NCRG's
25 investigators will convene for the very first time to discuss
26 their research. The conference will feature a keynote address by
27 Doctor Allen Leshner (ph). He's the director of the National

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1 Institute on Drug Abuse and his talk will be addiction as a brain
2 disease and it matters.

3 We believe that it is in the interest of both NIH and
4 NCRG to discuss future collaboration and therefore, we're going
5 to make sure there are sessions where our investigators can talk
6 about their research with the NIH staff. We also hope to use
7 this conference to introduce our work to other foundations that
8 support mental health research, get them excited about this. I
9 think the role of catalyst is going to continue and we'll
10 probably also have special break- out sessions on special
11 interests such as youth gambling. We also would like to do one
12 for the media who cover health issues and science.

13 The National Center is creating a field of disordered
14 gambling research that's gaining the respect and attracting the
15 participation of the scientific community. Earlier this year,
16 pioneer researcher, Doctor Rachel Volberg (ph) informed this
17 Commission that, quote, "Gambling researchers who have been in
18 the field for awhile have been calling for some kind of effort to
19 fund research for many years. The NCRG is the first effort that
20 we've seen and I absolutely have to applaud the casino industry
21 for coming up with that particular method. It's a peer reviewed
22 scientifically sound way of getting research done," end quote.

23 As we all know, valid peer reviewed verifiable
24 research and study conducted on problem and pathological gambling
25 is critical to informed policy development in the area of gaming.
26 Only the strongest science, not antidotal evidence, should be
27 accepted. We need scientists of the highest caliber working on
28 this problem to insure that the most rigorous science will guide

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1 our efforts to prevent and treat this disorder. We are proud of
2 the many contributions that NCRG has made so far and hope that
3 the Commission will use us as a resource. We are pleased to
4 extend special invitations to the members and the staff of the
5 Commission to participate in our conference on February 5th. We
6 look forward to such opportunities for continuing this important
7 dialogue. Thank you for your attention.

8 CHAIRPERSON JAMES: Thank you.

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