

1 CHAIRMAN JAMES: At this time I'd like to introduce  
2 you all to Sohee Park, an important part of the Commission team  
3 who has been helping the Commission's staff on research items for  
4 several weeks now. Sohee, if you'd like to come on up and have a  
5 seat. She's from the American University in Washington, D.C.,  
6 and was tasked with preparing the briefing paper on Pathological  
7 Gambling. We've already, hopefully, read that briefing in our  
8 briefing books. She'll now give us a brief presentation on her  
9 paper. And thank you so much for your contribution, Sohee.

10 MS. PARK: Thank you. Good morning, Madame Chair and  
11 Commissioners.

12 This morning I'll be making a brief summary on the  
13 topic Pathological Gambling: Methods of Treatment and  
14 Prevention. Hopefully this will help you understand the specific  
15 issues on pathological gambling that each panelist will be  
16 addressing today. However, before I go in depth, I do warn you  
17 that this topic is relatively new and underresearched; thus,  
18 please note that my presentation will neither be comprehensive  
19 nor final, but simply an introduction to the topic.

20 Before talking about treatment and prevention for  
21 pathological gambling, it is important to understand what the  
22 symptoms and causal factors are. Pathological gambling has high  
23 incidence of depression, as you are very much familiarized with,  
24 and this also correlates with suicidal thoughts. Addictive  
25 levels of alcohol and drug behavior are high was well. One study  
26 also reports that childhood history of hyperactivity and growing  
27 up in a dysfunctional family are risk factors, and this includes  
28 growing up with a parent who is a pathological gambler.

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1           Some argue that imbalance of chemicals contribute to  
2 gambling addiction, such as excess release of Dopamine which is a  
3 chemical that is a pleasure-seeking chemical, and there's also a  
4 study that false beliefs or cognitive distortion thinking that  
5 they can actually control events that are actually covered by  
6 chance is another example.

7           What even makes this more complicated is that  
8 pathological gamblers are known to be deceptors in the sense that  
9 they lie to others and they deny their problems. Pathological  
10 gambling is also widespread in that senior citizens, women,  
11 adolescents, and other ethnic groups also suffer from  
12 pathological gambling. In fact, some would argue that the 1.7  
13 percent prevalence rate of pathological gambling is rather  
14 underestimated.

15           Now then, what are some treatment methods that  
16 address such specific symptoms and characteristics of  
17 pathological gamblers? There are many treatments and each differ  
18 in its characteristics, and that would depend on: the severity  
19 of the problem, the availability and cost of treatment, and the  
20 patient's characteristics. For example, inpatient treatment is  
21 considered for pathological gamblers at risk to harm themselves,  
22 but a person already in recovery may simply be referred to  
23 Gamblers Anonymous.

24           We are very familiarized with GA, Gamblers Anonymous.  
25 What are they and who are they? Gamblers Anonymous is a self-  
26 help group modeled after Alcoholics Anonymous. It does not rely  
27 on licensed trained counselors, but rather mutual respect,  
28 honesty and encouragement. They view pathological gambling as a

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1 lifetime disease that may not be curable but rather something  
2 that they have to deal with as a lifelong process. And the  
3 abstinence rate is known to be very low which may be from 7  
4 percent to 8 percent, but however, many treatment programs refer  
5 their patients to GA and they combine GA with many other  
6 treatments.

7 Gamblers Choice in Minneapolis is another example of  
8 a multi-model approach which is a state-funded gambling treatment  
9 program, and this offers treatment for dually-addicted gamblers  
10 who suffer from both pathological gambling and chemical  
11 dependency.

12 One of the treatment programs that support  
13 pathological gambling -- which is now closed because of lack of  
14 funding from the state government -- was Taylor Manor Hospital  
15 Gambling Treatment Program in Maryland. They used the approach  
16 in the sense that they used a recovered pathological gambler and  
17 experienced professional counseling which is teamwork that they  
18 worked on pathological gamblers, and they reported a very high  
19 abstinence rate which was 80 to 90 percent of pathological  
20 gamblers who abstained from gambling for an average of six months  
21 follow-up.

22 Please note that these follow-ups are very short, so  
23 they range from six months to one year and the max could be five  
24 years.

25 The military also acknowledges this problem and there  
26 is the Naval Addictions Rehabilitation and Education Department  
27 at the Naval Hospital which provides services to individuals and  
28 families in the military that suffer from addictions. They focus

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1 on breaking the pathological gambler's denial of the problem and  
2 helps them cope with daily stress so that they can develop  
3 functional coping mechanisms.

4 Some argue that pathological gambling can be reduced  
5 with even very minimal intervention, and that was reported in  
6 Australia saying that if they just get a self-help manual, they  
7 can still help themselves and we don't need to do very expensive  
8 treatment programs.

9 There's another treatment program designed by Dr.  
10 Ladouceur who is one of our panel speakers, and this treatment  
11 program is focused on correcting the gambler's cognitive  
12 distortions. By teaching and educating the pathological gambler  
13 with basic information on gambling and on the probability of  
14 gambling outcomes, this impedes the player's motivation to  
15 gamble.

16 There is also other treatment programs that include  
17 pharmacological treatment. This is relatively new and is still  
18 under research. What they do is that they combine other forms of  
19 psychopathology such as depression, bi-polar disorder, so they do  
20 not view pathological gambling as a main symptom, rather as a  
21 subsequent or secondary symptom.

22 There's also the behavior treatment and couples  
23 therapy. Family therapy and couples therapy is viewed important  
24 because debt and other long-term financial and legal  
25 consequences, even after abstinence, could bring resentment and  
26 this could bring relapse. In addition, disruption of marriage is  
27 considered both a causal factor and a possibly effect of  
28 pathological gambling.

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1           The difficulties involved for psychiatrists,  
2 psychologists or people involved in gambling addiction treatment  
3 programs is that many that I have discussed so far can be viewed  
4 as a causal factor or effects. Some say that depression is  
5 caused because there is so much loss that they get involved in  
6 gambling and since that they because they lose, they get  
7 depressed; but some say because they're depressed, they gamble.

8           The available research on these various treatment  
9 methods are based on samples that range from a minimum of one to  
10 250 patients, and length of treatment that ranges from 40 hours  
11 to three years; and usually, as I mentioned before, the follow-  
12 ups range from six months to two years and usually they're very  
13 short.

14           Some argue that it is almost impossible for a  
15 pathological gambler to abstain from gambling because of, some  
16 say, the prevalence of casinos that is growing and increasing and  
17 also some say that many times, although the follow-ups say that  
18 the abstinence rate is high, they're just not gambling because  
19 they have no money and they have no resource to get access to and  
20 gamble. So there is also questions on are these successful  
21 outcomes really successful.

22           Now I'd like to address a sensitive issue here: how  
23 much do these treatments cost; are they expensive. Well, it is  
24 well known that pathological gambling is a very expensive illness  
25 that affects society. According to a study in Oregon, gambling  
26 debt can range from an average of \$14,422 to a maximum of \$1  
27 million; and the average gambling debt in Nebraska was found to  
28 be \$38,000 with 19 percent filing for bankruptcy.

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1 In addition, cost of treatment is a difficult issue  
2 because pathological gamblers are usually at the point where  
3 they're not able to pay for themselves and cumulative debt and  
4 legal problems often hinder them of getting any access to funds.  
5 So some kind of help is indeed needed from the state and the  
6 gambling industry and/or the insurance companies.

7 Some say that pathological gambling, just the  
8 treatment itself is very inexpensive in that it's just, say, any  
9 normal psychology treatment or outpatient or residential  
10 treatments are not very expensive. However, we have to remember  
11 that the costs generated by pathological gambling includes many  
12 other social costs such as bad debts, incarceration costs,  
13 regulatory costs, loss of productivity in the workplace, loss of  
14 productivity of spouse, lost funding for college education for  
15 the gambler's children, and spousal and child abuse costs, and  
16 these are very difficult to measure.

17 However, there are some studies that indicate that  
18 these are measurable and they have measured. For example, social  
19 costs for one pathological gambler in Wisconsin were estimated to  
20 be \$9,469, and in Maryland total cumulative indebtedness of  
21 pathological gamblers exceeds \$4 billion. Overall, the total  
22 costs that pathological gambling generates is estimated to be  
23 \$39- to \$145 billion annually, and this is almost equivalent to  
24 that of drug addiction and alcoholism.

25 Despite the fact that pathological gambling is  
26 similar to drug addiction and alcoholism, we do not have public  
27 awareness as much as alcoholism and drug addiction has, and  
28 pathological gambling is hardly ever recognized.

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1           So how can we increase public awareness and how can  
2 we reduce the cost of pathological gambling to society as a  
3 whole? Education is an important thing that we can do in order  
4 to stimulate prevention efforts. Some say that detection is the  
5 best way of preventing pathological gambling, especially in the  
6 workplace, because we do have a report saying that about 86  
7 percent of the nation's pathological gamblers are employed; that  
8 means that they were fully employed and they were involved in  
9 this illness.

10           So some employers are beginning to promote education  
11 for recognizing pathological gambling symptoms in the workplace,  
12 and some of the detective criteria could be: an employee who  
13 steals, who regularly talks about gambling, who do poor job  
14 performance, dramatic mood swings, bragging about wins, and  
15 frequent unexplained absence, borrowing from coworkers, abusing  
16 the credit union system. So early detection and treatment of  
17 pathological gambling could prevent some of these outcomes.

18           And school-based prevention programs -- that's an  
19 obvious one. Some gambling industries are making efforts as well  
20 in that they are trying to educate their employees so that they  
21 tell the players or people who come to play and suggest breaks  
22 from playing and offer information on pathological gambling and  
23 treatment centers to their customers.

24           And clearly, there is scientific research that is  
25 needed in this field because we do not have a cumulative study on  
26 pathological gambling. More scientific research, thus, is needed  
27 to be funded, and right now the National Center for Responsible  
28 Gaming with the AGA, American Gaming Association, is active in

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1 funding research on this issue, and the National Institute on  
2 Mental Health has begun doing this.

3           However, some gambling companies and state  
4 governments, although they're contributing to funding, yet there  
5 is no legal obligation. Well, if there is any legal obligation,  
6 it's very new and naive in that, for example, Louisiana just  
7 passed a law in 1993 that required the Department of Health to  
8 establish a hotline for information and referral services funded  
9 by the state lottery; and in Nebraska, for example, 1 percent of  
10 lottery profits are allocated to fund treatment.

11           Some say that one of the methods of preventing  
12 pathological gambling, among especially adolescents who have a  
13 higher prevalence rate of pathological gambling, is by raising  
14 the minimum age to 21. Overall in the United States the minimum  
15 age for gambling is 18. There was a case in Arizona where a bill  
16 was proposed so that the minimum age for gambling could be  
17 increased from 18 to 21, but the bill passed through the house  
18 committees and senate committee on rules but it failed to pass  
19 the senate committee on judiciary. And according to the fact  
20 sheet, the Arizona Lottery stated that an increase of the minimum  
21 age would reduce lottery sales by 4 percent, and 4 percent is a  
22 loss of \$3 million annually to the state.

23           In conclusion, we have seen that this pathological  
24 gambling topic is very complicated in that we do not know exactly  
25 what the symptoms and the causal factors are because they truly  
26 much overlap each other, and a lot of researchers and clinicians  
27 are trying to figure out what is the symptoms and how can we  
28 truly address these and the diverse characteristics of these

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1 pathological gamblers -- which I have mentioned, including  
2 different age groups, ethnicity, and social class -- makes it  
3 even more difficult.

4           And again, it is still unclear who should pay for  
5 these services, whether it should be the insurance, the state or  
6 the gambling industry; and of course, there needs to be more of a  
7 uniform and consistent and well-funded research so that it will  
8 help the policy makers be informed in making their decisions.

9           And now I will leave further discussions for our  
10 panelists. Thank you.

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