

1 CHAIRMAN JAMES: Mr. Middleton.

2 MR. MIDDLETON: Thank you, Madame Chairman.

3 At the outset, I should like to make a dedication of
4 this testimony and say that it is prepared expressly for and
5 dedicated especially to those many thousands of persons in
6 Louisiana whose lives either have been or will be adversely
7 affected by gambling problems. Their names may be Antoine or
8 Arceneaux, Washington or Wilson; they may live in Lake Providence
9 or Cocodrie, in one of our major metropolitan areas or, for that
10 matter, Angola. They are people, my people, they're Louisianans,
11 200,000 to 300,000 strong. It is for them that this testimony is
12 prepared and presented.

13 Madame Chairman, ladies and gentlemen of the
14 Commission, good morning. I'm at once honored and humbled to be
15 invited to testify before this august body -- even though it is
16 the middle of September -- and to be a part of this truly
17 distinguished panel. I salute you and commend you for your
18 dedication and I join you in your commitment to help the problem
19 gambler and his or her family.

20 I want to welcome the Commission and my fellow
21 panelists to the country that is Louisiana. We are just a little
22 bit different -- you seem to have found that out last night,
23 Madame Chairman -- and we truly hope you'll stay for a bit and
24 find that out for yourselves. I couldn't help but notice that
25 the Commission planned its hearing so as to end the week in New
26 Orleans. A coincidence? I don't think so.
27 I congratulate you, rather, on your foresight.

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1 I also noticed that the agenda stated that Saturday
2 is reserved for individual meetings, and I simply wanted to say
3 that if you meet with someone who thinks that the former
4 secretary general of the United Nations is named Boudreaux
5 Boudreaux Guillory, he might be a little bit Cajun; or if his
6 favorite TV personalities are Okra Winfrey and Bryant Gumbo, he
7 might be just a little bit Cajun; or if he thinks the four
8 seasons are bell pepper, garlic, celery and onion, he is probably
9 a little bit Cajun.

10 But in any event, we hope that you all can pass a
11 good time here and we just ask you to laissez le bonton roulet.
12 We're glad to have you.

13 I'm Reece Middleton, executive director of the
14 Louisiana Association on Compulsive Gambling, the Louisiana
15 affiliate of the National Council on Problem Gambling, Inc., and
16 as an affiliate council of National, we are neither pro legalized
17 gambling nor anti legalized gambling; our position is one of
18 proactive neutrality.

19 Our mission statement calls for us to advocate for
20 all individuals in Louisiana who may be affected by gambling
21 problems and to promote quality assistance for those persons who
22 are ever indicated.

23 On the national level I'm privileged to serve on the
24 board of directors for the National Council on Problem Gambling.
25 I've been working with addictions treatment and addictions
26 management since 1980; I'm personally in recovery from another
27 addiction since 1976; received my first call about compulsive
28 gambling and gambling addiction, interestingly enough, in 1982

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1 which is a significant date indeed, and I'll say more about that
2 later.

3 I'd like to discuss, first of all, the problem by
4 saying that in the 1995 regular session of the Louisiana
5 Legislature, Senator Jay Dardenne introduced Senate Resolution
6 Number 149 which formed the Louisiana Compulsive Gambling Study
7 Committee, and among other things, its charge was to study the
8 problem of compulsive gambling in Louisiana. Such a study was
9 done by Dr. Rachel Volberg of Gemini Research, the preeminent
10 researcher in the field in 1995.

11 That study showed that approximately 1.4 percent of
12 those persons in Louisiana over the age of 21 have a gambling
13 problem severe enough to be termed pathological gamblers -- that
14 is to say they would probably be diagnosed as pathological
15 gamblers and meet the diagnostic criteria set down in DSM-
16 IV(312.31) known as Pathological Gambling which is a disorder of
17 impulse control.

18 The study further showed that for persons 18 to 21
19 the percentage of pathological gamblers was a rather disturbing
20 3.1 percent which is over twice as much as the over-21
21 population. Also indicated as having some level of problem with
22 gambling but not severe enough to qualify as pathological, there
23 was an additional 3 percent of those persons over age 21, and
24 again at a disturbing level, almost four times as many, 11.2
25 percent of those persons 18 to 21.

26 The totals, then, reflect 4.4 percent of over 21
27 adults and 14.3 percent of 18 to 21 adults with some level of
28 gambling problem at the present time. As a percentage of the

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1 total population, this calculates to slightly under 5 percent,
2 and the study further showed that at some point during their
3 lifetime, approximately 7 percent of our population would have
4 some level of problem.

5 A study of 12,066 adolescents in grades 6 through 12
6 in Louisiana, conducted by Drs. Westphal, Stevens and Rush of the
7 LSU Medical School in Shreveport, developed an even more
8 disturbing level of over 16 percent of youth with some level of
9 gambling problem. This is the largest, most comprehensive
10 adolescent study that's ever been done.

11 Video poker seems to be especially troublesome for a
12 portion of our population. It appears to progress especially
13 quickly and perhaps can be credited with being very high on all
14 the components which make a gambling activity exciting and
15 attractive to the average person but potentially addictive to the
16 problem gambler. Dr. Robert Hunter of Las Vegas, Nevada
17 identifies those as: immediacy, ability to increase, perception
18 of skill, ability to lose yourself. And I'd like to add an
19 additional one which I refer to as the "two cherry syndrome" and
20 that's intermittent rewards. Of course, all of us know that the
21 most reinforcing possible intermittent reward is the near miss.

22 It's our belief, then, that there's a sufficient
23 degree of problem at various levels in our population to indicate
24 some treatment interventions. That's what I'd like to talk about
25 now is the solution.

26 A most fortuitous development for the problem gambler
27 and his or her family took place in 1996. Mr. Alton E. "Jake"
28 Hadley, with the encouragement and support of some of us who were

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1 serving on the Governor's Commission on Alcohol and Drug Abuse at
2 that time, was appointed to direct the State Office of Alcohol
3 and Drug Abuse. He came with energy, knowledge, commitment and a
4 firm conviction that problem gambling is an addiction which
5 should be addressed accordingly, and properly belongs in the
6 Office of Alcohol and Drug Abuse Treatment. We agreed with that.

7 He began working diligently, with then Secretary of
8 Department of Health and Hospitals Bobby Jindal, to develop and
9 implement the department's compulsive and problem gambling seven
10 point action plan. The work has continued uninterrupted under
11 the current secretary, Mr. David Hood.

12 The plan has been previously provided to the
13 commissioners, so I will not repeat it in detail, but the
14 highlights included: increased enforcement of age restrictions;
15 improvement of the Problem Gambling Helpline; raising the minimum
16 age to 21 for all forms of gambling; and the development of
17 effective treatment approaches -- all of which have been
18 accomplished.

19 Using monies provided by gaming taxes, the Office of
20 Alcohol and Drug Abuse, under Mr. Hadley's leadership, installed
21 outpatient treatment programs for problem gamblers throughout the
22 state in all ten regions of the Office of Alcohol and Drug Abuse.
23 I consult with him in that process.

24 With the help and assistance of interested and
25 committed legislators such as Representative Charles Riddle,
26 State Senator Jay Dardenne, and the support of others such as the
27 support of Representatives Cedric Glover and Pinky Wilkerson, the

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1 amount of funding from gaming taxes available for treatment was
2 increased by over 300 percent.

3 With the assistance of, and some funding by the State
4 Lottery, billboards promoting the Gambler's Hotline were
5 installed all over the state, and if you drove in from
6 Mississippi, you doubtless saw them.

7 Representatives of the gaming industry and the Casino
8 Association of Louisiana made major donations in order to provide
9 training for their employees on compulsive gambling and underage
10 gambling issues.

11 The development of a major pathological gambling
12 prevention plan was begun by the Office of Alcohol and Drug Abuse
13 in conjunction with Louisiana State University. The plan is
14 scheduled for completion, announcement and implementation in
15 October 1998, next month, in Shreveport at our annual conference.

16 A follow-up to the 1995 Volberg Prevalence Study will
17 be initiated very soon in conjunction with the University of New
18 Orleans and with the concurrence of the Gaming Control Board in
19 Louisiana.

20 And now the real coup, something that to my awareness
21 no other state government is doing: we will open in northwest
22 Louisiana a residential treatment center for compulsive gamblers
23 unable to maintain abstinence in an outpatient setting, prior to
24 the end of this year. This is a fact of which we're extremely
25 proud. Wonderful, indeed it is, to be a part of the solution
26 rather than part of the problem; we're proud of that. We've been
27 asked by the state to facilitate in operating this program.

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1 We will utilize a proven combination of group and
2 individual therapies, education, nutrition and involvement in the
3 12-step recovery process. This we believe to be the most
4 effective method of addressing the problem. It's patterned after
5 the highly successful Bracksville VA programs designed by Dr.
6 Custer, and Dr. Hunter's program at Charter Las Vegas. I dare
7 say we'll use some of your techniques, Doctor, in our work.

8 We have also some recommendations. It is our
9 considered opinion, ladies and gentlemen, that other states could
10 benefit from our experience, and we respectfully suggest that the
11 following action steps be taken: number one, that a national
12 prevalence study be undertaken to determine the severity of the
13 problem and how it varies from region to region; number two, that
14 consideration be given to the development of a national
15 pathological gambling prevention plan; number three, that funding
16 be provided for the Gambler's Helpline of the National Council on
17 Problem Gambling, Inc. -- I serve on the helpline committee and
18 am keenly aware of the financial need; and most importantly, that
19 serious attention be given to funding treatment for problem
20 gambling throughout the country.

21 For those who would say it's not our problem, we
22 don't have legalized gambling, I would offer three comments.
23 Number one, remember when my first call came? My first call for
24 help came in 1982, long before Louisiana legalized riverboat
25 casinos and other forms of gambling; it's been with us for a long
26 time. Number two, all states except Utah and Hawaii have some
27 form of gambling. Number three, experts have said that by the
28 end of this decade no place in the country will be more than a

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1 two-hour drive from some form of legalized gambling. We've never
2 been there before, we don't know what's going to happen.

3 How will these initiatives be funded and how much
4 will they cost? Well, I'll leave the amounts to those with great
5 expertise, but we're making a good beginning here in Louisiana
6 with a little less than \$2 million. We will need more at some
7 stage, but we must be good stewards of what we have first. I'll
8 be happy to give the commissioners a breakdown of how that money
9 is spent if you have an interest.

10 The proactive partnering joint venture concept
11 between the gaming industry, state government, and non-profit
12 agencies is working very well for us and could be used in other
13 areas as well.

14 As far as where the funding can come from, it would
15 seem that a federal tax on those gaming industries -- which do
16 not currently pay much in the way of state taxes -- might be
17 indicated, with perhaps some specific dedications of funds that
18 are currently being received toward the treatment and prevention
19 areas.

20 In closing, let me simply before the sign is held up
21 that if you don't think our approach will work, try it; and if
22 you don't think we'll help you, ask us.

23 Thank you very much for the privilege of addressing
24 you and thank you indeed for your attention.

25 CHAIRMAN JAMES: Thank you, Mr. Middleton.

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