MS. FRANKLIN: To properly address this subject, the first set of recommendations focuses on the funding of ongoing research. We wanted to recommend that gambling-specific investigations be coordinated within the NIH system to ensure adequate, appropriate, and applicable research on pathological gambling.

There are ongoing programs by NIMH, by NIDA, by NIAAA, as well as other federal research bodies that should include pathological gambling specific issues.

It is not prohibitively expensive, and it can be very easily done in a number of ongoing projects.

The Commission asked NORC to provide input on follow-up research. And to that end we recommend a national prevalent survey be conducted every five years, and gambling questions be indicated in federal studies like the National Household Survey.

It is imperative we gather research on special populations. We are in dire need of this, including seniors, all minors, women, racial and ethnic minorities.

I will have to comment on, again, Frank’s good work through his Agency, we share a lot of common goals in this regard, that when we complain, your complaints about their terms. We have gone from compulsive, to problem, to pathological, now to disordered, which does carry a stigma. My clients have a problem with that term.

But I might also point out that with a 25 year history in the addiction field we’ve gone from alcoholic to alcohol abuser, to alcohol dependent, to substance abusers, to chemically dependent. So it is an evolution. I don’t know that there will be an end in sight in that regard.
In terms of public awareness and education, efforts can begin with informing the public about problem in pathological gambling. We recommend the efforts be broad-based, such as prevention programs throughout the educational system, increased awareness in the criminal justice system, national information campaigns, and industry responsible gaming practices best articulated by the AGA.

An effective responsible gaming policy must be enacted by all legalized gambling venues. This must include a comprehensive policy on minors, including preventing access to gaming areas, identifying unattended children, eliminating access to gaming machines where human oversight is not possible.

We recommend that resources for problem gamblers, including the National Council Help line number be highly visible on all gambling materials, and throughout every gaming facility.

Credit practices must be included, developed to include provisions that will address limits, will address the needs that are appropriate to pathological gamblers.

Self-exclusion provisions, including removal from promotional lists, cessation of contact by gambling operators, et cetera, should be available if requested by that gambler and set up in an appropriate way.

Unfortunately under treatment the best public awareness in responsible gaming practices in the world will help few problem gamblers if those seeking treatment services have nowhere to turn.

It is not sufficient to simply adapt existing alcohol or drug prevention programs to the problem pathological gambling population. It is not a direct translation.
As the Commissioners know there are a few providers of gambling treatment services. Two VA programs, less than a dozen state funded programs, only one national private provider, and less than 1,200 Gamblers Anonymous meetings nationally.

This is in comparison to over 48,000 chapters of Alcoholics Anonymous, and over 12,000 drug and alcohol treatment programs to be found privately, and government funded nationally.

Most Americans have no gambling treatment services available to them. It is a tragedy and unacceptable to find that even if a treatment program is available in a given community, many problem gamblers cannot receive services because their insurance companies refuse to reimburse for the care.

Establishing insurance coverage on a parity with existing behavioral health benefits allows problem gamblers access to the health care delivery system.

There is absolutely no reason for pathological gambling to be excluded from any mental health benefits package.

This psychiatric disorder is treatable. So said, by the state governments who pay for such care. So said by the several of the nation’s largest casino corporations who pay for such treatment for their employees.

Please remember the innocent victims of a pathological gambler out of control are the family members and loved ones of that gambler. Family members are seldom included in treatment funding for gambling, and they are often in tremendous need of specialized services to assist them with the legal, emotional, physical, financial and parenting crises surrounding the gambler. They are the ones left holding the bag.
Although the ADA was enacted to eliminate discrimination against the disabled, it has created a new form of discrimination. The exclusion of pathological gambling from the Americans with Disabilities Act remains a discriminating barrier, both technically and philosophically.

Improving the availability of treatment services is a public health issue. It is best addressed by both governmental and non-governmental programs. We recommend requiring federal and state governments that receive revenues based on gambling allocate a portion of this revenue to gambling specific prevention, education, training, treatment, and research.

Problem gambling specific training programs for gaming industry employees, again, something AGA has pioneered in many ways, should be required by state governments. State gambling commissions, and the gaming industry for their employees, as well as EAP providers.

To increase awareness and services for problem gamblers and their families, we recommend including pathological gambling in the curriculums of educational institutions that are teaching addictions counselors, mental health workers, schools of social work, psychology, psychiatry, degree and certificate programs.

All of these will help further and increase the number of treatment programs available as more providers learn about what this disorder is all about. And I would like Paul to make our conclusion.

MR. ASHE: Thank you, Joanna.

In conclusion let me thank you again on behalf of the State Councils for the opportunity to join in your search for
information on the impact of problem and pathological gambling in America today.

We offer our sincere hopes and prayers that your efforts will usher in a new understanding and source of help for those who suffer the impact of this disorder well into the next century.

Anything the National Council, or its 35 state affiliates could do to help you in that regard, we are more than happy to do so. We have appeared in every one of your Commission hearings, and we are happy to be part of this progress. Thank you very much.

CHAIR JAMES: Thank you.