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

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

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

Before talking about treatment and prevention for pathological gambling, it is important to understand what the symptoms and causal factors are. Pathological gambling has high incidence of depression, as you are very much familiarized with, and this also correlates with suicidal thoughts. Addictive levels of alcohol and drug behavior are high as well. One study also reports that childhood history of hyperactivity and growing up in a dysfunctional family are risk factors, and this includes growing up with a parent who is a pathological gambler.
Some argue that imbalance of chemicals contribute to
gambling addiction, such as excess release of Dopamine which is a
chemical that is a pleasure-seeking chemical, and there's also a
study that false beliefs or cognitive distortion thinking that
they can actually control events that are actually covered by
chance is another example.

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

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

We are very familiarized with GA, Gamblers Anonymous.
What are they and who are they? Gamblers Anonymous is a self-
help group modeled after Alcoholics Anonymous. It does not rely
on licensed trained counselors, but rather mutual respect,
honesty and encouragement. They view pathological gambling as a
lifetime disease that may not be curable but rather something that they have to deal with as a lifelong process. And the abstinence rate is known to be very low which may be from 7 percent to 8 percent, but however, many treatment programs refer their patients to GA and they combine GA with many other treatments.

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

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

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

The military also acknowledges this problem and there is the Naval Addictions Rehabilitation and Education Department at the Naval Hospital which provides services to individuals and families in the military that suffer from addictions. They focus
on breaking the pathological gambler's denial of the problem and helps them cope with daily stress so that they can develop functional coping mechanisms.

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

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

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

There's also the behavior treatment and couples therapy. Family therapy and couples therapy is viewed important because debt and other long-term financial and legal consequences, even after abstinence, could bring resentment and this could bring relapse. In addition, disruption of marriage is considered both a causal factor and a possibly effect of pathological gambling.
The difficulties involved for psychiatrists, psychologists or people involved in gambling addition treatment programs is that many that I have discussed so far can be viewed as a causal factor or effects. Some say that depression is caused because there is so much loss that they get involved in gambling and since that they because they lose, they get depressed; but some say because they're depressed, they gamble.

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

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

Now I'd like to address a sensitive issue here: how much do these treatments cost; are they expensive. Well, it is well known that pathological gambling is a very expensive illness that affects society. According to a study in Oregon, gambling debt can range from an average of $14,422 to a maximum of $1 million; and the average gambling debt in Nebraska was found to be $38,000 with 19 percent filing for bankruptcy.
In addition, cost of treatment is a difficult issue because pathological gamblers are usually at the point where they're not able to pay for themselves and cumulative debt and legal problems often hinder them of getting any access to funds. So some kind of help is indeed needed from the state and the gambling industry and/or the insurance companies.

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

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

Despite the fact that pathological gambling is similar to drug addiction and alcoholism, we do not have public awareness as much as alcoholism and drug addiction has, and pathological gambling is hardly ever recognized.
So how can we increase public awareness and how can we reduce the cost of pathological gambling to society as a whole? Education is an important thing that we can do in order to stimulate prevention efforts. Some say that detection is the best way of preventing pathological gambling, especially in the workplace, because we do have a report saying that about 86 percent of the nation's pathological gamblers are employed; that means that they were fully employed and they were involved in this illness.

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

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

And clearly, there is scientific research that is needed in this field because we do not have a cumulative study on pathological gambling. More scientific research, thus, is needed to be funded, and right now the National Center for Responsible Gaming with the AGA, American Gaming Association, is active in
funding research on this issue, and the National Institute on Mental Health has begun doing this.

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

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

In conclusion, we have seen that this pathological gambling topic is very complicated in that we do not know exactly what the symptoms and the causal factors are because they truly much overlap each other, and a lot of researchers and clinicians are trying to figure out what is the symptoms and how can we truly address these and the diverse characteristics of these
pathological gamblers -- which I have mentioned, including different age groups, ethnicity, and social class -- makes it even more difficult.

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

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