The Need for a Federal Response to Gambling Disorders

12TH ANNUAL

"PARTNERING SCIENCE AND COMMUNITIES"

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The Need for a Federal Response to Gambling Disorders

H. WESTLEY CLARK, MD, JD, MPH
DEAN’S EXECUTIVE PROFESSOR
OF PUBLIC HEALTH
SANTA CLARA UNIVERSITY
Santa Clara, California
IMPACT OF PROBLEM GAMBLING

Adapted from The Australian Productivity Commission Gambling Report 1999
AREAS OF CONCERN FOR CLINICIANS IN THE FIELDS OF SUBSTANCE USE DISORDERS AND GAMBLING

• RESEARCH
• CLINICAL PRACTICE
RESEARCH
RESEARCH FUNDING

- FEDERALLY FUNDED
- STATE FUNDED
- INDUSTRY FUNDED
- PRIVATE FOUNDATIONS
- SELF-FUNDED (USING LOCAL OR AVAILABLE RESOURCES)
The National Center for Responsible Gaming (NCRG) today reported the full portfolio of research grants awarded in 2014, totaling nearly $1 million. The NCRG awards, which demonstrate its continued leadership in the field, include the testing of an online intervention for college students, an investigation of how and why disordered gamblers seek to change their behaviors, and an assessment of risky behaviors, including gambling, among Native American youth.

Funding for the NCRG is provided through a variety of sources. Commercial and Indian casino gaming companies, equipment manufacturers, vendors, NCRG board members, gaming employees and individuals all have generously contributed to the NCRG.
Nevertheless, it is important to balance industry funded research with publically funded research and clinical evaluation to ensure both the integrity and the utility of the findings. This avoids the perception of a conflict of interest, even when efforts are made to attenuate the possibility of such a conflict.
Primary support for this study was provided by bwin.party Digital Entertainment.

The Division on Addiction, Cambridge Health Alliance, also receives funding from the Century Council, the National Institute of Mental Health, the National Institute on Alcohol and Alcohol Abuse, the National Institute on Drug Abuse, St. Francis House, and the Massachusetts Council on Compulsive Gambling

Out of concern that certain industry relationships can threaten the integrity of academic medical centers and bias physicians' therapeutic choices and clinical practices, a number of medical schools have adopted conflict-of-interest policies for their faculty and medical centers that ban many industry inducements to influence students, trainees, and faculty.

In addition, pressure from the U.S. Office of the Inspector General, congressional hearings, and lawsuits alleging deceptive marketing practices led the Pharmaceutical Research and Manufacturers of America to recommend that member companies cease providing noneducational gifts and certain types of free meals to physician
Open Payments is a federal program that annually collects and makes information public about financial relationships between the health care industry, physicians, and teaching hospitals.

The Centers for Medicare & Medicaid Services (CMS) collects information from manufacturers of drugs and devices about payments and other transfers of value they make to physicians and teaching hospitals. These payments and other transfers of value can be for many purposes, like research, consulting, travel, and gifts. CMS will be making this data publicly available each reporting year.

https://openpaymentsdata.cms.gov/about

http://www.cms.gov/OpenPayments/
FEDERALLY FUNDED RESEARCH

• NSF
• NIH
• VA
• DoD
Interaction of Current and Childhood Environment on Risky Decision-Making: An Experimental and Longitudinal Life-History Theory Approach
Award Number:1057482; Principal Investigator:Jeffry Simpson; Co-Principal Investigator:W. Andrew Collins, Vladas Griskevicius; Organization:University of Minnesota-Twin Cities; NSF Organization:BCS Start Date:06/01/2011; Award Amount:$400,000.00; Relevance:37.5;

Causal illusions and forces
Award Number:1354088; Principal Investigator:Phillip Wolff; Co-Principal Investigator:; Organization:Emory University; NSF Organization:BCS Start Date:06/01/2014; Award Amount:$117,369.00; Relevance:37.48;
I-Corps: Practical and Provably Secure Random Number Generator

Award Number: 1464476; Principal Investigator: Yaoyun Shi; Co-Principal Investigator: ; Organization: University of Michigan Ann Arbor; NSF Organization: IIP

Start Date: 12/01/2014; Award Amount: $50,000.00; Relevance: 36.12;

This NSF funded grant recognizes that random numbers are vital resources for modern day information processing, especially for information security. Random Number Generators (RNGs) are ubiquitous in computing and communication devices. The grantee notes that none of the current solutions is completely satisfactory, undermining the very foundation of digital security. The proposed technology exploits a new solution space, and represents one of the first concrete applications of quantum information science. The target customer is a business which uses random numbers on a routine basis. Two examples listed are companies that manage electronic transactions and gambling casinos.
In 2014, Senator Tom Coburn released Wastebook 2014, his annual list of the most wasteful government projects. This report included 100 of the most “wasteful” government projects funded over the preceding year. One of the included projects was a NSF funded project that awarded $171,000 to the University of Rochester to study how monkeys gamble. The researchers created a computerized game that induced the monkeys to play. It was reported that the researchers wanted to “provide nuance” to their understanding of “free will” or to inform treatment of gambling addiction.

NIH Funding for “Pathological Gambling”

Since 1998, the National Institute of Mental Health, the National Institute of Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse have had a joint program announcement entitled, “Pathological Gambling: Basic, Clinical and Services Research.” [PA-98-106, and NOT-99-153 (1999)]

This program announcement does not expire until January of 2018
The current topics of interest are:

- YOUTH GAMBLING
- ILLUMINATION OF CORRELATES OF CHANGE IN EXTENT OF GAMBLING AND ASSOCIATED PROBLEMS
- EVALUATION OF UNIVERSAL PREVENTION AND REFERRAL INFORMATION AND REFERRAL INFORMATION INITIATIVES FOR PROBLEM AND PATHOLOGICAL GAMBLERS
- AVAILABILITY AND ACCESS TO TREATMENT
- DEVELOPMENT AND EVALUATION OF TREATMENT INTERVENTIONS
- "NATURAL RECOVERY" (cessation of gambling without participation in treatment)
- ADVERSE EFFECTS ON OTHERS OF PATHOLOGICAL GAMBLING
- EFFECTS OF TYPES OF GAMBLING
- WORKING IN THE GAMING BUSINESS
YOUTH GAMBLING

- Development of comprehensive, developmentally appropriate, culturally competent, reliable and valid measures of youth gambling (especially problem and pathological gambling) and its consequences.
- Illumination of the nature and underlying features of problem and pathological gambling for youth.
- Research on the age of initiation, nature, course, correlates, and consequences of youth gambling. Correlates of interest include individual characteristics and mental disorders, family and peer influences and contextual variables, e.g., ease of access to gambling.
- The relation of youth gambling to other youth problems behaviors, including tobacco, alcohol and drug use, early sexual activity, and delinquent behavior.
- The relation of youth gambling to adult gambling (for both age groups, especially problem and pathological gambling).

ILLUMINATION OF CORRELATES OF CHANGE IN EXTENT OF GAMBLING AND ASSOCIATED PROBLEMS

- Individual and other factors associated with the initiation of gambling, with progression from problem to pathological gambling, and with reduction in the extent and consequences of gambling.

- Of particular interest is research that illuminates the factors associated with the progression from problem to pathological gambling.

• Rigorous and comprehensive evaluations of universal prevention efforts for problem and pathological gambling and of initiatives of employers and others to foster recognition of and help seeking for problem and pathological gambling.
• The focuses of interest for such evaluations include assessment of the proportion of the target audience reached, the various kinds of effects (information, attitude, and behavior) on the audience, and cost-effectiveness.

• Determining the differences in prevalence among problem and pathological gamblers in the population who do not desire treatment, such persons who desire but who are not able to obtain treatment, and such persons who are in treatment, and illumination of variables associated with each group.

• Illumination of factors that lead problem and pathological gamblers to seek treatment, to enter treatment, and that are associated with variations in the nature and extent of participation in treatment.

• Factors that affect the availability and nature of treatment for problem and pathological gamblers

Interventions of interest include self-help groups as well as various treatment models, including combined psycho-pharmacological models.

Evaluations are particularly encouraged that assess changes in immediate targets of the intervention (e.g., in understanding of chance and odds of winning, reductions in depressive symptoms) and that provide for a thorough and comprehensive assessment of short and long-term changes in mediators and in gambling.

Research is also encouraged on the development and evaluation of treatment models for relapse prevention with pathological gamblers.
"NATURAL RECOVERY" (cessation of gambling without participation in treatment):

- Illumination of the factors involved with problem and pathological gamblers who cease their gambling without participating in a formal treatment intervention.

ADVERSE EFFECTS ON OTHERS OF PATHOLOGICAL GAMBLING:

• The prevalence, nature, course and correlates of consequences that pathological gamblers create for their families and for others.

• Impacts of interest for the family include mental disorders, substance abuse, suicide attempts and suicides, marital distress, spouse violence, divorce, child maltreatment, changes in residence and in education and health care.

• Impacts of interest for the workplace include loss of productivity and accidents involving others.

• Identification of factors associated with variations in impact on family members.

• Development and evaluation of interventions to reduce the risks of and magnitude of adverse effects caused by a family member who is a pathological gambler.

EFFECTS OF TYPES OF GAMBLING:

- Illumination of differences in risk for problem and pathological gambling associated with various types of and mechanisms for gambling, including electronic gambling machines and the availability of gambling on the Internet.

WORKING IN THE GAMING BUSINESS

- Is there a relation between risk for or presence of problem and pathological gambling and seeking employment in the gaming business?
- What are the effects of working in various positions in the gaming industry on the likelihood of gambling and of progressing to problem and pathological gambling?
- Rigorous evaluation of information, counseling, and other employer efforts to prevent problem and pathological gambling by employees and to encourage employees who are engaging in problem and pathological gambling to seek help.

“In all, 11 of the 16 games we examined had a significant univariate association with a positive screen for gambling disorder. However, after controlling for breadth involvement, only Live Action Internet sports betting retained a significant relationship with potential gambling-related problems. Depth involvement, though significantly related to potential problems, did not impact game-based gambling disorder associations as much as breadth involvement.”
Survey of Native American Gambling
In this national telephone survey of Native American adults, Dr. Barnes and colleagues will examine the effects of gambling availability and sociodemographic actors on the frequency of gambling and co-occurring alcohol abuse among Native Americans in the U.S.

Grace Barnes, PhD, John Welte, Ph.D, David Patterson, Ph.Dm [Washington University], and Paul Spicer, Ph.D [University of Oklahoma]

Funding Agency
National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Grant Number
R21-AA020952

Dates
2011-2015

University of Buffalo, Research Institute on Addictions
Personal Gambling Expectancies Among Asian American and White American College Students


Alan Ka Ki Chan • Nolan Zane • Gloria M. Wong
• Anna V. Song

Acknowledgments This study was supported by the Asian American Center on Disparities Research (National Institute of Mental Health Grant: 1P50MH073511-01A2).
Project will collect information about the respondents’ gambling and substance involvement, census data about the respondents’ neighborhoods, distances from the respondents' homes to gambling venues, and information about state gambling laws. This data will be combined with the data from the 2000 survey for the purpose of analyzing trends in gambling in the U.S. over the last decade among U.S. adults generally, as well as in relevant sub-groups of the population. The project will examine the relationship between gambling trends and changes in state gambling laws, changes in the density of gambling facilities, changes in U.S. neighborhoods and changes in social approval of gambling. They will examine forms of gambling that have grown in popularity, such as internet gambling, fantasy football and Texas Hold-em poker.

**Funding Agency:** National Institute on Alcohol Abuse and Alcoholism ([NIAAA](https://www.niaaa.nih.gov))

**Grant Number:** R01-AA018097; **Dates:** 2009-2015
In a more recent study of problem gambling results demonstrate:

- Problem gambling is considerably more common than alcohol dependence among U.S. adults (21 and older), even though alcohol dependence receives more attention.

- Gambling, frequent gambling and problem gambling increases in frequency during the teen years, reaches its highest level in the 20s and 30s and then falls off among individuals over 70.

- Frequent gambling is twice as great among men (28%) than among women (13%).

- Frequent and problem gambling numbers rise as socioeconomic status (SES) declines; gambling involvement tends to decrease as SES rises.

http://www.buffalo.edu/content/dam/www/ria/ES/ES3Gambling.pdf
U.S. DEPARTMENT OF VETERANS AFFAIRS

- RESEARCH
- CLINICAL PRACTICE
Associations between obsessive-compulsive classes and pathological gambling in a national cohort of male twins.

JAMA Psychiatry. 2015 Apr 1;72(4):342-9

The association between OC features and diagnostic criteria for PG highlights a role of obsessions and compulsivity in PG, and the lifetime co-occurrence of these disorders results in part from common genetic variance. Phenotypic and genetic overlap between OC features and PG add to our understanding of the most appropriate classification of PG and offers insights for treatment development. The study finds that individuals with severe obsessive-compulsive behaviors — or those who demonstrate specific forms of the behavior, such as fear of germs or desire for order in the environment — are also more likely to meet diagnostic criteria for gambling disorder.

The study was funded by the Department of Veterans Affairs Health Services Research and Development Service, the National Institute of Mental Health, and a Yale Center of Excellence in Gambling Research grant from the National Center for Responsible Gaming.
Pathological gambling is very likely under-identified by VA mental health clinicians as well as those in other systems. Given serious associated comorbidities, along with the emergence of evidence-based treatments for PG, increased awareness of this condition among mental health clinicians could facilitate referral and utilization of effective services.

Our results suggest that surveillance should be targeted among mental health users, generally, and those with alcohol use disorders, homelessness, and personality disorders, specifically.
Conclusions and Scientific Significance: Veterans in VA care have higher rates of gambling problems than the general adult population. Female and young veterans have rates higher than those observed in other surveys of women and young adults.

HSR&D Project IIR-212-3 from the VA Health Services Research Office (Drs. Westermeyer and Canive) funded this study.
This study examined the gambling of a cohort of U.S. Air Force recruits (A' = 31,104) and the relationship between their gambling and health-risk behaviors. Participants provided self-report data regarding gambling and health-related behaviors. Results suggest that 10.4% of participants gambled weekly or more often, 6.2% reported gambling problems, and 1.9% acknowledged loss of control over gambling. Men were more likely than women to report weekly gambling and possible problematic gambling. Minorities, compared to Caucasians, were more likely to experience gambling problems and report loss of control.

This work was supported by a research grant from the National Heart, Lung, and Blood Institute (HL053478 to R. C. Klesges) and a Centers of Excellence grant from the State of Tennessee to the Department of Psychology at the University of Memphis.
CLINICAL PRACTICE
Make the Connection, a VA Site that encourages veterans to seek treatment for a variety of behavioral health issues includes gambling as one of the conditions:

“Gambling is a problem when it negatively affects your finances, job, relationships with family or friends, or your health. Are you sometimes unable to pay the bills because you’ve spent your money on lottery or scratch tickets; card, slot, or dice games; sports betting; horse or dog races; or internet gambling? When you lose money gambling, do you think that you need to bet more to win it all back? Have you tried to hide your gambling from family or friends? Is gambling the only thing you like doing, or do you spend most of your time thinking about ways to gamble? A “yes” answer to any of these questions may be a sign of a gambling problem.”

http://maketheconnection.net/symptoms/gambling
1. Louis B. Stokes Cleveland VA (program was previously at the Breckville VA until transferred to the LB Stokes facility)
2. VA West Lost Angeles Gambling Treatment Program
3. Various VA Outpatient Services
National and Regional Referral Services:
- Cochlear Implants
- Cardiac Surgery
- Invasive Cardiology
- Polytrauma Care
- Spinal Cord Injury
- Teleretinal Imaging
- Post-Traumatic Stress
- Gambling Disorder Treatment
- Substance Abuse
- Women’s Military Sexual Trauma
- Blind Rehabilitation
- Comprehensive Cancer Center
- Comprehensive Rehabilitation Center
- Comprehensive Reference Clinical Laboratory Services
- Left Ventricular Assist Device (VAD) Destination Implantation

http://www.va.gov/DIRECTORY/GUIDE/facility.asp?id=31
Providence Rhode Island Veterans Affairs Medical Center
Gambling Addiction Treatment Program

Primary Services: Gambling Addiction / Cooccurring Disorder Treatment, Mental health services and drug rehab

Type of Care: Gambling Addiction Treatment, Hospital inpatient drug rehab, Hospital inpatient substance abuse program, Outpatient drug rehab, Partial hospitalization drug rehab/Substance abuse day treatment

Services Provided: Mental Health, Substance abuse, Substance abuse treatment, Detoxification, Methadone Maintenance
The Center for Problem Gambling is for:
Veterans who have a gambling problem.
Veterans who are concerned about their gambling.
Veterans who want to gamble less or stop gambling altogether.

The Center for Problem Gambling is run by a group of experienced clinicians who specialize in problem gambling treatment, education, and research.
Your search- gambling – did not match any documents.
No pages were found containing “gambling”
Form W-2G
GROSS WINNINGS--A payer of gambling winnings must report any winnings over $600 on a Form W-2G. Any person receiving a payment with respect to a wager in a sweepstakes, wagering pool, lottery, or other wager (including a parimutuel pool with respect to horse races, dog races, or jai alai) makes a statement to the payer of those winnings upon the payer's demand. A racetrack is required to furnish the IRS only the names of recipients of payments of $600 or more. Payment of gambling winnings of $1,200 or more from bingo or slot machine play or $1,500 or more from keno games must be reported. Nevada gambling casinos must file information returns for bingo and keno payoffs of $600 or more. There is no underlying asset account. The money field is positive.
April 27, 2012
SHARE
ACF announces Request for Public Comment related to electronic benefit transfer

The Office of Family Assistance (OFA) is interested in learning about how States deliver Temporary Assistance to Needy Families (TANF) assistance to beneficiaries. OFA wants to know whether States have implemented policies and practices to prevent electronic benefit transfer transactions involving TANF assistance in liquor stores, casinos, gambling casinos, or other gaming establishments, and retail establishments, which provide adult-oriented entertainment where performers disrobe or perform in an unclothed state for entertainment. OFA also wants to know what States' experiences have been in implementing such policies and practices; and whether States place similar types of restrictions on the way recipients use assistance. OFA is also interested in learning about States' current approaches to ensuring that recipients have adequate access to their cash assistance. This includes policies that provide access to assistance with no fees or charges or current approaches that impose fees or charges in connection with receipt of assistance, along with other information relevant to considering what might be minimal fees or charges.
Gambling disorder is a behavioral health condition. Treating gambling disorder is within the scope of practice of mental health counselors, licensed clinical social services providers, clinical psychologists, psychiatrists, and other professionals with licenses to treat mental disorders.

Data on Substance Abuse Treatment Facilities

- Other services were provided by 30 percent of all facilities.
- Treatment for other addiction disorders was provided by 22 percent of all facilities.
- Treatment for gambling disorders was provided by 19 percent of all facilities.
- Treatment for Internet use disorders was provided by 9 percent of all facilities.

<table>
<thead>
<tr>
<th>Total</th>
<th>Private Nonprofit</th>
<th>Private For-Profit</th>
<th>Local, Govt</th>
<th>State Govt</th>
<th>Federal Govt</th>
<th>Tribal Govt</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,722</td>
<td>1,316</td>
<td>1,018</td>
<td>122</td>
<td>97</td>
<td>82</td>
<td>87</td>
</tr>
</tbody>
</table>
SAMHSA ACTIVITIES ON GAMBLING DISORDERS

- Podcast [03-23-2015]
- NREPP
  - Stacked Deck
  - Brief-Self Directed Gambling Treatment
- Getting Through Tough Economic Times
- Problem Gambling Toolkit
- Personal Financial Strategies for Loved Ones of Problem Gamblers
- Inclusion of Gambling Prevention as a part of Social Marketing Education
  - Tip 42 includes problem gambling
  - Tip 48 (Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery)
  - TIP 57 (Trauma-Informed Care in Behavioral Health Services), and the Integrated Treatment for Co-Occurring Disorders include reference to problem gambling as a co-occurring issue.
Grantee: NEWTON COUNTY BOARD OF COMMISSIONERS
City, State: Covington, GA
Program: Enhancing Adult Drug Courts-Services, Coordination, and Treatment
Grant Award Number: TI025929
Congressional District: GA-04
FY 2014 Funding: $319,804
Project Period: 09/30/2014 - 09/29/2017

The Newton County Adult Felony Drug Court is requesting Joint Adult Drug Court Grant Program funds to enhance the adult drug court to assist nonviolent offenders with successful rehabilitation from the use of drugs/alcohol. This funding would also allow program expansion from the current 26 participants to 50 participants. The population to be served is high risk/high need adults who have pled guilty to one or more non-violent drug offense or drug-related offenses and are having difficulty staying clean. Fifty clients will be served with SAMHSA funding each year of the grant for a total of 150 clients served over the lifetime of the project. These same 50 clients will also be served with BJA funding each year of the grant for a total of 150 clients over the lifetime of the project. The proposed interventions are as follows: hiring a court case manager and surveillance officers to expand the capacity of the program; training for the team members; creation of a peer program; implementation of a trauma curriculum; implementation of a family component; a clinical case manager; a licensed counselor; implementation of a smoking cessation program; implementation of gambling screening and treatment if needed; adding a treatment component to address personality disorders; and implementation of an evaluation component. The goals and objectives are as follows: adding a case manager and surveillance officers to allow expansion of the program; add an evaluation component; enhance treatment with new services, such as Seeking Safety, EMDR, DBT, Living in Balance, smoking cessation, and gambling services. Graduates of the program will also be hired as peers
Three Members of an Illegal International Gambling Enterprise Convicted of Racketeering Conspiracy

A federal jury in Oklahoma City today convicted two Texas men and a California man for their participation in a racketeering conspiracy involving illegal gambling and money laundering, announced Assistant Attorney General Leslie R. Caldwell of the Justice Department’s Criminal Division and U.S. Attorney Sanford C. Coats of the Western District of Oklahoma.

According to evidence presented at trial, from 2003 to 2013, Bramley, Diebner and Moran conspired with others to operate an international criminal enterprise known as Legendz Sports, which ran internet and telephone gambling services from Panama City, Panama. Legendz Sports took in more than $1 billion in illegal wagers, almost exclusively from gamblers in the United States betting on American sporting events. Bramley and Diebner worked as bookies in Texas who illegally solicited and accepted sports wagers as well as settled gambling debts.

Friday, May 22, 2015
• 43 states operate lotteries,
• 17 states operate commercial casinos,
• 13 states operate racinos,
• Over 40 states have parimutuel wagering.

Among the states with casino and racino operations, seven states operate both types of facilities: Indiana, Iowa, Louisiana, Maryland, Ohio, Pennsylvania, and West Virginia.

All states except Hawaii and Utah collect revenue from one or more types of gambling.

• In Alaska, legal gambling occurs only where sponsored by Native American tribes

Gambling Revenues from Major Types of Gambling, FY 2013 and FY 2014 ($ millions)

- **Lottery**: 18,027 (2013) vs. 18,140 (2014)
- **Casino**: 5,366 (2013) vs. 5,293 (2014)
- **Racino**: 3,142 (2013) vs. 3,188 (2014)
- **Video Gaming**: 489 (2013) vs. 582 (2014)
- **Parimutuel**: 146 (2013) vs. 141 (2014)

**Total**: 27,170 (2013) vs. 27,344 (2014)

# Top U.S. Casino Markets by Annual Revenue (As of 2012)

<table>
<thead>
<tr>
<th>Casino Market</th>
<th>2012 Annual Revenues</th>
<th>2012 Annual Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Las Vegas Strip, NV</td>
<td>$6.207 billion</td>
<td>The Poconos, Pa</td>
</tr>
<tr>
<td>Atlantic City, NJ</td>
<td>$3.052 billion</td>
<td>$902.48 million</td>
</tr>
<tr>
<td>Chicagoland, Ind/ILL</td>
<td>$2.243 billion</td>
<td>Tunica/Lula, MS</td>
</tr>
<tr>
<td>Detroit, MI</td>
<td>$1.417 billion</td>
<td>$821.95 million</td>
</tr>
<tr>
<td>Connecticut</td>
<td>$1.230 billion</td>
<td>Kansas City, MO</td>
</tr>
<tr>
<td>Philadelphia, PA</td>
<td>$1.167 billion</td>
<td>$799.85 million</td>
</tr>
<tr>
<td>St. Louis, Mo/ILL</td>
<td>$1.108 billion</td>
<td>Boulder Strip, NV</td>
</tr>
<tr>
<td>Gulf Coast, MS</td>
<td>$1.095 billion</td>
<td>$796.71 million</td>
</tr>
<tr>
<td>Lake Charles, LA</td>
<td>$1.075 billion</td>
<td>Shreveport/Bossier City, LA</td>
</tr>
<tr>
<td>New York, N.Y.</td>
<td>$1.066 billion</td>
<td>$715.65 million</td>
</tr>
<tr>
<td>Pittsburgh/Meadow Lands, PA</td>
<td>$1.045 billion</td>
<td>Lake Charles, LA</td>
</tr>
<tr>
<td>Black Hawk, CO</td>
<td>$633.09 million</td>
<td>$686.99 million</td>
</tr>
<tr>
<td>Reno/Sparks, NV</td>
<td>$644.92 million</td>
<td>New York, N.Y.</td>
</tr>
<tr>
<td>Black Hawk, CO</td>
<td>$633.09 million</td>
<td>$672.57 million</td>
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<tr>
<td>Black Hawk, CO</td>
<td>$633.09 million</td>
<td>$644.92 million</td>
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<tr>
<td>Black Hawk, CO</td>
<td>$633.09 million</td>
<td>$634.24 million</td>
</tr>
</tbody>
</table>

http://www.americangaming.org/industry-resources/research/fact-sheets/top-20-us-casino-markets-annual-revenue
Diana B. Henriques reports in “Temptation to Gamble Is Near for Troops Overseas” (New York Times, October 19, 2005) that the U.S. armed forces operated 4,150 modern video slot machines at U.S. military bases in 9 overseas countries in 2005. Revenues from the machines totaled about $120 million. Based on an average payout of 94%, the total amount wagered in military slot machines was around $2 billion per year. In addition, the U.S. Army ran bingo games at military bases. Its revenue totaled $7 million. Supply and Demand: Who Offers Gambling? Who Gambles?

http://www.encyclopedia.com/doc/1G2-1838500008.html

2009
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<thead>
<tr>
<th></th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Ambulatory patient services</td>
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<td>2</td>
<td>Emergency services</td>
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<tr>
<td>3</td>
<td>Hospitalization</td>
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<tr>
<td>4</td>
<td>Maternity and newborn care</td>
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<tr>
<td>5</td>
<td>Mental health and substance use disorder services, including behavioral health</td>
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<tr>
<td></td>
<td>treatment</td>
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<tr>
<td>6</td>
<td>Prescription drugs</td>
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<tr>
<td>7</td>
<td>Rehabilitative and habilitative services and devices</td>
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<tr>
<td>8</td>
<td>Laboratory services</td>
</tr>
<tr>
<td>9</td>
<td>Preventive and wellness services and chronic disease management</td>
</tr>
<tr>
<td>10</td>
<td>Pediatric services, including oral and vision care</td>
</tr>
</tbody>
</table>
GCPG Provides Gambling Treatment to ACA ObamaCare Members

February 04, 2015

By Team GCPG In North Buckhead, Atlanta GA

We are excited to now have providers delivering services to gamblers using health insurance purchased under the Affordable Care Act / ObamaCare. Whereas plans vary, some of these consumers pay nothing out-of-pocket for their counseling sessions. This brings us one step closer to our mission “to ensure that every Georgia citizen who wants to stop gambling has streamlined access to a progressive and cost effective system of care.”

https://www.georgiagamblinghelp.org/gcpg-provides-treatment-to-aca-obamacare-members/
The Kansas Department for Aging and Disability Services is soliciting applications for three grants it says are meant to strengthen services for people who have a mental illness, abuse drugs or alcohol, gamble irresponsibly or contemplate suicide.

As proposed, the three grants are meant to:

• Launch “a statewide behavioral health coalition” for disseminating information, promoting awareness, combating stigma and supporting individuals and families in crisis. [Closed April 30, 2015]
• Develop community-based initiatives aimed at blending mental health services, substance abuse treatment and suicide prevention. [Closed April 30, 2015]
• Develop a system for gathering, interpreting and storing data needed to measure performance outcomes and risk factors. [Closed May 7, 2015]
<table>
<thead>
<tr>
<th>State Run Casinos</th>
<th>Medicaid Expansion State</th>
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<tbody>
<tr>
<td>Colorado</td>
<td>Yes</td>
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<td>Illinois</td>
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<td>Indiana</td>
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<td>Iowa</td>
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<td>New Jersey</td>
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<td>Pennsylvania</td>
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<td>Gambling (casinos, lottery, etc)</td>
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<tr>
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Lottery and Entertainment: Annual Spending in Billions of Dollars

North American Association of State and Provincial Lotteries
The Highest- and Lowest Lotto Spenders (Dollars-Per-Person, by State)
The poorest third of households buy half of all lotto tickets, according to a Duke University study in the 1980s, in part because lotteries are advertised most aggressively in poorer neighborhoods. A North Carolina report from NC Policy Watch found that the people living in the poorest counties buy the most tickets. "Out of the 20 counties with poverty rates higher than 20 percent, 18 had lottery sales topping the statewide average of $200 per adult," the North Carolina Justice Center reported.
Missouri Certified Compulsive Gambling Credentials

- Education: 30 hours Gambling Related Hours/6 Hours Live Ethics
- No Practicum Required
- Must hold treatment certification or license
- There is no test
states introduced new forms of gambling such as video games, sports betting, card rooms, and iGaming. Four states— including Maine, Maryland, Ohio, and West Virginia—legalized casino operations. Several states — including Delaware, Maine, Maryland, Pennsylvania, and Rhode Island—legalized poker and other table game operations at their casinos and racinos. New York and nine other states entered into an agreement to create a new multistate lottery game. In New Hampshire, a 10 percent tax was put on gambling winnings greater than $600 2 annually. Internet gambling, or the so-called iGaming, appears to be the next target for many states. Currently, internet gambling is legal only in three states — Delaware, Nevada, and New Jersey.
TRAINING AND CERTIFICATION OF CLINICIANS PROVIDING CARE FOR THOSE WITH GAMBLING DISORDERS

VARIATIONS ON A THEME: LACK OF STANDARDIZATION
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Part LXXX. Substance Abuse Counselors

Chapter 7. Credentials for License/Certification/Registration

§701. Licensed Addiction Counselor (LAC)
§703. Certified Addiction Counselor (CAC)
§705. Registered Addiction Counselor (RAC)
§707. Counselor-In-Training (CIT)
§709. Addiction Treatment Assistant (ATA)
§711. Certified Clinical Supervisor (CCS)
§713. Certified Compulsive Gambling Counselor (CCGC)
§715. Certified Prevention Specialist (CPS)
§717. Registered Preventionist (RP)
§719. Prevention Specialist-In-Training (PSIT)
§721. Certification as a Counselor by Reciprocity from Other States
§713. Certified Compulsive Gambling Counselor (CCGC)

A. The ADRA shall recognize as a CCGC each candidate who:

1. possesses a valid and current credential as a Licensed, Certified, or Registered Addiction Counselor and/or Qualified Mental Health Professional;
2. is at least 21 years of age;
3. is a legal resident of the United States;
4. is not in violation of any ethical standards subscribed to by the ADRA and does not have any pending disciplinary actions;
5. is not a defendant in any pending felony criminal proceedings;
6. has not been convicted of, pleaded guilty to, or entered a plea of nolo contendere to, a felony;
§713. Certified Compulsive Gambling Counselor (CCGC)

A. The ADRA shall recognize as a CCGC each candidate who:

7. the applicant shall provide the ADRA with a certified copy of his criminal history;

8. signs the ADRA form of professional and ethical accountability and responsibility;

9. provides evidence of having satisfied the following requirements:
   a. has successfully completed a minimum of 60 clock hours of education approved by the ADRA specific to addiction, at least six of which must be in professional ethics;
   b. a minimum of 30 clock hours of education approved by the ADRA specific to gambling addiction;
   c. demonstrates professional competency in compulsive gambling counseling by passing a written examination prescribed by the ADRA;

10. provides three letters of recommendation;

11. the Scope of Practice for the CCGC shall be consistent with and shall not exceed the scope of practice allowed for the practice credential of the holder.
May 10, 2015 - Problem gamblers their addiction, about the role of Missouri to licensed ... Must be certified compulsive gambling addiction, look at her informative talk. ... and substance abuse counselor level ii ncgci bacc sap ccgc stands for ...
Develop the Workforce

- Support national gambling disorder professional minimum competency standards.
- Develop ongoing data collection of information about the changing characteristics of the client population and the workforce available to help them.
- Continue dissemination of research findings and evidence-based clinical and organizational practices through the ATTCs and other mechanisms.
PERFORMANCE MEASURES, QUALITY MEASURES
AND INDICES OF EFFECTIVENESS
Studies show that Americans receive recommended care only about 55% of the time; that disparities exist in the way care is delivered to racial and ethnic minorities and that 30% of healthcare spending is wasteful, organizations like the National Quality Forum (NQF) evaluate and endorse tools for standardized performance measurement, including: performance measures that assess process, outcomes, and patient perceptions of care; preferred practices that suggest a specific process that, when executed effectively, lead to improved patient outcomes; and frameworks that provide a conceptual approach to organizing practices. These performance standards can be used to educate consumers and to ensure that practitioners and provider organizations are held accountable for the efficiency and quality of their performance.

The National Quality Forum has proposed no quality measures for gambling disorders.

Recommended Measures:
0108 Follow-Up Care for Children Prescribed ADHD Medication (ADD)
• 0710 Depression Remission at Twelve Months
• 0711 Depression Remission at Six Months
• 0712 Depression Utilization of the PHQ-9 Tool
• 1365 Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
• 2599 Alcohol Screening and Follow-up for People with Serious Mental Illness
• 2600 Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence
• 2601 Body Mass Index Screening and Follow-Up for People with Serious Mental Illness
• 2602 Controlling High Blood Pressure for People with Serious Mental Illness
• 2603 Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing
The National Quality Forum Recommended Behavioral Health Measures

- 2604 Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy
- 2605 Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence
- 2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
- 2607 Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- 2608 Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)
- 2609 Diabetes Care for People with Serious Mental Illness: Eye Exam
NCQA is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda.

Like NQF, NCQA has behavioral health measures, but no specific gambling disorder measures.
Develop Core Principles of Effective Treatment

- Place clients in level of care most appropriate for individual.
- Include motivational interviewing techniques.
- Develop treatment designs that are specific to the clinical needs of problem gambling clients.
- Include a family program component.
How Much Longer Will Performance Measures for Gambling Disorders be Overlooked?

Increased coverage of gambling disorder treatment by insurance will bring with it, increased concerns about quality, efficiency and performance. It is only a matter of time.
This case is about the legality of insurance subsidies provided by the federal government under the ACA to only those people enrolled through federal exchanges (i.e. Healthcare.gov).

If the Supreme Court rules in favor of King, it would end up leaving millions without insurance because they would not longer be able to afford the premiums, or the deductible. Last year, over 5 million people bought insurance on federal exchanges and about 87% of them qualified for subsidies. If those people opt out of buying insurance, it could end up making everyone’s healthcare a lot more expensive in the affected states.

Laura Lorenzetti, Fortune, March 3, 2015
http://fortune.com/2015/03/03/supreme-court-obamacare/
THANK YOU!

H. Westley Clark, MD, JD, MPH
hclark@scu.edu
QUESTIONS?