The Challenge for Kentucky

Recommendations for Quality Care and Service Programs for Pathological and Problem Gamblers in the Commonwealth

A White Paper from the Kentucky Council on Problem Gambling
August 2009

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Executive Summary

A growing body of evidence indicates pathological and problem gambling exist in Kentucky and are serious public health concerns. Kentucky is a gambling state. The three legal forms of gambling in Kentucky -- horse racing, charitable gaming (bingo), and the lottery -- produce almost $2 billion annually in wagers and sales. Each year, the state receives about $200 million in receipts from these sanctioned gambling activities.

New data from a 2008 survey of Kentucky respondents conducted for the Kentucky Council on Problem Gambling (KYCPG) by the University of Kentucky Survey Research Center indicates similar pathological and problem gambling behavior compared to findings in a 2003 Kentucky Legislative Research Commission report (LRC 316, *Compulsive Gambling in Kentucky*, November 2003). However, the 2008 findings show an increase in those considered at risk of becoming pathological gamblers or problem gamblers. The 2003 report cited 15,000 probable pathological gamblers (sometimes referred to as compulsive gamblers), 20,000 problem gamblers, and 170,000 Kentucky adults considered at risk of developing some problems with gambling. The 2008 survey cites 9,000 pathological gamblers, 50,000 problem gamblers, and 190,000 at-risk gamblers. Over their lifetimes, more than 250,000 Kentucky adults may have had some problem with their gambling.

Various studies of the social cost of uncontrolled gambling behavior range as high as $13,500 annually per pathological gambler. This figure includes costs for health care, criminal justice, social services, bankruptcy, theft, etc. Given the projection of pathological gamblers in Kentucky, the lowest estimated total social cost facing the state is $85 million annually. Additionally, human costs associated with pathological gambling are difficult to quantify in financial terms, such as the emotional impact on families or stress in personal relationships.

National, evidence-based models of prevention and treatment for pathological and problem gambling behavior are emerging. Kentucky provides no publicly funded services for prevention, education, awareness or treatment for pathological or problem gamblers. Six of Kentucky's seven border states (Illinois, Indiana, Missouri, Ohio, Tennessee and West Virginia), each of which also is a gambling state, provide publicly funded services for pathological and problem gambling prevention, education, awareness or treatment. Kentucky state government has not officially, through legislation or regulation, established or designated an agency of the state government to oversee or manage pathological and problem gambling prevention, education, awareness or treatment services. Advocates for such services cite a benchmark of $1 per total population to provide a fully functioning level of services. In Kentucky, that level would be about $4.1 million, or just 2 percent of the current income the state receives from the legal gambling it sanctions.

Since 2000, the Kentucky General Assembly has considered legislation to establish pathological and problem gambling prevention, education, awareness and treatment (counseling) services. The Kentucky Council on Problem Gambling (KYCPG) believes it appropriate to answer two fundamental questions:

1. ***What can we do to advocate for quality care for pathological and problem gamblers?***
2. ***What is needed to set up a program to serve pathological and problem gamblers?***

At the *12th Annual Educational and Awareness Conference on Problem Gambling Issues* held in Lexington, Ky., Jan. 29-30, 2009, the Kentucky Council on Problem Gambling conducted a facilitated discussion among its current certified compulsive gambler counselors and other attendees to obtain answers to the fundamental questions. The observations and recommendations in five areas -- outreach, helpline, intake, treatment/counseling, and certification/ training -- were recorded and summarized. The summary for each topic area captures the insight of certified gambler

counselors who currently are treating pathological and problem gamblers and those affected by their actions.

Participants agreed the discussion on specifics of certification qualifications for problem gambler counselors in Kentucky should continue.

Problem Gambling in Kentucky

A growing body of evidence indicates pathological and problem gambling exist in Kentucky and are serious public health concerns. Pathological gambling (also known as compulsive gambling) is defined by the American Psychiatric Association in the *Diagnostic and Statistical Manual of the Mental Disorders* (*DSM-IV*) as an impulse control disorder in which the individual exhibits five or more of 10 diagnostic criteria for pathological gambling. A problem gambler is defined as a person who meets three or four of the *DSM-IV's* 10 criteria for pathological gambling, and a person at risk of becoming a pathological gambler or developing a gambling problem exhibits one or two of the 10 criteria.

Kentucky is a gambling state. The three legal forms of gambling in Kentucky -- horse racing, charitable gaming (bingo), and the lottery -- produce almost $2 billion annually in wagers and sales. In 2008-2009, the Kentucky Lottery set a sales record at more than $800 million. In 2008, wagering at Kentucky's thoroughbred, standardbred and simulcast facilities was more than $500 million; and receipts from charitable gaming, although declining from its highest level a few years ago, still exceeded $500 million. In addition, estimates used in developing recent Kentucky legislative proposals to expand gambling cite more than $500 million gambled by Kentuckians at out-of-state casinos. Most of Kentucky's adult citizens gamble. Each year, the state receives about $200 million in receipts from these sanctioned gambling activities.

Kentucky youth also are gambling. Nationally, prevalence rates for teen gambling are three times greater than the adult prevalence rates. 2006 data gathered by Reach of Louisville for the semiannual *KIP Survey*, for the first time included questions on gambling behavior. The survey of 117,000 students from 107 Kentucky counties showed 8 percent of all sixth graders, 17 percent of all eighth graders, 20 percent of all sophomores, and 21 percent of all seniors gambled for money or possessions within 30 days of answering the question. More than 4,000 respondents reported money or time spent on gambling led to financial problems or problems with family, work, school or personal life. This characteristic of potential pathological gambling admitted by 3.4 percent of *KIP* survey respondents mirrors national study percentage estimates of the rate of youth pathological gambling prevalence. The *KIP* survey asked the same questions in 2008. The percentages went down -- 7 percent of sixth graders, 15 percent of eighth graders, 17 percent of sophomores, and 17 percent of seniors -- but still represent thousands of Kentucky youth.

New data from a 2008 survey of Kentucky respondents conducted for the Kentucky Council on Problem Gambling (KYCPG) by the University of Kentucky Survey Research Center indicate similar pathological and problem gambling behavior compared to findings in a 2003 Kentucky Legislative Research Commission report (LRC 316, *Compulsive Gambling in Kentucky*, November 2003). However, the 2008 findings show an increase in those considered at risk of becoming pathological gamblers or problem gamblers. The 2003 report cited 15,000 probable pathological gamblers, 20,000 problem gamblers, and 170,000 Kentucky adults considered at risk of developing some problems with gambling. The 2008 survey cites 9,000 pathological gamblers, 50,000 problem gamblers, and 190,000 at-risk gamblers. Over their lifetimes, more than 250,000 Kentucky adults may have had some problem with their gambling.

Two national analyses of pathological and problem gambling frequently are cited in determining the prevalence of the behaviors among a population. Both the Harvard Medical School Division on Addictions 1995 metastudy and the National Opinion Research Center (University of Chicago) 1999 study for the National Gambling Impact Study Commission showed a pathological gambling prevalence rate of around 1 percent and a problem gambling prevalence rate of around 3 percent. About 95 percent of a population gambles without any negative health consequences.

Anecdotally, information obtained from the KYCPG-sponsored 1-800-GAMBLER helpline and Gamblers Anonymous indicates increasing gambling and problem

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gambling behavior in the state. Calls to the 1-800-GAMBLER helpline numbered 1,622 in 2000, increasing to 2,716 in 2005. The number of callers provided some reportable service (referral to Gamblers Anonymous, referral to counseling, or provided further information on compulsive and problem gambling) totaled 453 in 2000 and 469 in 2005. Since 1998, the number of Gamblers Anonymous meetings available to Kentucky residents has increased from 11 to 28, and the number of attendees at most meetings also has increased. Since 1998, the number of certified compulsive gambler counselors in Kentucky has increased from one to 10. Another piece of anecdotal evidence suggesting increased gambling and problem gambling behavior is residents in 100 of Kentucky's 120 counties have self-banned themselves from Indiana casinos. Jefferson County, Kentucky, ranks second among **ALL** counties in **ANY** state with 100 individuals self-banned from Indiana casinos, and more than any Indiana county (Cook County, Illinois, which contains Chicago, ranks first.).

The Cost of Problem Gambling in Kentucky

Given the projections of pathological gamblers in Kentucky, the lowest estimated total social cost facing the state is $85 million annually. A 1995 study in Wisconsin (Thompson, et.al.) calculated the combined social costs from employment-related factors (lost income, unemployment compensation, less productivity); debts and theft; criminal justice; and health, welfare and treatment, at $9,468.72 per pathological gambler. The 9,000 probable pathological gamblers cited in the 2008 survey cost $85 million. The 15,000 pathological gamblers cited in the 2003 LRC report cost Kentucky $142 million annually. Another estimate of the total social costs of pathological gambling was published in 2000 by professors Earl L. Grinols and David B. Mustard. Using similar parameters as the Wisconsin study, but including the costs of bankruptcy, Grinols and Mustard estimated $13,592 in total social costs for each pathological gambler. Under these projections, 9,000 pathological gamblers cost Kentucky $122 million annually.

There are additional human costs associated with pathological gambling that are difficult to quantify in financial terms. As written in a 2007 article, *The Effect of Pathological Gambling on Families, Marriages, and Children*, by Shaw, Forbush, Schlinder, Rosenman and Black, "Empirical evidence is only now accumulating but when put together with anecdotal information, the extent of these problems is clear. PG (pathological gambling) contributes to chaos and dysfunction within the family unit, disrupts marriages, leading to high rates of separation and divorce, and is associated with child abuse and neglect. Divorce rates are high, not surprising in light of reports that these marriages are often abusive. Research shows that the families of pathological gamblers are filled with members who gamble excessively, suffer from depressive or anxiety disorders, and misuse alcohol, drugs, or both."

Problem gamblers have high rates of co-occurring substance abuse and mental health disorders, including smoking, alcohol use and abuse, drug use and abuse, depression and suicidal behavior, the National Council on Problem Gambling cited in a 2009 background report on federal legislative initiatives. Suicide ideation and suicide attempts among pathological gamblers was noted as a major concern by G. Westley Clark, M.D., director of the U.S. Substance Abuse and Mental Health Services Administration. Surveys in Illinois, Wisconsin and New Jersey cited by Henry Lesieur, Ph.D., in 1996 showed pathological gamblers attempt suicide at a rate of 18 percent, which is greater than the rate for other behavioral control disorders.

Services Needed for Pathological Gamblers

National, evidence-based models of prevention and treatment for pathological and problem gambling behavior are emerging, and several state accountability studies (e.g., Iowa, Minnesota, Oregon) show services to pathological and problem gamblers reduce prevalence and other negative impacts of uncontrolled gambling behavior. Kentucky provides no publicly funded services for prevention, education, awareness or treatment for pathological or problem gamblers. Of Kentucky's 14 regional comprehensive mental health centers, only two have a certified compulsive gambler counselor on staff, although all 14 reported at least one intake of a client with pathological gambling as his or her primary diagnosis.

Kentucky sits as an island without publicly funded services for pathological and problem gamblers. Six of Kentucky's seven border states (Illinois, Indiana, Missouri, Ohio,

Tennessee and West Virginia), each of which also is a gambling state, provides publicly funded services for pathological and problem gambling prevention, education, awareness or treatment. Kentucky state government receives about $200 million each year in contributions, taxes or fees from Kentucky's legal gambling activities. The argument from advocates of publicly funded services for pathological and problem gamblers is a government has a moral and ethical obligation to provide prevention, education, awareness and treatment services for those who may develop an addiction to a behavior both sanctioned by the government and from which the government receives income.

Kentucky state government has not officially, through legislation or regulation, established or designated an agency of the state government to oversee or manage pathological and problem gambling prevention, education, awareness or treatment services. The U.S. Congress is considering legislation to establish a *Comprehensive Problem Gambling Act* (*CPGA*), which authorized more than $14 million annually to support state pathological and problem gambling services. The funds would be directed toward the state authority responsible for administering the services. Without a designated recipient in Kentucky, the state may not be able to receive any federal funds for this program.

There have been Kentucky legislative efforts to establish a program for pathological and problem gamblers in the past 10 years. In 2000, a bill introduced by then-Rep. Jack Coleman passed the House but failed to advance in the Senate after objections were raised by the Patton Administration's Department of Charitable Gaming. In subsequent years, similar bills were introduced by Reps. Coleman, C.B. Embry, Jim Wayne and Charlie Siler, and by Sen. Julian Carroll. In 2008, a bill introduced by Reps. Wayne and Siler was approved by the House Appropriation and Revenue Committee, but it never was called for a final vote of the House. The Wayne-Siler bill was co-sponsored by 24 representatives, both Democrats and Republicans. It was endorsed by 11 associations and businesses, including the Kentucky Association of Regional Programs (KARP, the organization representing Kentucky's 14 comprehensive mental health centers), the Kentucky Mental Health Coalition (KMHC, an association of 40 separate organizations), the Catholic Conference of Kentucky representing about one-third of all Kentucky bingo licensees), the Kentucky Council of Churches, Keeneland, Churchill Downs, the Kentucky Thoroughbred Association, and the Kentucky Lottery Corporation.

Legislators recognize the need for pathological and problem gambling services. In separate legislation introduced in the 2009 Kentucky General Assembly, each authorizing video lottery terminals, Rep. Tom Burch and Speaker of the House Greg Stumbo would create and fund from dedicated sources pathological and problem gambling services. A similar proposal was included in the gambling legislation that passed the Kentucky House in the 2009 Special Session. Since 2000, all legislation to expand gambling has included authorization and funding of pathological and problem gambling services. It remains, however, that currently there is no legislatively or regulatorily authorized, nor publicly funded, program in Kentucky for pathological and problem gambling services. Advocates for such services cite a benchmark of $1 per total population to provide a fully functioning level of services. In Kentucky, that level would be about $4.1 million, or just 2 percent of the current income the state receives from the legal gambling it sanctions.

Seeking Kentucky Solutions – National Considerations

There exists in Kentucky the following circumstances:

- Gambling among all age groups.
- The presence of pathological, problem, and at-risk gamblers.
- At the most conservative estimate, about 1,000 potential pathological gamblers for each of the currently certified compulsive gambler counselors in the state.
- Certified gambler counselors and access to gambler counselor services only exist in Henderson, Louisville, Owensboro and Prestonsburg.

The Kentucky Council on Problem Gambling (KYCPG) believes it appropriate to answer two fundamental questions:

1. ***What can we do to advocate for quality care for pathological and problem gamblers?***
2. ***What is needed to set up a program to serve pathological and problem gamblers?***

KYCPG planned its *12th Annual Educational and Awareness Conference* in Lexington Jan. 29-30, 2009, to

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seek answers to the questions. It secured the services of two nationally recognized experts to facilitate the discussions: Jerry Bauerkemper, executive director, Nebraska Council on Problem Gambling, who also is a former state administrator of a problem gambler services program and a former member of the National Council on Problem Gambling Board of Directors; and Rick Benson, director, ALGAMUS Recovery Centers in Arizona and Florida.

At the conference, Bauerkemper presented an overview of measures for outcomes from successful treatment of pathological gamblers. He suggested the corresponding skills and knowledge needed to achieve those outcomes. National outcome measures for problem gambling are abstinence, improvement in employment status, reduced gambling related problems, reduced family relationship problems, reduced/eliminated gambling frequency, reduction in gambling activity, improved financial status, reduced hospitalization, reduced loss of home or business, and reduced bankruptcy/legal entanglements.

A comprehensive prevention, education, awareness, and treatment program for pathological and problem gambling will include these measures:

- **Reduced morbidity --** decrease in abuse of gambling, increase in understanding of risk behaviors, decrease in symptomology of problem gambling.
- **Employment/Education --** increased, or stability in, employment or education among pathological gamblers, workplace policies and procedures regarding gambling, school policies and procedures regarding gambling, increased employee education on symptomology of problem/pathological gambling.
- **Crime/Criminal Justice --** decrease in criminal incarcerations and gambling related crimes, decrease in criminal activity among pathological gamblers in recovery, increase in educational programs targeting the criminal justice system.
- **Stability in Housing --** increase in stability in housing and recovering pathological gamblers, better family communication about gambling, increase in social support and social connectedness in the area of problem gambling.
- **Access/Capacity --** increased access to services, increased service capacity, increased public awareness to access points.
- **Retention --** increased retention in treatment programs, increased positive outcomes of the treatment experience, access to prevention messages, reduced utilization of ancillary human services.
- **Perception of Care --** client's positive treatment experience, decreased negative consequences of problem/pathological gambling, increased seamless utilization of services.
- **Cost Effectiveness --** affordable services for clients, appropriate levels of care provided, effective use of resources.
- **Use of Evidence-Based Practices --** quality of care givers, evidence-based counseling techniques, evidence-based levels of care, quality training of care givers.

Specific training and certification requirements are needed for professionals to deliver quality care to pathological and problem gamblers. Bauerkemper reported the following skills and knowledges are needed:

- Intake assessment procedures based on the *DSM-IV* (*Diagnostic and Statistical Manual of the Mental Disorders, Fourth Edition*).
- Face-to-face skills for intake, individual counseling, group counseling, treatment planning, and after care.
- Networking, outreach, and referral protocols to other mental health providers and criminal justice programs (including parole and probation officers).
- Concepts of financial restitution and financial case management.
- Case management services, family counseling and family programs.
- Public awareness outreach for employers, employee assistance professionals, and community educational presentations.
- Understanding and delivery of prevention programs.
- Retention skills.
- Knowledge of research, evidence-based counseling techniques, medications, and co-occurring disorders.

Seeking Kentucky Solutions – Counselor Input

Kentucky's currently certified gambler counselors were invited to participate in a facilitated discussion to determine which of the national outcome measures, certification requirements, counselor skills, and other knowledge and abilities are most important in answering the two fundamental questions:

1. ***What can we do to advocate for quality care for pathological and problem gamblers?***
2. ***What is needed to set up a program to serve pathological and problem gamblers?***

The following certified counselors participated in a facilitated small group discussion: Stephanie Al-Uqdah, Louisville; Dennis Carpenter, Owensboro; RonSonLyn Clark, Ph.D., Owensboro; Herbert E. Newman, Psy.D., Louisville; Alfred Perkins, Louisville; and Roberta Rhodes, Louisville. They presented their observations and recommendations in five areas -- outreach, helpline, intake, treatment/counseling, and certification/training -- to all conference attendees, who were encouraged to offer comments and suggestions. The following are summaries of the presentation for each topic area based on the insight of certified gambler counselors who currently are treating pathological and problem gamblers, as well as those affected by their actions.

Outreach

There is a failure to recognize the issues of pathological and problem gambling among treatment professionals generally. It is necessary to overcome the stigma of some who don't want to work with difficult pathologies (e.g., gambling, sex, domestic violence). There is a legitimate issue of resources, but those who take the position, "if we ask, we'll have to do something," are not ethical. Part of the stigma deals with the archaic caricature of the gambler (now potentially any age, demographic group or gender). Training in graduate school needs to expand to provide more knowledge on the range of addictions. Understanding of the symptoms and signs and the ability to use language to understand the problem is needed. The problem must be addressed holistically. It means expanding the perception of the addiction or disorder. Arguments and presentations must be based on data and facts; help the public understand the risk. While statistics are meaningless to the gambler, they are important for the public to perceive the truth. Speak about the addiction in terminology others can understand and hear; put the issues in an appropriate frame of reference. Pursue education for judges and prosecutors to convey the impact on the criminal justice system. Know family rights and family options, which is essential in guiding holistic recovery. Reach out to Gamblers Anonymous; build partnerships that can overcome distrust, miscommunications and lead to mutual support.

Helpline

Everyone is responsible for promoting the helpline phone number (1-800-GAMBLER in Kentucky). Counselors eventually will be asked about gambling issues; they need to know the data. They also need to always mention the helpline number to promote awareness. Promote the helpline every way possible: billboards, advertisements, public service announcements, outreach presentations, posters in public lobbies and businesses. Promotion of helpline services also helps increase the number of individuals who may attend Gamblers Anonymous. Increased GA demand will lead to more GA meetings established across the state. Helplines must offer a live voice. Helpline systems in which potential pathological and problem gamblers can speak directly with a certified gambler counselor are ideal. The access points to services should be increased, not just through a helpline. A referral protocol and the process should be publicized widely, including with employee assistance programs. Share information among all crisis lines to help ensure those seeking help get exactly the assistance they need.

Intake

Every person seeking treatment at any venue -- such as mental health facilities, substance abuse clinics, etc. -- should be screened for gambling. The legal system should screen for gambling at the presentencing investigation. Incorporating the two-question, lie-bet screen is fast, simple and accurate. If it indicates a possible gambling problem, a more detailed screening instrument should be administered. The South Oaks Gambling Screen (SOGS) is the most widely used. SOGS is not proprietary, but it cannot be modified. The NODS screen is based on the *DSM-IV* criteria. It is important to involve the family early in the counseling process. Often the family does not realize it is their issue, too. Counselors have to learn how to ethically deal with confidentiality of financial information, such as credit reports, debt, etc. At the first meeting with a client, education is key -- the number one objective in the first session is to convey the client is facing a disease, is not bad, and there is hope. Efforts should be established to help individuals move toward self-assessment, perhaps through web-based information.

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Treatment/Counseling

Treatment can consist of outpatient counseling, intensive outpatient counseling, crisis counseling, residential care options, and family counseling. Care should be used in developing laws or regulations to permit levels of care deemed important for successful treatment. Language is important. Counselors must convey their goals for treatment and counseling in ways understandable by all -- not only by the client and those affected by his or her gambling, but also by those who will legislate or regulate programs for pathological and problem gambling services. If addressing a problem or need, start with a recommended answer or solution. Fully consider all implications of suggestions.

Certification/Training

It is important that everyone who works with gamblers be certified, but a psychiatrist or addictionologist may ask why he or she needs to be certified to treat this specific population? There are recognized disciplines deemed competent to treat almost anything, but all of those disciplines have an ethics code requiring background knowledge in the area of treatment -- the duty of care. Eventually all who will treat pathological gamblers will have to determine what qualifications are needed. Individuals will have to prove what they have done in order to have the knowledge and skills to deliver services. Certification is a method of assurance for both the client and the public. National certifications for gambler counselors now are recognized in Kentucky, but a growing trend is for state certification programs. Regardless, counselors should engage in a discussion of what is needed in training and qualifications to be certified as a gambler counselor: minimum hours of classroom instruction, face-to-face counseling hours, supervision, a user-friendly testing process, what processes should be tested, continuing education requirements, possible phases for training, evaluation procedures for recertification. Counselors also should engage in discussion of how to determine whether a gambler counseling program is successful, perhaps something similar to or a part of the KTOS (Kentucky Treatment Outcome Survey). For example, in substance abuse treatment, every dollar spent on treatment returns $4.29 saved in other areas. The essence of the certification question is: What is competency, who is competent, and how is that judged?

Recommendation

Participants agreed the discussion on specifics of certification qualifications for problem gambler counselors in Kentucky should continue. Kentucky's current certified gambler counselors will pursue further refinement of the items and issues presented at the 12th Annual Educational and Awareness Conference. In addition, volunteer participation will be sought from the Kentucky Clinical Society of Social Workers, Gamblers Anonymous, the clergy, and other groups that may have an interest.

KYCPG (the Kentucky Council on Problem Gambling) is a private, non-profit [501(c)(3)] organization incorporated in 1995 in the Commonwealth of Kentucky. KYCPG's neutrality policy restricts the organization from taking a position for or against gambling expansion or contraction. KYCPG's mission is to increase awareness of problem gambling, advocate for widespread availability of treatment for problem gamblers, and promote research and education on problem gambling.