



Testimony on Mechanisms to Address Problem Gambling in NYS Presented to the NYS Gaming Commission

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by

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Thank you Chairman Gearan and esteemed members of the New York State Gaming Commission for inviting our participation in today's inaugural forum. My name is Karin Carreau and I am the Director of Policy for the National Association of Social Workers-NYS Chapter. I am accompanied by Ms. Jenness Clairmont; the Clinical Director of the Samaritan Counseling Center and together, we represent over 11,000 licensed mental health providers, spanning the spectrum of disciplines of licensed social work, mental health counselors, marriage and family therapists and psychoanalysts.

Given the scope of work our collective memberships participate in, we've been watching, with keen interest, the evolution of casino gambling in the state of New York. We've also been examining the related data which suggests a high probability of collateral damage associated with legalized casino gambling; leading us to recognize that the state and its citizens may

very well be challenged to address the social and public health consequences that often stem from problem and pathological gambling.

A multitude of studies have noted the strong relationship between casino accessibility and problem gambling. Prevalence research surrounding problem and pathological gambling has found that Nevada, which leads the country in gambling opportunities, also has the highest rates of adult problem gambling in the United States.¹ An analysis of the U.S. Gambling Impact and Behavior Study data found the availability of a casino within 50 miles to be associated with about double the prevalence of problem and pathological gamblers.² Moreover, results from a national neighborhood study found that those who lived within 10 miles of a casino had twice the rate of pathological or problem gambling as those who did not. This study also found permissiveness of gambling laws to be positively related to survey participants having engaged in any gambling in the past year, as well as frequent gambling.³ Given these findings, it is unsurprising that in the years following the legalization of casinos in the states of Iowa, Louisiana and Minnesota, evidence indicating an upswing in the rates of problem and pathological gambling began to surface.⁴ At a time when New York is moving to expand gambling opportunities across the state, it is increasingly important to acknowledge the potential for these patterns to emerge in our own state and to adopt measures that will proactively address and mitigate problem and pathological gambling.

Studies surrounding the negative psychological, economic, and social costs of problem and pathological gambling on the public's health are abundant. Research has found that pathological gamblers experience physical and psychological stress and often exhibit significant rates of depression, alcohol and drug dependence and suicidal ideation.⁵ A study conducted by

¹ State of Nevada Problem Gambling Prevention Five-Year Strategic Plan. (2009). Problem Gambling Solutions, Inc.

² Gerstein, D. R., R. A. Volberg, R. Harwood, E. M. Christiansen et al. 1999. Gambling Impact and Behavior Study: Report to the National Gambling Impact Study Commission. Chicago, IL: National Opinion Research Center at the University of Chicago.

³ Welte, J., Wiczorek, W., Barnes, G., Tidwell, M., and Hoffman, J. (2007). The Relationship of Ecological and Geographical Factors to Gambling Behavior and Pathology. *Journal of Gambling Studies*, 20(4); 405-423.

⁴ Horn, B. (n.d.). Is There a Cure for America's Gambling Addiction? Retrieved from: <http://www.pbs.org/wgbh/pages/frontline/shows/gamble/procon/horn.html>

⁵ Volberg, R. (2002). Gambling and Problem Gambling in Nevada: Report to the Nevada Department of Human Resources. Northampton, MA: Gemini Research, LTD.

the National Research Council indicates that between 25-50% of spouses of pathological gamblers have been abused; a statistic that serves as an unfortunate reminder that the negative impacts of problem gambling extend beyond the individual.⁶ Additionally, recent reports have revealed that problem gamblers in Nevada are more likely to have been arrested and/or incarcerated when compared to the general population, more likely to come from minority groups, and more likely to experience a variety of mental health and substance abuse problems.⁷ The National Council on Problem Gambling reports the annual social cost of gambling-related addiction, bankruptcy and crime to be \$7 billion.

Given the projected increase of casino accessibility in New York, as well as the established correlation between problem gambling and mental health and substance abuse issues, it is critical that New York mental health professionals anticipate and prepare for the growth of problem gambling among our state's residents. Data indicate that, similar to substance abuse disorders, problem and pathological gambling can be addressed through treatment.⁸ Ensuring that mental health providers are sufficiently trained to identify and treat gambling addictions and the pathological behaviors of problem gamblers would serve to mitigate the detrimental costs we can anticipate will accompany the planned casino expansion.

Proactive Address:

In an effort to meet the projected clinical needs associated with an uptick in problem gambling, the New York State Chapter of the National Association of Social Workers (NASW-NYS), the New York Mental Health Counselors Association, the New York Association for Marriage and Family Therapy, and the National Association for the Advancement of Psychoanalysis, (NAAP) propose a collaborative with the Office of Alcoholism and Substance Abuse Services (OASAS) to develop a comprehensive, multi-discipline, multi-year training curriculum rooted in

⁶ National Opinion Research Center (NORC). (1999). *Gambling Impact and Behavior Study*, Report to the National Gambling Impact Study Commission [Electronic Version]. Chicago, IL: Author.

⁷ State of Nevada Problem Gambling Prevention Five-Year Strategic Plan. (2009). Problem Gambling Solutions, Inc.

⁸ Ashley, L. & Boehlke, K. (2012). Pathological Gambling: A General Overview. *Journal of Psychoactive Drugs*, 44(1); 27-37:

best practices for the sole purpose of readying our state's mental health workforce.

Such curriculum would be created using evidenced based practices and emerging clinical data focused on the multifaceted range of biological, personality, developmental, cognitive, and environmental risk factors of problem and pathological gambling. Curriculum would be delivered through in person training institutes, webinars and print materials, with follow-up clinical support.

In addition, a specialty certification would be created to verify the competence of clinicians to deliver such services, and a comprehensive evaluation tool would be utilized to monitor the program's effectiveness, relevancy and application feasibility.

In 2007, New York State found itself woefully unprepared to meet the mental health needs of our veterans returning from Iraq and Afghanistan. In response, as with many other issues, the National Association of Social Workers worked in partnership with experts in the fields of PTSD and Traumatic Brain Injuries, state agencies, and stakeholders spanning the gamete of veteran's specific issues to develop a comprehensive, intensive training curriculum that has been delivered to thousands of mental health providers across New York and is now expanding to primary care practitioners as well. It is being replicated throughout the country and has been referred to by Army OneSource to be the premier training curriculum which they now use as a model for replication.

In 2013, The New York Association of Marriage and Family Therapy, the National Association for the Advancement of Psychoanalysis, and the New York Mental Health Counselors Association actively supported enactment of legislation (Chapter 486 of the Laws of 2013) to establish continuing education requirements for the State's Article 163 mental health practitioners, effective January 1, 2017. NASW-NYS backed similar legislation for licensed social workers which will be effective as of January 1, 2015. As these professionals begin participating in continuing education programs that will enable them to adapt to the state's changing mental health landscape, prioritizing focus on a continuing educational curriculum

specific to problem and pathological gambling will proactively prepare the workforce and optimally stem the anticipated depth of impact of casino expansion.

New York State doesn't have to find itself behind the curve as we were in addressing the needs of our returning veterans. We have the predictive data, we know through conversations with OASAS, that the large majority of individuals experiencing problem gambling seek treatment with private clinicians, and we four organizations, unlike any others, have the capacity to reach such providers, possess an expertise in curriculum development and have a solid track record in the delivery of evidence based training. We stand ready to assist.