>>> GOOD MORNING, LADIES AND GENTLEMEN. WELCOME. THANK YOU FOR BEING HERE TODAY FOR THIS PROBLEM GAMBLING FORUM. I SERVE AS THE CHAIR OF THE NEW YORK STATE GAMING COMMISSION AND WE'RE DELIGHTED TO HAVE ALL OF YOU HERE, MY FELLOW COMMISSIONERS AS WELL AS THE OASIS COMMISSIONER. AS WAS RAISED DURING MY OWN CONFIRMATION PROCESS TO SERVE AS CHAIR, THE ISSUE OF PROBLEM GAMBLING MUST BE A COMPONENT IN TERMS OF THE REGULATORY NATURE OF THE INDUSTRY AND OUR WORK. AT THE OUTSET OF MY TENURE AS CHAIR OF THE COMMISSION, I MADE A COMMITMENT TO FURTHER EXPLORE THIS ISSUE AND TO BRING FORWARD AN ENHANCED FOCUS ON HOW THE GAMING COMMISSION IN NEW YORK STATE CAN BE BETTER AT WHAT WE DO AND HOW BETTER TO ADDRESS IT. SO I'M PLEASED AND GRATEFUL TO THE COMMISSION STAFF ESPECIALLY WHO IN A VERY SHORT PERIOD OF TIME HAVE ASSEMBLED A COMPREHENSIVE FORUM WITH A DAZZLING GROUP OF EXPERTS WHO WILL BE ABLE TO CLEARLY OUTLINE TO US HOW WE CAN FOSTER A RESPONSIBLE ENVIRONMENT FOR THE GAMING INDUSTRY. SO WE HAVE A VERY FULL DAY OF TESTIMONY AHEAD OF US ALL DAY. BUT I WANTED TO IN ADVANCE OF THAT JUST GIVE YOU A BRIEF OVERVIEW OF WHERE THE GAMING COMMISSION IS WITH REGARDS TO ADDRESSING THE ISSUES, THE COMPLEX ISSUES OF PROBLEM GAMBLING. THE ACT REQUIRES THE STATE AND COMMERCIAL CASINOS TO DEVELOP PROGRAMS TO COMBAT COMPULSIVE --THIS IS FROM THE LEGISLATION --TO COMBAT COMPULSIVE AND PROBLEM GAMBLING. THAT IS A QUOTE FROM THE ACT. AND IT REQUIRES THE COMMISSION

TO APPROVE AN APPLICANT'S PROBLEM GAMBLING PLAN BEFORE ISSUING A GAMING FACILITY LICENSE. SO TODAY THE COMMISSION WILL HEAR TESTIMONY FROM PROFESSIONALS AND ACADEMICS AND ADVOCATES IN THE FIELD OF PROBLEM GAMBLING IN AN EFFORT FOR US TO GUIDE THE DEVELOPMENT OF AN INDUSTRY BEST PRACTICES FRAMEWORK AS WE LOOK TO THESE YOU ISSUES FOR CASINO OPERATORS. THIS SHOULD ENABLE THE GAMING COMMISSION TO ESTABLISH A RESPONSIBLE GAMBLING PROGRAM TO APPROPRIATELY ADDRESS COMPULSIVE AND PROBLEM GAMBLING RELATED ISSUES NOT JUST AS THE COMMERCIAL CASINOS, BUT THROUGHOUT THE ENTIRE GAMING INDUSTRY, AN INDUSTRY BEST PRACTICES FRAMEWORK WILL BE USED TO DRAFT INITIAL REGULATIONS TO ADDRESS PROBLEM GAMBLING AT FACILITIES REGULATED BY THE COMMISSION. ADDITIONALLY THE FRAMEWORK WILL ASSIST THE COMMISSION WITH A BETTER UNDERSTANDING OF PROBLEM GAMBLING ISSUES AS WE GROW AS AN ORGANIZATION AND CONTINUE TO WORK IN COLLABORATION WITH STAKEHOLDERS. IT WILL ALSO ASSIST OPERATORS UNDERSTAND WHAT PRACTICES THEY NEED TO HAVE IN PLACE IN ORDER TO RUN A SUCCESSFUL AND RESPONSIBLE FACILITY. IT'S MY UNDERSTANDING THAT THE PHRASE RESPONSIBLE GAMBLING FRAMEWORK REPRESENTS A SOUTHWEST CONCEPTS AND PRACTICES INTENDED TO REDUCE OR TO ELIMINATE THE HARMS THAT CAN BE ASSOCIATED WITH GAMBLING WHILE SIMULTANEOUSLY MAXIMIZING POTENTIAL BENEFITS OF GAMBLING. SOME OF THE THINGS THAT CAN BE INCLUDED WOULD BE VOLUNTARY SELF EXCLUSION PROGRAMS, PRACTICES FOR ADVERTISING AND MARKETING

THAT DISPLAY RESPONSIBLE GAMBLING MESSAGES, RESTRICTING TECHNOLOGICAL DESIGN FEATURES AND SOME OF THE ENVIRONMENTAL VARIABLES THAT MAY CONTRIBUTE TO EXCESSIVE GAMBLING. AND ENSURING THE AVAILABILITY OF TREATMENT FOR THOSE WHO SEEK ASSISTANCE. THE NEW YORK STATE LEGISLATURE HAS TAKEN WHAT I CONSIDER TO BE VERY IMPORTANT STEPS IN THIS AREA. FIRST, THEY RECOGNIZE THAT PROBLEM GAMBLING IN THE CASINO LEGISLATION BY INCLUDING WITHIN THE LICENSING CRITERIA A REQUIREMENT THAT THE LICENSEES ADDRESS PROBLEM GAMBLING. SECONDLY, THEY UNDERSCORE THE IMPORTANCE BY MAKING A PROBLEM GAMBLING PLAN A REQUIRED ELEMENT OF THE REQUEST FOR APPLICATION PROCESS. AND MOST IMPORTANTLY IN MY JUDGMENT FOR THE FIRST TIME THE LEGISLATURE CREATED A MECHANISM FOR EDUCATION AND TREATMENT. ALL THREE OF THESE ELEMENTS ARE DISTINCTIVE, VERY FORWARD THINKING AND PART OF THE LEGISLATURE AND GIVES US AS THE COMMISSIONERS A VERY GOOD ROAD MAP AND OF COURSE TO GAIN THE EXPERT AND COUNSEL OF THE VARIOUS EXPERTS WE HAVE FOR TESTIMONY TODAY TO GUIDE OUR WORK IN THE MONTHS AHEAD. TO PUT THESE THREE ELEMENTS IN TO PERSPECTIVE OF THIS ACTION, CURRENTLY NEW YORK IS IN THE MIDDLE OF GAMBLING STATES IN THE PER CAPITA EXPENDITURES FOR PROBLEM GAMBLING TREATMENT AND ADDICTION. PRETTY MUCH IN THE MIDDLE. IF THE FOUR NEW GAMING FACILITIES ARE THE SAME SIZE AS THE STREAM STONE CASINO, THE ANTICIPATED ANNUAL REVENUE OF SCREENING FOR PROBLEM GAMBLING TREATMENT AND EDUCATION WOULD

MOVE NEW YORK TO THE TOP TEN NATIONALLY IN PER CAPITA EXPENDITURES IN THIS AREA ASSUMING THE FOUR NEW COMING IN. BUT IF WE LOOK AT STATES WITH 10 MILLION PER CAPITA, IT WOULD PLACE NEW YORK NUMBER TWO IN THE NATION. SO YOU GET A SENSE I BELIEVE OF THE IMPORTANCE OF THE LEGISLATIVE ACTION AND TO PUT IT INTO PERSPECTIVE OF WHAT THIS COULD MEAN IN TERMS OF EDUCATION, TREATMENT, AWARENESS, ALL THE KIND OF ISSUES WE'RE TALKING ABOUT TODAY. WHAT WE'LL BE SEEING OVER THE COURSE OF NEW YORK'S HISTORY HERE IS AN OPPORTUNITY THAT BEGINS TODAY WITH THIS FORUM. AND WE WANT TO BUILD ON THAT MOMENTUM THAT WAS ESTABLISHED FROM THE UPSTATE ACT. SO WITH ME TODAY ARE SEVERAL OF MY COLLEAGUES AND WE'RE HONORED TO HAVE THE OASIS COMMISSIONER AS WELL. AND I INVITE MY COMMISSIONERS TO MAKE OPENING COMMENTS. >> THANK YOU. GOOD MORNING, EVERYONE. IT'S REALLY AN HONOR AND PLEASURE TO BE HERE TODAY WITH MY COLLEAGUES FROM THE GAMING COMMISSION FOR THIS VERY IMPORTANT FORUM ON PROBLEM GAMBLING. I'M SO APPRECIATIVE OF THE COMMISSION FOR INVITING OASIS HERE TODAY. I LOOK FORWARD TO WORKING WITH THE COMMISSION. AS YOU WELL KNOW, OASIS IS DESIGNATED AS THE SINGLE STATE AGENCY RESPONSIBLE FOR THE COORDINATION OF STATE/FEDERAL RELATIONS IN THE AREA OF ADDICTION SERVICES INCLUDING PROBLEM GAMBLING. WE PLAN, DEVELOP AND REGULATE CHEMICAL DEPENDENCE AND GAMBLING TREATMENT SERVICES.

SO I'M EXTREMELY INTERESTED IN HEARING FROM EACH AND EVERY ONE OF YOU ABOUT INDUSTRY BEST PRACTICES THAT ARE OUT THERE. OVER THE PAST YEAR, OASIS AND THE COMMISSION HAVE ENJOYED AN EXCELLENT PARTNERSHIP IN EXAMINING PROBLEM GAMBLING AND WE'VE MADE A GREAT DEAL OF PROGRESS IN A SHORT TIME THROUGH THE RESPONSIBLE PARTNERSHIP AND I LOOK FORWARD TO CONTINUING THAT GREAT WORK. I BELIEVE THAT WITH THE KNOWLEDGE AND INFORMATION GAINED FROM TODAY'S CONFERENCE, WE WILL BE ABLE TO MAKE EVEN GREATER STRIDES IN ADDRESSING PROBLEM GAMBLING. THE IMPRESSIVE LIST OF PANELISTS IS A WELL ROUNDED COLLECTION. AND I'M EAGER TO REALLY LISTEN AND LEARN SO THAT WE CAN BETTER PREPARE FOR THE INCREASING GAMING IN THIS STATE. THANK YOU. >> THANK YOU VERY MUCH, COMMISSIONER. THE OTHER COMMISSIONERS? >> I'D LIKE TO THANK EVERY FOR PUTTING IN YOUR TIME AND ENERGY TO BE WITH US TODAY. THIS IS A LEARNING PROCESS FOR ALL OF US. I ALSO WOULD LIKE TO THANK THE STAFF OF THE GAMBLING NOTICE FOR O. SHORT NOTICE FOR PUTTING THIS TOGETHER AND WORKING COLLABORATIVELY WITH OASIS TO GIVE US GUIDANCE AND DIRECTION. >> THANK YOU. COMMISSIONER, THANK YOU VERY MUCH FOR YOUR COMMENTS. WE HAD A VERY GOOD CONVERSATION LAST WEEK AND I VALUE THE PARTNERSHIP AND APPRECIATE YOUR LEADERSHIP. WE ALSO RECOGNIZE THE DEMANDS ON YOUR TIME. WE HAVE YOU THROUGH ABOUT NOON WHICH WE'RE GRATEFUL. WE KNOW YOU HAVE OTHER PRESSING

RESPONSIBILITIES. BUT I THANK YOU VERY MUCH FOR ALLOCATING SO MUCH TIME HERE. WE PLAN TO WORK ALL DAY, TO WORK RIGHT THROUGH LUNCH, TO ROLL UP OUR SLEEVES HERE AND TAKE ADVANTAGE OF THE EXPERTISE BROUGHT HERE TO ALBANY FOR THIS PURPOSE. AND I JOIN WITH COMMISSIONER SAMPLE IN THANKING THE COMMISSION STAFF. WHEN I SUGGESTED THIS AT MY FIRST COMMISSION MEETING ABOUT A MONTH AGO OR SO, THEY PUT TOGETHER THIS VERY QUICKLY AND VERY COMPREHENSIVELY WITH A VERY INCLUSIVE LIST AND WE CAN ALL PROFIT AND LEARN FROM THIS EXPERIENCE. SO I WOULD ALSO LIKE TO RECOGNIZE THAT ASSEMBLYMAN COULD NOT BE HERE, BUT HAS PREPARED A WRITTEN STATEMENT AND WOULD LIKE TO INCORPORATE THAT INTO THE OFFICIAL RECORD. SO WITH THAT, LET US BEGIN WITH OUR FIRST EXPERT WITNESS HERE, DR. SARAH E. NELSON. SHE IS THE ASSOCIATE DIRECTOR FOR RESEARCH AT THE DIVISION OF ADDICTION IN CAMBRIDGE HEALTH ALLIANCE AND ASSISTANT PROFESSOR OF PSYCHIATRY AT HARVARD. AMONG HER RESEARCH WORK, DR. NELSON HAS STUDIED PEOPLE WHO DEVELOP GAMBLING PROBLEMS. DR. MEDICAL SON'S GAMBLING RELATED WORK HAS FOCUSED ON THE ETIOLOGY OF GAMBLING PROBLEMS. DR. NELSON, WE LOOK FORWARD TO YOUR TESTIMONY. >> THANK YOU FOR INVITING ME TO SPEAK TO YOU TODAY. YOU CONSIDER CASINO DEVELOPMENT AND HOW TO ADDRESS THE ISSUE OF PROBLEM GAMBLING. I HAVE FOUR OBJECTIVES IN MY TESTIMONY TODAY. THE FIRST IS TO PROVIDE A BRIEF OVERVIEW OF WHAT WE KNOW ABOUT GAMBLING DISORDER, ITS

PREVALENCE AND ETIOLOGY AND ITS RELATION TO OTHER ADDICTIVE DISORDERS. THE SECOND TO EXPRESS WHAT WE KNOW ABOUT GAMBLING RELATED PROBLEM. THE THIRD TO REVIEW CURRENT BEST PRACTICES AND EVIDENCE ABOUT RESPONSIBLE GAMBLING PROGRAMS. AND THE FOURTH TO IDENTIFY GAPS IN THE CURRENT RESEARCH AND IMPORTANT DIRECTIONS FOR FUTURE RESEARCH. FIRST I'D LIKE TO INTRODUCE MYSELF. I'M THE ASSOCIATE DIRECTOR OF RESEARCH AT THE DIVISION ON ADDICTION AT CAMBRIDGE HEALTH ALLIANCE AND ASSISTANT PROFESSOR OF PSYCHIATRY AT HARVARD MEDICAL SCHOOL. AT THE DIVISION, I'VE BEEN INVOLVED IN RESEARCH SINCE 2003. THE DIVISION HAS BEEN A PIONEER IN THE FIELD OF GAMBLING STUDIES SINCE THE EARLY '90s. SO TO UNDERSTAND GAMBLING PROBLEMS, WE NEED TO STEP BACK AND CONSIDER HOW GAMBLING DISORDER FITS WITHIN OUR GREATER UNDERSTANDING OF ADDICTION. THOSE GAMBLING DISORDER IS NOW AN ACCEPTED FORM OF ADDICTION, IT WASN'T ALWAYS SO. PEOPLE DID NOT ACCEPT THAT A BEHAVIOR COULD CONSTITUTE AN ADDICTION. OUR ABILITY TO UNDERSTAND GAMBLING AS AN ADDICTION DEPENDS HOW WE VIEW AN ADDICTION. WE SAY CIGARETTES ADDICTIVE OR ALCOHOL OR DRUGS ADDICTIVE. RECENTLY EXPERIMENTS WITH RATS HAVE CONFIRMED ADDICTIVE PROPERTIES OF OREOS. SUBSTANCE USE DISORDERS ARE DEFINED BY THE SUBSTANCE INVOLVED. SINCE GAMBLING IS NOT AN OBJECT THOUGHT TO INDUCE A DISORDER, PATHOLOGICAL WAS CLASSIFIED UNDER IMPULSE DISORDERS NOT

OTHERWISE CLASSIFIED. EVEN THE NATIONAL INSTITUTES OF HEALTH DO NOT ADDRESS GAMBLING. SO THE FIRST QUESTION TO ASK WHEN WE'RE THINKING ABOUT GAMBLING DISORDER IS WHEN ADDICTION IS DEFINED SO EXCLUSIVELY ACCORDING TO OBJECTS, IF OBJECTS ARE ADDICTIVE, THEN WHY ISN'T EVERYONE WHO HAS TRIED AN ADDICTIVE DRUG ADDICTED. IF YOU LOOK AT THE CHART HERE, THE GRAY BARS REPRESENT YOUTH. 70% REPORT USE IN THE PAST YEAR. CLOSE TO 50% HAVE USED ILLICIT DRUGS. ONE OF THE REASONS WE'RE SO FOCUSED ON THESE OBJECTS OF ADDICTION IS THAT MORE OFTEN THAN NOT, WE EQUATE ADDICTION WITH CHEMICAL DEPENDENCY. 20 YEARS AGO IF I ASKED DO CHEMICALS CAUSE ADDICTION, MOST WOULD ANSWER YES. THAT'S CHANGED IN PART DUE IT ALL THE RESEARCH. BUT STILL HOW CAN WE SAY SOMETHING LIKE DISORDER GAMBLING IS THE SAME? IN FACT RESEARCH HAS SHOWN THAT THE EFFECTS OF BEHAVIORAL ADDICTION CAN MIRROR THOSE OF CHEMICAL ADDICTION EVEN IN THE BRAIN. SO WITH DRUG TAKING, IMPOSTER MOLECULES COMPETE WITH RECEPTOR SITES IN THE BRAIN. WITH ACTIVITIES LIKE GAMBLING, BEHAVIOR AND EXPERIENCE CAN ACTUALLY STIMULATE THE ACTIVITY OF NATURALLY OCCURRING NEURO TRANSMITTERS AND DIRECTLY ACT ON THE BRAIN, AS WELL. AND I CAN REFER TO YOU WORK IN THIS AREA. THERE ARE MULTIPLE STUDIES SHOWING HOW DISORDER GAMBLING LOOKS A LOT LIKE SUBSTANCE ABUSE DISORDERS. IN ONE THEY WERE SHOWED VIDEOS RELATED TO GAMBLING.

AT THE DISPLAYED BRAIN ACTIVATION THAT LOOKED QUITE SIMILAR TO THOSE SHOWN ADDICTED BY COCAINE. IT ALSO SHOWS THEY SHOW THE SAME PHYSIOLOGICAL SYMPTOMS OF WITHDRAWAL AND TOLERANCE AS PEOPLE WITH SUBSTANCE USE DISORDERS. SO GIVEN THE RESEARCH IN THE PAST TWO DECADES ON GAMBLING, OUR YOU VIEW OF ADDICTION HAS CHANGED. FOR EXAMPLE, THE DSM V HAVE RETITLED TO SUBSTANCE RELATED AND ADDICTIVE DISORDERS. SO NOW GAMBLING DISORDERS ARE INCORPORATED WITHIN THIS SECTION AND OTHER POTENTIAL ADDICTIVE DISORDERS ARE BEING CONSIDERED, AS WELL. INTERNET GAMING DISORDER AND CAFFEINE USE DISORDER DIDN'T MAKE THE CUT, BUT THEY MADE IT INTO MENTION. SO IF WE NO LONGER CONSIDER ADDICTION TO BE EXCLUSIVELY A PROPERTY OF OBJECT OR CHEMICALS, WHAT IS IT? THIS IS IMPORTANT IN UNDERSTANDING GAMBLING BECAUSE WE UNDERSTAND HOW IT FITS WITHIN THE WAY WE UNDERSTAND OTHER ADDICTIONS. AT THE DIVISION DR. SCHAFFER DEVELOPED A SYNDROME MODEL. WITHIN THIS FRAMEWORK, ADDICTION IS CONSIDERED TO DEVELOP OUT OF THE REPEATED INTERACTION OF A PERSON WITH AN UNDERLYING SET OF VULNERABILITIES AND AN OBJECT OR ACTIVITY. A SYNDROME LIKE AIDS IS A CLUSTER OF SYMPTOMS AND SIGNS RELATED TO AN ABNORMAL UNDERLYING CONDITION. IN THE CASE OF AIDS, IT WOULD BE HIV. NOT ALL SYMPTOMS OR SIGNS ARE PRESENT IN EVERY EXPRESSION OF THE SYNDROME. PEOPLE WITH AIDS PRESENT WITH

DIFFERENT INFECTIONS. IN ADDITION, SYNDROMES AND SIGNS AND SYMPTOMS THAT SERVE AS CHARACTERISTICS HAVE A DISTINCTIVE TEMPORAL PROGRESSION. SO DR. SCHAFFER WROTE THE VIEW OF SEPARATE ADDICTIONS IS SIMILAR TO THE VIEW ESPOUSED DURING THE EARLY DAYS OF AIDS DIAGNOSIS. THE SYNDROME MODEL OF ADDICTION REALLY RECOGNIZES THAT ADDICTION SHARES MANY SIMILARITIES WITH THE DEFINITION OF SYNDROME. ADDICTION IS CHARACTERIZED BY A VARIETY OF RELATED SIGNS AND SYMPTOMS THAT REFLECT AN UNDERLYING DISORDER, TOLERANCE, WITHDRAWAL IN ALL FORMS. NOT ARE ALL PRESENT AT ALL TIMES. DIAGNOSTIC CRITERIA FOR SUBSTANCE USE DISORDERS REQUIRES PATIENTS MEET ALL BUT NOT ALL CRITERIA. UNIQUE AND SHARED COMPONENTS TO OCCUR, THERE ARE NONSPECIFIC RISKS, NONSPECIFIC NEURO BIOLOGICAL RISKS, PSYCHOSOCIAL RISKS. AND SHARED EXPERIENCES ACROSS DIFFERENT FORMS OF ADDICTION AS WELL AS UNIQUE RISK FACTORS. ADDICTION ALSO HAVE SIMILAR ETIOLOGIES AND SIMILAR RELAPSE RATES. AND YOU DON'T NEED TO TAKE ALL OF THIS IN AT THE MOMENT. BASICALLY WHAT IS REQUIRED TO DEVELOP AN ADDICTION? FIRST RISK FACTORS. AS I SAID BEFORE, NEUROLOGICAL AND PSYCHOSOCIAL RISK FACTORS ARE SHARED BETWEEN ADDICTIONS. SO YOU NEED THIS UNDERLYING VULNERABILITY. YOU ALSO NEED EXPOSURE AND INTERACTION. I MAY HAVE ALL THE VULNERABILITY IN THE WORLD, BUT IF I NEVER ENCOUNTER IT, I WON'T DEVELOP

THAT ADDICTION. ONCE YOU HAVE VULNERABILITY AND EXPOSURE, YOU HAVE TO INTERACT AND THAT HAS TO PRODUCE SOME KIND OF RELIABLE SUBJECTIVE SHIFT. WHAT DO I MEAN? SIMPLY PUT, YOU NEED TO GET A KICK OUT OF IT OR HAVE IT EASE DISTRESS IN SOME WAY. PEOPLE CAN MOVE TOWARD MORE OR LESS HEALTHY BEHAVIOR. WHEN WE THINK ABOUT IT AS A SYNDROME, ITS CONSEQUENCES CAN GENERATE KIND OF AN ENTIRELY NEW VULNERABILITY PROFILE OR MATRIX AND THE DEVELOPMENT OF THE SYNDROME PLACES PEOPLE WITH THE SYNDROME AT INCREASED RISK FOR DEVELOPING YOU NEW AND CO-MORBID ADDICTIVE BEHAVIORS. THAT IS EVIDENT IN MANY WAYS, MOST SPECIFICALLY IN THE PARALLEL OF DIFFERENT ADDICTIONS AS WELL AS ADDICTION HOPPING. PEOPLE WHO JUMP FROM ONE ADDICTION TO ANOTHER AND CO-MORBIDITY I MENTIONED. SO WHY DO WE CARE? ONE WAY IT CAN INFORM GAMBLING SPECIFIC POLICY IS BY OFFERING TREATMENT TARGETS. SO IF YOU THINK ABOUT THE RISK FACTORS FOR ADDICTION, THEY'RE REALLY TARGETS FOR PRIMARY PREVENTION, INTERVENTIONS THAT TARGET RISK AREAS PRIOR TO ANY DEVELOPMENT OF ADDICTION, SECONDARY PREVENTIONS, INTERVENTIONS WITH INDIVIDUALS WHO ARE AT PARTICULAR RISK FOR DEVELOPING ADDICTION, PEOPLE WITH THE PRE-MORBID ADDICTION SYNDROME, AND FINALLY TERTIARY PREVENTION OR TREATMENT. IT HELPS US BETTER FIT GAMBLING DISORDER WITHIN WHAT WE ALREADY KNOW, BUT DOESN'T HELP US IDENTIFY GAMBLING DISORDER OR DEFINE IT. SO ADDICTIONS OR DISORDERS ARE STILL MORE OFTEN THAN NOT

DEFINED BY THEIR CONSEQUENCES. FOR GAMBLING WE HAVE MORE THAN 30 INSTRUMENTS. AND THOSE DIFFERENT TOOLS DO NOT ALWAYS AGREE ON WHETHER SOMEBODY HAS A GAMBLING DISORDER OR NOT. IF WE RETURN TO THE DSM, THE CURRENT CRITERIA FOR GAMBLING DISORDER ARE LISTED ON THE SLIDE. AND AGAIN MOST OF THEM HAVE TO DO WITH CONSEQUENCES OF GAMBLING. DSM V REOUIRES A PERSON TO HAVE FOUR OF THE NINE CRITERIA TO QUALIFY AS A DISORDER GAMBLER. THEY ORIGINALLY HAD TEN AND YOU HAD TO QUALIFY FOR FIVE. THEY REMOVED THE ONE HAVING TO DO WITH ILLEGAL BEHAVIORS. SO THE INSTRUMENTS WE USE TEND TO VARY GREATLY. THE PREVALENCE RATES WE FIND ARE STILL REMARKABLY STABLE. SO FIRST OF ALL, GAMBLING IS HIGHLY PREVALENT. STUDIES FIND BETWEEN 75% AND 80% REPORT GAMBLING IN THE PAST YEAR. AND IMPORTANTLY PREVALENT STUDIES ACROSS MULTIPLE STATES AND COUNTRIES RELIABLY FIND THAT APPROXIMATELY 0.5% TO 1% OF THE GENERAL POPULATION IS CURRENTLY SUFFERING FROM GAMBLING DISORDER AND AN ADDITIONAL 2% TO 3% ARE EXPERIENCING SOME GAMBLING PROBLEM. LIFE TIME RATES, ALTHOUGH THEY'RE LESS RELIABLE, ALSO WHOEVER AROUND 1%. LIFE TIME RATES OF SUB CLINICAL PROBLEMS BEING ABOUT 3% TO 5% OF THE GENERAL POPULATION. THAT IS FOUND TIME AND AGAIN, DIFFERENT STATE, DIFFERENT COUNTRIES. RESEARCH TO DATE HAS IDENTIFIED A HOST OF ARRIVING FACTORS, MANY OF WHICH ARE SHARED WITH OTHER SUBSTANCE ABUSE DISORDERS. IT INCLUDES BEING YOUNG, BEING

MALE, HAVING LOW INCOME, HAVING EASY ACCESS TO GAMBLING, STARTING TO GAMBLE AT AN EARLY AGE, THRILL SEEKING, HAVING A CRIMINAL HISTORY, BELIEVING IN THE ABILITY TO CONTROL RANDOM EVENTS AND SUFFERING FROM OTHER MENTAL HEALTH ISSUES. IN PARTICULAR, HAVING MULTIPLE MENTAL HEALTH DISORDERS OR ISSUES IS PARTICULARLY ASSOCIATED WITH GAMBLING DISORDER. IN A RECENT STUDY USING DATA FROM THE NATIONAL CO-MORBIDITY SURVEY REPLICATION, DR. KESSLER AND COLLEAGUES FROM THE DIVISION FOUND DISORDER GAMBLERS HAD SIGNIFICANTLY ELEVATED PREVALENCE OF MOOD DISORDER, ANXIETY DISORDER, SUBSTANCE USE DISORDERS COMPARED TO OTHERS. AND 96% ALSO MET CRITERIA FOR AT LEAST ONE OTHER MENTAL HEALTH DISORDER IN THEIR LIFE TIME. IN THE MAJORITY OF CASES, MENTAL HEALTH DISORDER PRECEDED THE GAMBLING DISORDER. THAT'S IMPORTANT TO KEEP IN MIND AS WE GO FORWARD BECAUSE WHEN WE POSITION OF GAMBLING DISORDER AND WE THINK OF SUBSTANCE USE DISORDERS AND OTHER MENTAL HEALTH DISORDERS, THEY'RE ALL INEXTRICABLY LINKED. THE NEXT TOPIC I WANT TO COVER IS HOW CAN HE WITH EXPECT GAMBLING EXPANSION TO IMPACT THE PREVALENCE OF GAMBLING RELATED PROBLEMS. SO THE MOST STRAIGHTFORWARD VIEW WOULD BE THAT EXPOSURE OUT TO INCREASE THE RATE OF PROBLEMS. AND SOME RESEARCH DOES FIND SUCH A RELATIONSHIP. THE NATIONAL GAMBLING IMPACT STUDY COMMISSION REPORTED EARLY ON THAT HAVING CASINO WITHIN 50 MILES OF ONE'S HOME ELEVATES THAT PERSON'S RISK FOR EXPERIENCING A GAMBLING RELATED PROBLEM.

SIMILARLY, OUR OWN WORK AT THE DIVISION ON ADDICTION HAS DEMONSTRATED ASSOCIATION BETWEEN THE PRESENCE OF GAMBLING OPPORTUNITIES AND HELP LINE CALLS IN IOWA AND SELF EXCLUSION RATES IN MISSOURI. THIS SHOWS THE RESULTS OF A PROJECT WITH THE IOWA DEPARTMENT OF HEALTH. IT SHOWS POPULATION ADJUSTED RATES OF HELP LINE CALLS AS A FUNCTION OF PROXIMITY TO CASINO VENUES. DARKER GREEN REPRESENTS MORE CALLS. THE LITTLE ICONS REPRESENT CASINO LOCATIONS. AND WE CAN SEE THAT IT'S CLEAR FROM THE SLIDE THAT PROBLEM GAMBLERS WHO SEEK HELP ARE CONCENTRATED AROUND THE CASINO LOCATION. WE GET THE SAME THING WHEN WE LOOK AT A STUDY WE IT IN MISSOURI. THIS SLIDE IS SHOWING SELF EXCLUSION RATES BY COUNTY IN MISSOURI. SO IN MISSOURI, THEY HAVE A STATEWIDE SELF EXCLUSION PROGRAM. THE RED INDICATES HIGHER SELF EXCLUSION RATES AND YELLOW REPRESENTS CASINOS. SO AGAIN, NOT SURPRISINGLY, SELF EXCLUSION RATES ARE HIGHER WITHIN THE COUNTIES THAT ARE CLOSE TO THE CASINOS. THESE ARE ALL ASSOCIATION STUDIES. IF WE THINK ABOUT GAMBLING ACROSS TIME, THIS SLIDE SHOWS THE MAJOR GENERAL POPULATION STUDIES OF GAMBLING AND GAMBLING PROBLEMS THAT HAVE BEEN DONE IN THE U.S. FROM 1975 TO 2008. THE FIRST NATIONAL REPORT ON PATHOLOGICAL GAMBLING BEHAVIOR IN THE UNITED STATES WAS CONDUCTED IN 1975 AND AT THAT TIME ONLY A FEW STATES HAD STATE

RUN LOTTERIES, CASINO GAMBLING WAS CONFINED TO NEVADA. NOW IT'S EXPANDED TO RIVERBOATS, RACETRACKS. ONE WOULD EXPECT IF WE'RE THINKING ABOUT EXPOSURES DIRECTLY RELATED TO PROBLEM, WE WOULD EXPECT GAMBLING PROBLEMS TO HAVE INCREASED GREATLY. INSTEAD, IN 1975, COLLEAGUES FOUND 68% OF THEIR NATIONALLY REPRESENTED SAMPLE REPORTED GAMBLING IN THEIR LIFE TIME, 61% REPORTED GAMBLING IN THE PAST REAR. AND 0.7% WERE WHAT THEY CALLED COMPULSIVE GAMBLERS. FOUR OTHER STUDIES HAVE TAKEN PLACE SINCE THE ORIGINAL. A STUDY IN 1998 SURVEYED A NATIONALLY REPRESENTATIVE SAMPLE AND FOUND THAT 80% OF THOSE SURVEYS HAVE GAMBLED IN THEIR LIFE TIME. ONLY 63% HAVE GAMBLED IN THE PAST YEAR. 0.8% WERE LIFE TIME PATHOLOGICAL GAMBLERS. AND THE LIST GOES ON, BUT YOU CAN SEE FROM THE CHART THAT LIFE TIME AND PAST YEAR DISORDERED GAMBLING HAS NOT INCREASED IN ANY SIGNIFICANT FASHION ACCORDING TO THESE STUDIES FROM 1975 TO THE 2008 STUDY. SO NATIONALLY THERE HAS BEEN NO SIGNIFICANT INCREASE IN GAMBLING DISORDERS SINCE 1975 DESPITE THE GROWTH. THE DATA SUGGESTS MORE PEOPLE HAVE TRIED GAMBLING, BUT THE NUMBER WHO DEVELOP PROBLEMS HAS NOT INCREASED TO THE SAME EXTENT. AND DISORDER GAMBLING APPEARS TO BE A RELATIVELY STABLE PHENOMENON ACROSS TIME AND PLACE. THE BEST TEST TO THE EFFECTS OF GAMBLING LEGALIZATION IS TO LOOK AT DISORDER GAMBLING BEFORE AND AFTER A CASINO OPENING OR

LOTTERY IMPLEMENTATION IN A GIVEN COMMUNITY. THERE HAVE BEEN SEVERAL STUDIES. JUST THIS YEAR, THE DIVISION COLLABORATED WITH SPECTRUM GAMING GROUP TO PRODUCE A SYSTEMIC REVIEW OF THE LITERATURE RELATED TO GAMBLING EXPANSION AND THE SOCIAL IMPACTS, IN THIS CASE GAMBLING BEHAVIOR AND GAMBLING RELATED PROBLEMS, THAT GAMBLING EXPANSION HAS. WE CONDUCTED A OUANTITATIVE ANALYSIS OF SELECTED PEER REVIEW AND GRAY LITERATURE. WE SEPARATED OUR REVIEW INTO TWO CATEGORIES, PEER REVIEW LITERATURE, AND GRAY LITERATURE SPECIFICALLY SELECTING STATEWIDE STUDIES OF GAMBLING EXPANSION. FOR THE PEER REVIEW LITERATURE, OUR SEARCH TERMS RETURNED 308 ARTICLES, BUT OF THOSE 308, ONLY 24 INVOLVED EMPIRICAL STUDIES ABOUT GAMBLING EXPANSION. ONLY 17 INCLUDED MULTIPLE TIME POINTS WHICH WAS ONE OF OUR INCLUSION CRITERIA. FOR THE GRAY LITERATURE, WE FOUND 44 REPORTS FROM 16 STATES THAT MET OUR CRITERIA. WE CODED EACH STUDY ON MULTIPLE METHODOLOGICAL CATEGORIES. AND IDENTIFIED EXPANSION WITHIN EACH TIME POINT AND EXAMINED CHANGES IN GAMBLING PROBLEM RATES AS THEY RELATED TO THAT EXPANSION. SO FOR PEER YOU REVIEW LITERATURE ANALYSIS, SCORES RANGED FROM 0 TO 13. THE ACTUAL SCORES RANGED FROM 1 TO 10. NINE STUDIES HAD SCORE OF 5 OR LESS. AND EIGHT HAD SCORES GREATER THAN 5. THE STUDY WITH THE HIGHEST METHODOLOGICAL QUALITY FROM 2006 EXAMINED THE OPENING OF ONE CASINO AND INDICATED THAT ACROSS

FOUR WAVES OF DATA COLLECTION NO OVERALL CHANGES IN PROBLEM GAMBLING OR GAMBLING DISORDER IN THE TARGET COMMUNITY COMPARED TO THE CONTROL COMMUNITY OCCURRED. THE STUDY WITH THE MOST EXPANSION EVENTS EXAMINED THE INTRODUCTION AND EXPANSION OF MULTIPLE TYPES OF GAMBLING IN MULTIPLE VENUES AND INDICATED MIXED RESULTS. SO THEY FOUND REDUCTIONS IN PARTICIPATION, NO CHANGES IN PAST YEAR OR PROBLEM GAMBLING, BUT INCREASES IN LIFE TIME GAMBLING DISORDER. OF ALL THE OUTCOMES REPORTED REGARDLESS OF STUDY QUALITY OR OUTCOME, 15 OF THOSE 17 INDICATED NO OVERALL STATISTICALLY SIGNIFICANT CHANGE IN ACTIVITY. FIVE SHOWED A DECREASE IN SOME OF THE ACTIVITY. AND SOME INDICATED AN INCREASE IN ACTIVITY. SO AN APPARENT POSITIVE RELIES, BUT NOT SIGNIFICANT BECAUSE OF THE SMALL NUMBER. VISUAL INSPECTION INDICATES MORE EXPANSION TENDED TO BE ASSOCIATED WITH SLIGHTLY LESS INCREASE IN RATES ACROSS TIME RATHER THAN AN ACTUAL INCREASE. SO MOST OF THESE STUDIES WERE SEEING A DECREASE ACROSS TIME AND THE ONES WITH GAMBLING EXPANSION HAD A SLIGHTLY LESS INCREASE ACROSS TIME. >> SORRY, CAN YOU SAY THAT ONE MORE TIME? >> OF THESE STUDIES, WHEN WE'RE ACTUALLY LOOKING, THEY HAVE MULTIPLE, SOME TWO, SOME THREE OR FOUR, WE LOOK ACROSS TIME, MOST WERE JUST SEEING A DECREASE ACROSS TIME IN GAMBLING DISORDER. AND IF WE COMPARED THAT TO THE AMOUNT OF EXPANSION THAT WAS GOING ON WITHIN THAT STUDY OR THAT COMMUNITY, THE ONES WITH

MORE EXPANSION, THERE WAS A SLIGHT TREND THAT THE DECREASE WAS LESS. SO WE WEREN'T SEEING A GREAT INCREASE, WE WERE SEEING LESS, BUT NOT STATISTICALLY SIGNIFICANT BECAUSE OF THE SMALL SAMPLE. SO REALLY THE AVAILABLE PEER REVIEW LITERATURE ISN'T PROVIDING ANY CONCLUSIVE EVIDENCE OF A RELATIONSHIP BETWEEN GAMBLING AND GAMBLING RELATED PROBLEMS. FOR THE GRAY LITERATURE, WE DID THE SAME THING. AGAIN FINDINGS WERE MIXED. MAJORITY OF STATE REPORTS FOUND NO SIGNIFICANT CHANGES IN THE LINEAR FASHION IN GAMBLING PROBLEMS AFTER EXPANSION. THERE WAS SOME PRELIMINARY EVIDENCE THAT IT RELATED POSITIVELY TO GAMBLING RATES, BUT THE SET WAS TOO SMALL TO DRAW ANY STRONG CONCLUSIONS. REALLY THE MOST YOU CAUTIOUS APPROACH WOULD BE TO COLLECT HIGH QUALITY DATA TO ADD TO AND CLARIFY THE EXISTING BODY OF LITERATURE. SO OUR CONCLUSION WAS THERE WAS NOT ENOUGH WELL DESIGNED RESEARCH TO ANSWER THE QUESTION. THERE ARE A FEW PLAUSIBLE EXPLANATIONS. ONE IS THAT THE STUDIES THAT ARE ACTUALLY ABLE TO DETECT IMPACTS ARE EXCEEDINGLY RARE IN THE GAMBLING FIELD STILL. TO ASSESS IMPACT, YOU NEED MULTIPLE WAYS AND A LARGE ENOUGH SAMPLE TO IDENTIFY A LOW BASE RATE DISORDER. AND THAT THIS HAS NOT YET BEEN ACCOMPLISHED RELIABLY. ANOTHER EXPLANATION IS THAT EXPOSURE EFFECTS ARE NOT LINEAR. RESEARCHERS MADE USE OF A TOXIN ANALOGY. IT'S ARGUED CERTAINLY SOCIAL EVENTS ARE THE SOCIAL EQUIVALENT

OF EXPOSURE TO GERMS. EXPOSURE TO THESE EVENTS CAN RESULT IN SOMETHING LIKE AN INFECTION. WE CAN TREAT GAMBLING PROBLEMS AS AN INFECTION. EXPOSURE CAN LEAD TO AN INFECTION, BUT A TYPICAL CURVE SUGGESTS THAT THIS PROCESS IS NOT LINEAR. THIS IS AN ILLUSTRATION ADAPTED FROM A PAPER. IT LEADS TO A RAPID INCREASE IN THE INFECTION, IT TARGETS THE MOST VULNERABLE. MORE EXPOSURE TRANSLATES IN TO GREATER LIKELIHOOD OF INFECTION FOR LARGE SEGMENT OF THE POPULATION. BUT THEN PEOPLE RECOVER AND INCIDENT RATES DECLINE. SO FOLLOWING INITIAL INCREASES IN ADVERSE REACTIONS TO NEW ENVIRONMENTAL EVENTS, INDIVIDUALS IN A POPULATION CAN BECOME RESISTANT TO THOSE EVENTS AND DEMONSTRATE ADAPTATION. THE POTENTIAL SOURCES IN THIS CASE COULD INCLUDE SOCIAL LEARNING, WANING NOVELTY, INTERVENTIONS OR NEW INTERESTS. STUDIES IN NEVADA HAVE FOUND TWO TRENDS. NEWCOMERS TO NEVADA EVIDENCED HIGHER RATES OF PROBLEMS THAN THOSE WHO HAVE LIVED THERE FOR MORE THAN TEN YEARS. AND SECOND, YOUNGER AND NEWER EMPLOYEES AS CASINOS EVIDENT HIGHER RATES OF PROBLEMS THAN OLDER OR LONGER TERM EMPLOYEES. IN MORE RECENT WORK, THE ONE THAT HAD THE HIGHEST METHODOLOGICAL SCORE, IN QUEBEC, IT WAS FOUND GAMBLING PROBLEMS INCREASED FROM PRETEST TO ONE YEAR FOLLOW UP DURING WHICH TIME THE CASINO OPENED BUT THEN THE DECREASE. SIMILARLY IN MISSOURI, RATES OF SELF EXCLUSION INCREASED INITIALLY WHEN MORE CASINOS WERE INTRODUCED BUT THEN LEVELED OFF. ANOTHER EXPLANATION HAS TO DO WITH WHAT WE'RE MEASURING. OFTEN CROSS SECTION AT DESIGNS ARE USED TO IDENTIFY GAMBLING PROBLEMS. OFTEN THEY FIND SOMETHING LIKE THIS. THE PREVALENCE RATE FROM TIME ONE TO TIME TWO TO TIME THREE REMAINS RELATIVELY STABLE. SO AT THE TOP GAMBLING DISORDER, SAME PREVALENCE RATE ACROSS TIME. BUT IT'S IMPORTANT TO NOTE THAT THIS RELATIVELY STABLE SEEMING PATTERN COULD MASK REALLY MAJOR CHANGES AT THE INDIVIDUAL LEVEL. NEW CASES COULD REPLACE OLD CASES THAT FALL INTO REMISSION. GAMBLING DISORDER A NOT A STABLE PHENOMENON. THE ONLY WAY TO DETECT THOSE KIND OF CHANGES IS AT THE INDIVIDUAL LEVEL THROUGH REPEATED LONGITUDINAL STUDY. BEFORE I MOVE ON TO RESPONSIBLE GAMBLING PROGRAMS, I WANT TO HIGHLIGHT A FEW TAKE HOME POINTS FROM THIS RESEARCH. WHAT WE'RE FINDING IS THAT THE EFFECTS OF EXPOSURE AND EXPANSION ARE NOT STRAIGHTFORWARD AND LINEAR. EXPOSURE CAN INCREASE RATES OF GAMBLING PROBLEMS, BUT ADAPTATION ALSO PLAYS A ROLE. AND IN PARTICULAR, EXPANSION WILL LIKELY HAVE IT GREATEST EFFECT ON THOSE ALREADY VULNERABLE TO THE DEVELOPMENT OF GAMBLING PROBLEMS. AND BASED ON OTHER RESEARCH WE'VE DONE THAT I VICE PRESIDENT PRESENTED HERE, POSSIBLY THOSE WHO ARE ALREADY HIGHLY INVOLVED IN OTHER FORMS OF GAMBLING, AS WELL. NOW I'D LIKE TO MOVE ON TO RESPONSIBLE GAMBLING PROGRAMS. AROUND THE WORLD GAMING IS CONTINUING TO EXPAND.

AND ONE IMPORTANT WAY THAT KEY STAKEHOLDERS HAVE RESPONDED IS TO REQUIRE GAMING OPERATORS TO IMPLEMENT RESPONSIBLE GAMBLING PROGRAMS. THESE PROGRAMS HAVE BEEN PROLIFERATING AROUND THE WORLD. AND I'M GOING TO TALK BRIEFLY ABOUT APPLYING A PUBLIC HEALTH APPROACH TO THESE RESPONSIBLE GAMBLING EFFORTS AND APPLYING AN EMPIRICALLY DRIVEN SCIENTIFIC APPROACH TO EVALUATING THE EFFORT. I'LL FOCUS PARTICULARLY ON CASINO SELF EXCLUSION PROGRAMS, AS WELL. I'D LIKE TO BEGIN WITH A FEW EXAMPLES OF TECHNIQUES THAT AREN'T DIRECTLY RELATED TO GAMBLING. IN THE 1990s, AIR BAGS BECAME A MANDATORY SAFETY DEVICE IN MOST CARS. IT THEY'RE HIGHLY EFFECTIVE AND CERTAINLY SAVE LIVES. BUT RESEARCH HAS ALSO SHOWN THAT THEY CAN CAUSE INJURY OR EVEN KILL SMALL CHILDREN. THESE FINDINGS HAVE LED TO SPECIFIC RECOMMENDATIONS AND NEW SAFETY STANDARDS FOR AIR BAGS. ANOTHER EXAMPLE, THE U.S. HAS A MINIMUM DRINKING AGE OF 21 TO PROTECT YOUTH FROM THE HARMS OF ALCOHOL. EVIDENCE SUGGESTS THAT THIS HAS DEEPLY REDUCED DRINKING AND DRIVING FATALITIES AMONG YOUNG ADULTS, BUT THERE IS ALSO SOME SPECULATION THAT THE LIMIT MIGHT CONTRIBUTE TO BINGE DRINKING AND IRRESPONSIBLE BEHAVIOR AMONG YOUNG ADULTS ONCE THEY START DRINKING AND FINALLY THE CAMPAIGN TO REDUCE SKIN CANCER HAS ALSO BEEN HUGELY SUCCESS. THE VAST MAJORITY ARE NOW A WAIVER THE RISKS OF SUN EXPOSURE. BUT IT CAN BE ARGUED AN

UNINTENDED SIDE EFFECT IS LACK OF VITAMIN D. IN ALL OF THESE CASES, REGULATIONS, INTERVENTIONS AND SAFETY DEVICES WHICH IN MOST CASES ARE VERY EFFECTIVE IN MINIMIZATION TECHNIQUES. RESEARCHERS WHO STUDY THE IMPACT OF GAMBLING ON HEALTH AND WELL, OFTEN FOCUS ON INDIVIDUAL RISK FOR ADDICTION. SO A PUBLIC HEALTH APPROACH TO RESEARCH EXAMINES THE DISTRIBUTION ACROSS POPULATIONS AND USES THE RESEARCH TO INFORM DECISIONS ABOUT WHO TO TARGET AND HOW. SO HERE WE HAVE A RANGE OF BEHAVIORS. AND A RANGE OF INTERVENTIONS THAT I MENTIONED THAT CAN TARGET THOSE GROUPS. WE USE THIS PUBLIC HEALTH APPROACH AS A FRAMEWORK IN OUR WORK WITH CASINOS TO DEVELOP RESPONSIBLE GAMBLING PROGRAMS. THE PRIMARY OBJECTIVE OF A RESPONSIBLE GAMING FRAMEWORK IS TO PREVENT AND REDUCE HARM ASSOCIATED WITH GAMBLING IN GENERAL AND EXCESSIVE GAMBLING IN PARTICULAR WHILE RESPECTING THE RIGHTS OF INDIVIDUALS WHO SAFELY ENGAGE IN RECREATIONAL GAMBLING. IN 2004, THE RENO MODEL WAS PUBLISHED. THE HIGHLY INFLUENTIAL PAPER LAID OUT FIVE PRINCIPLES THAT OUGHT TO BE INCLUDED IN ANY RESPONSIBLE GAMBLING PROGRAM. COMMIT TO PREVENTING AND REDUCING GAMBLING RELATED HARM. WORK COLLABORATIVELY WITH FELLOW KEY STAKEHOLDER, IDENTIFY COMMON SHORT AND LONG TERM PRIORITIES, USE SCIENTIFIC EVIDENCE TO GUIDE POLICY, AND MONITOR THE IMPACT OF INSTALLED POLICIES. AND I WANT TO TALK ABOUT THE LAST TWO IN MORE DETAIL. THE GUIDING PRINCIPLE IS TO DO

NO MORE. FOR EXAMPLE DOCTORS OFTEN ONLY OFFER UNTESTED TREATMENTS TO PEOPLE WHO ARE IN EXTREMELY POOR HEALTH AND OUT OF CONVENTIONAL TREATMENT OPTIONS. IN BEHAVIORAL HEALTH MANY PATIENTS ARE OFFERED UNTESTED TREATMENT PLANS. UNFORTUNATELY, IT CAN POSE SIGNIFICANT INDIVIDUAL AND PUBLIC HEALTH CONCERNS. ONCE THE PUBLIC HEALTH APPROACH IS ADOPTED, A SCIENTIFIC APPROACH IS NECESSARY TO ENSURE THAT POLICIES, INTERVENTIONS OR TREATMENTS ARE ACCOMPLISHING WHAT THEY SEEM TO ACCOMPLISH. SPECIFIC TO GAMBLING, INTERVENTIONS WHATEVER THEIR INTENTION CAN DECREASE OR INCREASE GAMBLING RELATED PROBLEMS, HAVE NO EFFECT OR HAVE UNANTICIPATED CONSEQUENCES. ON WHICH UNDERSTANDING RESTS UPON PUBLIC AND PRIVATE OPINION, MEDIA AND PERCEIVED THREATS TO PUBLIC WELFARE. INSUFFICIENT RESOURCES OFTEN PREVENT FOLLOW-UP EXAMINATION OF THE IMPACT AND THE EFFICACY REMAINS UNKNOWN. GAMBLING POLICIES WOULD BENEFIT IF POLICY MAKING PROCESS WERE SCIENCE BASED. WE NEED SCIENCE TO TELL US WHETHER POLICIES AND INTERVENTIONS DO WHAT WE THINK THEY DO. GOOD INTENTIONS DO NOT ENSURE GOOD OUTCOMES. SPECIFIC TO GAMBLING, THERE ARE A COUPLE EXAMPLES. SOME ARE ADAPTED FROM A PAPER. FOR EXAMPLE PUTTING A MAXIMUM BET LIMIT ON THE SLOT MACHINE. IN OTHER WORDS, ONLY ALLOWING PATRONS TO WAGER A CERTAIN AMOUNT PER TURN. THE ANTICIPATED CONSEQUENCES, LESS EXPENDITURE PER TURN, LESS MONEY LOST.

POTENTIAL UNANTICIPATED SIDE EFFECT, LONGER PLAY TO MAKE UP FOR THE SMALLER LIMITS. YOU CAN GET PEOPLE WHO WILL PLAY MULTIPLE MACHINES TO MAKE UP FOR THE SLOW SPEED. REQUIRING CASINO PATRONS TO UNDERGO A SCREENING FOR GAMBLING PROBLEMS. A POTENTIAL UNANTICIPATED CONSEQUENCE IS THAT YOU DETER PEOPLE WITH GAMBLING PROBLEMS FROM USING YOUR SELF EXCLUSION PROGRAM IF THEY DON'T WANT TO YET IDENTIFIED THEMSELVES AS A PROBLEM GAMBLER. NONE OF THESE ARE MEANT TO IMPLY THESE ARE BAD POLICIES, ONLY THAT WE MIGHT NOT FULLY UNDERSTAND THE EFFECTS. SO ALTHOUGH WELL INTENTIONED, PREVENTION, INTERVENTION AND TREATMENT PROGRAMS ARE EVALUATED. WE FOUND JUST FOUR IN THE PEER REVIEW LITERATURE. WITHOUT EVALUATION, WE DON'T KNOW WHETHER A PROGRAM RESULT WILL BE POSITIVE, NEGATIVE OR NEUTRAL. OF THE STUDIES THAT HAVE BEEN DONE, MOST ARE CROSS SECTIONAL AND BASED ON GAMBLER'S OPINIONS ABOUT HOW THE TECHNIQUES AFFECT THEM. IDEALLY, THE RESEARCH NEEDS TO BE PROSPECTIVE. WE WANT TO FOLLOW A SAMPLE BEFORE AND AFTER A TECHNIOUE'S IMPLEMENTATION, OTHERWISE WE CAN'T SEE THE CAUSE AND EFFECT. THE FIGURE HERE SHOWS THE STEPS NEEDED TO EVALUATE A RESPONSIBLE PROGRAM. THE FIRST STEP IS TO DEVELOP AND IMPLEMENT THE PROGRAM. THE NEXT, DEVELOP AN OUTCOME MONITORING SYSTEM. NEXT ARE ASSESS THE PENETRATION AND IMPACT OF THE PROGRAM BOTH AMONG PATRONS AND EMPLOYEES. IMPLEMENT CHANGES ACCORDING TO

THE FINDINGS. A CONTINUOUS MONITOR OF THE PROGRAM OF ITS EFFECTS. COMPARED TO POLICY, RESEARCH OFTEN PROCEEDS AT A SNAIL'S PACE, BUT IT'S CRUCIAL TO SET UP THIS TYPE OF MONITORING SO THAT THE RESEARCH CAN FOLLOW AT WHATEVER PACE IT TAKES. SO FINALLY, TO SWITCH GEARS AND SHARE WITH YOU JUST A LITTLE BIT OF INFORMATION ABOUT RESEARCH ON CASINO SELF EXCLUSION PROGRAMS THAT WE'VE DONE, ONE OF THE KEY COMPONENTS, DEVOTED TO ASSISTING THOSE WITH GAMBLING PROBLEMS. CASINOS ACROSS CANADA SOON FOLLOWED SUIT. MISSOURI, LOUISIANA, MICHIGAN, NEW JERSEY STATE GOVERNMENTS RUN SELF EXCLUSION PROGRAMS. COMPANY-RUN ARE ALSO AVAILABLE AT SOME CASINOS. IN A SELF EXCLUSION PROGRAM, INDIVIDUALS ENTER INTO AN AGREEMENT WITH THE CASINO BANNING THEM FROM ENTERING THE CASINO FOR A SPECIFIED PERIOD. SOME PROGRAMS ALLOW PEOPLE TO BAN THEMSELVES ONLY FOR LIFE, OTHERS FOR A FEW YEARS. SOME ENFORCE THE BAN WITH LEGAL ACTIONS, OTHERS SIMPLY ESCORT SELF EXCLUDERS OUT OF THE CASINO. AT THE DIVISION ON ADDICTION, WE CONDUCTED A STUDY OF PARTICIPANTS IN MISSOURI'S PROGRAM WHO ENROLLED BETWEEN 1997 AND 2003. THIS WAS ONE OF THE FIRST STUDIES TO ASSESS LONG TERM SELF EXCLUSION EXPERIENCES AND OUTCOMES. WE INTERVIEWED PEOPLE TEN YEARS AFTER THEY HAD ORIGINALLY ENROLLED IN THE PROGRAM. MISSOURI WAS THE FIRST STATEWIDE PROGRAM IN THE UNITED STATES. IT WAS CREATED BY THE MISSOURI GAMING COMMISSION IN 1996. AND AT THAT TIME, APPLICANTS TO

THE PROGRAM ADDED THEMSELVES TO THE LIST OF ASSOCIATED PERSONS FOR LIFE. SO EACH ENROLLEE ASSUMES RESPONSIBILITY FOR REMAINING OFF CASINO PROPERTY. AND IF THEY RETURN, HE OR SHE CAN BE ARRESTED AND CHARGED WITH TRESPASSING. OUR STUDY INVOLVED TWO PHASES. IN THE FIRST, WE LOOKED AT THE DISTRIBUTION OF SELF EXCLUDERS ACROSS SPACE AND TIME. I WON'T REVIEW THAT ANYMORE HERE. IN THE SECOND, WE CONDUCTED INTERVIEWS 7 TO 10 YEARS AFTER THEY ENROLLED IN THE PROGRAM. MORE THAN 5,000 PEOPLE ENROLLED IN THE PROGRAM BETWEEN 97 AND 2003. WE RANDOMLY TARGETED 214. WE ONLY COMPLETED INTERVIEWS OF 113. SO THIS IS NOT A REPRESENTATIVE SAMPLE. 81% WERE CAUCASIAN AND AVERAGE AGE WAS 45. 96% REPORTED GAMBLING IN MISSOURI CASINOS PRIOR TO SELF EXCLUSION ENROLLMENT. AFTER ENTERING THE PROGRAM, ONLY 9 REPORTED HAVING GAMBLED IN MISSOURI CASINOS SINCE THEN. THE PROPORTION OF PARTICIPANTS WHO GAMBLED IN ANY NONMISSOURI LOCATION DID NOT CHANGE SIGNIFICANTLY AFTER ENTERING THE SELF EXCLUSION PROGRAM. WE WERE WORRIED THAT PEOPLE MIGHT REPORT HAVING CHANGED WHERE THEY GAMBLED. THAT DIDN'T HAPPEN. 25% REPORTED QUITTING ALL GAMBLING. 18% REPORTED QUITTING CASINO GAMBLING. ABOUT HALF RELAPSED. AMONG THE 98%, MOST REPORTED CONTINUING TO GAMBLE ONLY OCCASIONALLY. SO FREQUENCY WENT DOWN.

AND FINALLY, PARTICIPANTS REPORTED THINKING BACK THAT THEY HAD FEWER GAMBLING PROBLEMS IN THE PAST SIX MONTHS THAN PRIOR TO SELF EXCLUSION ENROLLMENT. 16% ATTEMPTED TO ENTER CASINOS AFTER ENROLLING IN THE PROGRAM. ONE REPORTED MORE THAN 400. THE OTHER 17 TRIED TO ENTER AN AVERAGE OF ABOUT 5 TIMES. AND 50% OF THOSE WHO TRIED WERE ABLE TO ENTER WITHOUT BEING CAUGHT. AND THAT'S FOUND IN OTHER STUDIES, AS WELL. ABOUT 56% WERE CAUGHT AT LEAST ONCE. 68% REPORTED BEING FULLY SATISFIED. OF THOSE WHO WEREN'T, SOME PROVIDED REASONS. THE MOST COMMON REASON WAS THE PERMANENCE OF THE BAN. THEY WERE NOT HAPPY WITH THE LIFE TIME BAN. FOR THIS SLIDE JUST FOCUS ON THE HIGHLIGHTED ROW. MORE THAN 50% REPORTED RECEIVING MENTAL HEALTH TREATMENT AND CLOSE IT 40% INDICATED RECEIVING GAMBLING SPECIFIC TREATMENT. AND AS THE FIGURE SHOWS, GAMBLING TREATMENTS WERE THE MOST FREQUENTLY RECEIVED TREATMENTS AMONG PARTICIPANTS. HERE WE ARE LUMPING GAMBLER'S ANONYMOUS INTO TREATMENT. IT WAS THE MOST POPULAR FORM OF INTERVENTION. IMPORTANTLY, INTERVENTION WAS MORE LIKELY TO OCCUR AFTER SELF EXCLUSION THAN BEFORE. SO IT REALLY SUGGESTS SELF EXCLUSION IS SERVING AS A GATEWAY FOR TREATMENT ENTRY IN SOME CASES. SO TO CONCLUDE, SELF EXCLUSION PROGRAMS DO APPEAR TO HAVE PROMISE, THEY PROVIDE A STRAIGHT FORWARD FIRST STEP TO BEGIN TO ADDRESS THEIR PROBLEMS. THE VERY ACTIVE ENROLLING MIGHT

BE THE STRONGEST PART. AND THE LENGTH OF THE BAN SHOULD BE CONSIDERED. I KNOW IN MISSOURI, THEY NO LONGER HAVE A LIFETIME BAN AND THERE IS WORK THAT SHOWS IF YOU MAKE IT VERY EASY TO SIGN UP FOR SELF EXCLUSION AND ALLOW A LOT OF DIFFERENT, YOU CAN HAVE ONE YEAR OR THREE YEARS, BUT THEN MAKE A LITTLE MORE DIFFICULT TO GET YOURSELF OFF THE LIST, SO YOU HAVE TO GO THROUGH SHALL KIND OF COUNSELING OR AN EXIT INTERVIEW, THAT THAT IS AN EFFECTIVE APPROACH, AS WELL. FINALLY WE FOUND SELF EXCLUSION WAS ACCOMPANIED BY OTHER HEALTHY INITIATIVES, SPECIFICALLY PEOPLE ENTER SELF EXCLUSION AND WENT ON TO TREATMENT. AS A MORE GENERAL NOTE, PROGRAMS ARE ONLY HELPFUL IF THEY ARE EASILY ACCESSED. TOOLS AND RESOURCES THAT PEOPLE CAN USE TO REALLY BEGIN TO ADDRESS THEIR PROMISES. RESPONSIBLE PROGRAMS AND POLICIES MAY WORK BEST IF THEY'RE FRAMED AS A SET OF TOOLS TO INDIVIDUALS EXPERIENCING PROBLEMS. IT'S IMPORTANT TO INCREASE THE VISIBILITY OF THESE PROGRAMS AND REMOVE ANY BARRIERS TO INVOLVEMENT. WITHIN A VENUE, ALL EMPLOYEES, NOT JUST THE FLOOR STAFF, NEED TO BE TRAINED IN THE PRINCIPLES AND PRACTICES OF THE PROGRAM. IF WE LOOK AT THE SELF EXCLUSION PROGRAMS, YOU START OUT WITH PEOPLE IN NEED OF TREATMENT. GAMBLERS AT RISK OF DISORDER OR HAVE THE DISORDER. YOU HAVE A SMALLER GROUP THAT ACTUALLY RECOGNIZES THAT THEY NEED TREATMENT. SMALLER GROUP THAT ACTUALLY SEEKS TREATMENT. AND A SMALLER GROUP THAT ACCEPTS TREATMENT.

SELF EXCLUDERS WHEN YOU LOOK AT THEIR PROPORTION, THEY'RE AN EVEN SMALLER NUMBER IN PROPORTION. SO THE MORE AVAILABLE AND VISIBLE THAT SELF EXCLUSION PROGRAM IS, THE BETTER. BECAUSE WE DO FIND THAT MOST PEOPLE WHO SELF EXCLUDE ARE PEOPLE WHO QUALIFY FOR GAMBLING DISORDER. GENERAL CONCLUSIONS, RESPONSIBLE GAMBLING PROGRAMS AND POLICIES WILL WORK BEST IF THEY'RE FRAMED AS A SET OF TOOLS AVAILABLE TO INDIVIDUALS EXPERIENCING PROBLEMS. SO GET RID OF ALL THE BARRIERS POSSIBLE TO GET INVOLVED WITH THESE PROGRAMS. IT'S UPON THE IMPORTANT TO INCREASE VISIBILITY AND REMOVE BARRIERS AND ALL EMPLOYEES IMMEDIATE TO BE TRAINED. I'D LIKE TO THANK YOU FOR YOUR TIME. I'M HAPPY TO ANSWER ANY OUESTIONS. THE FINAL SLIDE LISTS A NUMBER OF RESOURCES. THANK YOU. >> THANK YOU VERY MUCH, DR. NELSON. THAT WAS AN OUTSTANDING PRESENTATION. LET ME START AND I'LL TURN TO MY COLLEAGUES HERE. ONE OF THE ARTICLES I NOTED IN PREPARATION WAS LEPLANT 2007 UNDERSTANDING THE INFLUENCE OF GAMBLING OPPORTUNITIES. CONCLUDING WITH THE CONTENTIOUS NATURE OF THE DEBATE AND THE CHALLENGES THAT SOMETIMES ARGUMENTS ARE MASQUERADING AS SCIENCE. YOU'VE URGED US TO LOOK AT SCIENCE BASED STRATEGIES TO MITIGATE THE HARMS THAT CAN EXIST FOR PROBLEM GAMBLERS. SO MY QUESTION TO YOU, WHAT SHOULD WE BE LOOKING FOR IN SOME OF THE RESEARCH AS WE SURVEY THE FIELD TO ENSURE THAT THE PUBLIC POLICY OUESTIONS THAT WE'RE DEALING WITH, NOT AS A SCIENTIST IN MY CASE, IS PASSIONATELY GUIDED? >> I THINK LOOKING AT THE ACTUAL SCIENTIFIC ARTICLES, IT'S VERY IMPORTANT TO PAY ATTENTION FIRST TO THE SAMPLE AND WHAT I MEAN BY THAT IS ARE THE CONCLUSIONS THAT ARE BEING DRAWN LOGICAL GIVEN THE SAMPLE YOU STARTED WITH. SO IF YOU START WITH A GENERAL POPULATION SAMPLE, YOU CAN SAY SOMETHING ABOUT THE GENERAL POPULATION. BUT TO REALLY CLAIM THAT SOMETHING IS A GENERAL POPULATION SAMPLE, YOU NEED TO HAVE HAD GOOD RECRUITMENT, YOU NEED TO HAVE A SAMPLE THAT REALLY DOES REPRESENT THE POPULATION YOU'RE TALKING ABOUT. TO LOOK AT IMPACTS, I MENTIONED THIS A COUPLE TIME, YOU REALLY NEED AN INDIVIDUAL LEVEL STUDY. YOU REALLY NEED TO BE DOING A PROSPECTIVE COHORT FINE STUDY TO MEASURE IMPACT. BECAUSE IF YOU DO A CROSS SECTIONAL STUDY, YOU CAN GO INTO THE FIELD AND AT TIME ONE INTERVIEW 10,000 PEOPLE, YOU CAN DO IT AGAIN AT TIME TWO AND TIME THREE, BUT WITH DIFFERENT INDIVIDUALS. THAT WILL TELL YOU A LITTLE BIT ABOUT HOW RATES DIFFER IF YOU HAVE A GOOD SAMPLE. BUT IT'S NOT GOING TO TELL YOU ABOUT A CHANGE WITHIN AN INDIVIDUAL. IT CAN'T TELL YOU ABOUT THE INCIDENCE OF NEW CASES OR PEOPLES PROBLEMS ARE CHANGING. SO LOOK FOR STUDIES THAT ARE ABLE TO AS IMPACT. >> WE HAVE A SAMPLE HERE, BUT IT'S ACTUALLY ONE OF THE COMMISSIONERS. I DON'T KNOW IF YOU HAVE ANY

QUESTIONS. >> IN THE EARLY PART OF YOUR DISCUSSION, YOU WERE TALKING ABOUT VULNERABILITY TO ADDICTION. AND IF I UNDERSTOOD CORRECTLY, THOSE WHO ARE SIMILAR EXPOSURE MAY HAVE DIFFERENT REACTIONS TO PRODUCTS AND WHAT NOT. YOU TALKED ABOUT VARIABLES THAT CONTRIBUTE. ARE YOU SUGGESTING THAT SOME MAY BE BIOLOGICALLY BASED? >> YES. SOME OF THE RESEARCH SPECIFIC TO GAMBLING DISORDER DOES SHOW INHERITABLE COMPONENTS. SOME OF THE MOST INTERESTING RESEARCH SHOWS THAT WILL IS A GENETIC COMPONENT TO ADDICTION, BUT IT'S NONSPECIFIC. WHAT THAT MEANS, IF MY FAMILY HAS A HISTORY OF ALCOHOLISM OR ALCOHOL PROBLEMS, I AM AT GREATER RISK FOR ADDICTION, BUT NOT SPECIFICALLY AT GREATER RISK FOR ALCOHOL ABUSE COMPARED TO SOME OTHER TYPE OF DRUG ABUSE OR ADDICTIVE BEHAVIOR. SO THAT IS INTERESTING RESEARCH IN THE GAMBLING FIELD, AS WELL. >> JUST A COUPLE, DOCTOR. ONE SPECIFIC AND ONE GENERAL. DO YOU THINK THAT SELF EXCLUSION PROGRAMS SHOULD BE MANDATORY AT ALL GAMING VENUES? AND WHAT DO YOU THINK THE ROLE OF THE STATE GAMING COMMISSION SHOULD BE OVERALL IN MONITORING PROBLEM GAMING? >> I WOULD AFTERNOONS FIRST BY STATING THOSE ARE BOTH QUESTIONS THAT I BELIEVE MOVE OUTSIDE OF MY REALM OF SCIENTIFIC EXPERTISE. I THINK THE SCIENCE CAN TELL YOU IF YOU'RE GOING TO MAKE THEM MANDATORY, HERE'S WHAT HAPPENS AND IT CAN TELL YOU IF THE STATE IS GOING TO RUN IT, HERE'S THE BEST WAY. I CAN'T TELL YOU WHETHER THE

STATE SHOULD BE RUNNING IT OR WHETHER IT SHOULD BE MANDATORY FOR A VENUE TO OFFER. I CAN TELL YOU THAT SELF EXCLUSION, WE DON'T HAVE AS MUCH RESEARCH AS I WOULD LIKE, BUT THE RESEARCH I'VE SEEN DOES SHOW IT AS A VERY PROMISING TOOL. >> DOES MISSOURI MANDATE IT? >> MISSOURI HAS A STATEWIDE LIST AND IT DOES MANDATE IT, YES. BUT I'M SURE SOME OF THE EXPERTS AFTER ME CAN TALK MORE TO THOSE POLICY IMPLICATIONS. >> FROM THE STUDY OF THE SELF EXCLUSION PROGRAMS AND MISSOURI IN PARTICULAR, YOU SAID MORE VISIBILITY AND TRAINING AND TO REMOVE SOME OF THE BARRIERS. HOW WOULD YOU ARTICULATE THE BARRIERS? BARRIERS OF THE OPERATORS, BARRIERS OF THE STATE, THE LIFE TIME BAN? >> A SIMPLE BARRIER IS JUST NOT KNOWING ABOUT IT. IF I WALK INTO A CASINO AND I'M NOT PICKING UP ALL THEIR PAMPHLETS AND MATERIALS, I MAY NOT KNOW IT EXISTS. THE OTHER BARRIERS THAT I'VE SEEN SOME POLICIES ATTEMPT TO PUT IN PLACE OR SOME PEOPLE SUGGEST ARE THOSE THAT REALLY REQUIRE EITHER SOME KIND OF COUNSELING OR ENTRY INTO TREATMENT OR SOMETHING LIKE THAT IN ORDER TO GET ON A SELF EXCLUSION LIST. SO YOU HAVE TO IDENTIFIED YOURSELF AS A PROBLEM GAMBLER OR GO THROUGH A COUNSELING SESSION. AND YOU MAY HAVE A BUNCH OF PEOPLE WHO COULD BE HELPED WHO ARE TURNED AWAY BY THAT, WHO DON'T WANT TO TAKE THAT NEXT STEP YET. SO SELF EXCLUSION SHOULD NOT BE CONSIDERED TREATMENT. IT'S REALLY A RESOURCE AND A WAY FOR PEOPLE TO BEGIN TO WALK DOWN THAT PATH.

>> ANY OTHER QUESTIONS? WELL, AGAIN, WE CAN'T THANK YOU ENOUGH. THANK YOU, DOCTOR. WE HAVE OUR NEXT GUEST HERE, JIM MANEY, NEW YORK COUNCIL ON PROBLEM GAMBLING. GOOD MORNING. HE WAS HIRED BY THE NEW YORK COUNCIL ON PROBLEM GAMBLING IN 1996 AND SERVES AS ITS EXECUTIVE DIRECTOR. BEFORE THAT, HE SERVED ON FAMILY AND CHILDREN'S SERVICES IN ALBANY. WELCOME AND THANK YOU. >> THANK YOU SO MUCH. I JUST WANTED TO THANK EVERYBODY. ONE OF THE JOBS YOU'RE DOING TODAY IS RAISING AWARENESS OF PROBLEM GAMBLING. WE HAVE TWO TV STATIONS, WE HAVE A PACKED HOUSE. YOU DID MORE TODAY THAN WE'VE DONE IN A LONG PERIOD OF TIME. SO I WANT TO THANK YOU. I ALSO WANT TO THANK EXECUTIVE DIRECTOR WILLIAMS AND LEE CLARK TO EVERYTHING YOU'VE DONE TO SET THIS UP. WHEN THEY INTERVIEW THE WINNING TEAM, THEY ALWAYS SAY HOW DO YOU FEEL. A LOT OF TIMES THEY DIDN'T KNOW HOW THEY FEEL. THAT'S HOW I FEEL TODAY. I DON'T KNOW WHAT I FEEL. ALL I KNOW IS IN 1996, I GAVE TESTIMONY BEFORE THE CASINO EXPANSION. I WAS THE 38th SPEAKER THAT DAY. MY TESTIMONY WENT OFF AT 4:20 AND THERE WAS ONE PERSON LEFT ON THE DOCKET. IT STARTED OUT WITH 27 LEGISLATORS. BY 4:15, ONE PERSON WAS LEFT. TODAY I'M SECOND. IT'S ABSOLUTELY INCREDIBLE. I'M THRILLED TO BE HERE. I'M THRILLED THAT YOU FOLKS ARE

HERE. I'M THRILLED THAT MEMBERS OF THE GAMING INDUSTRY ARE HERE. THEY ARE HEARING WHAT YOU'RE TRYING TO DO, WHAT YOU'RE TRYING TO SAY. IT'S WONDERFUL. YOU USED THE WORD MOMENTUM. THAT'S WHAT WE HAVE TO DO. WE HAVE TO GET PASSION INTO THE ARGUMENT. WHEN YOUR QUESTION WAS ABOUT SELF EXCLUSION, WE SHOULD MAKE THAT A HELPING PROGRAM. TO HELP PEOPLE. THAT'S WHAT WE'RE TRYING DO. EVERYTHING THAT WE'RE TRYING DO IS TO HELP PEOPLE. SO I THINK EVERYTHING THAT WE DO, LET'S MAKE SURE THAT'S WHAT IT'S ABOUT, TO HELP. AND I THINK YOU WILL. PROGRESS HAS BEEN REMARKABLE. A LOT OF THINGS WE'VE BEEN TRYING TO DO FOR YEARS AND YEARS. I'VE BEEN INVOLVED IN THIS FOR 17 YEARS. I'VE HEARD HUNDREDS OF STORY, I'VE HELPED TREAT FOLKS. I'M HERE TODAY TO TALK FOR THEM. AT THE NEED HELP. WE AS A SOCIETY, WE AS A STATE, WE NEED HELP IN DEALING WITH THIS. I WON'T KEEP YOU LONG. I RECOMMEND THREE THINGS. I THINK THE THREE THINGS WE NEED TO DO IS WE NEED TO COME UP WITH A COMPLETE COMPREHENSIVE PROBLEM GAMING PLAN FOR THE STATE OF NEW YORK. WE HAVEN'T HAD ONE YET. AND. PLAN WE NEED TO TAKE A LOOK AT RESEARCH, RECOVERY, PREVENTION, TREATMENT, EDUCATION AND POLICY. AND WE NEED TO MAKE SURE THAT PLAN IS NOT DONE PIECE MEAL. ONE OF THE CONCERNS I HAVE ABOUT WHAT IS GOING ON NOW WITH THE NEW DESTINATION CASINOS IS I

KNOW THE CASINO OPERATORS ARE GOING TO THE LICENSE GOING TO PUT IN WONDERFUL PLANS. THEY WILL PUT IN WONDERFUL PROBLEM GAMBLING PLANS FOR THEIR COMMUNITY. BUT THAT IS ONLY FOR THEIR COMMUNITIES. WE NEED THOSE PLANS FOR ALL NEW YORKERS. IF SOMEONE WILL COME FROM A COUNTY THAT DOESN'T HAVE PREVENTION OR TREATMENT CURRENTLY, WHAT HAVE WE GAINED. THE SECOND THING WE NEED TO DO IS HAVE A STATEWIDE STEERING COMMITTEE AND JUST LOOKING AT THE FOLKS IN THIS ROOM TODAY, WE HAVE THE FOLKS THAT COULD MAKE UP THAT COMMITTEE. WE HAVE INDUSTRY, POLICYMAKERS, PASSIONATE PEOPLE, FOLKS WHO HAVE BEEN IN TREATMENT, WE HAVE FOLKS THAT ARE TREATING FOLKS. WE NEED THAT GROUP TO HELP US WITH THE BEST PRACTICES AS WE GO ON. EVEN IF WE'RE TAKING A LOOK AT CASINOS BEING DEVELOPED IN TWO YEARS, THIS IS KIND OF ABOUT THE EXPANSION, WE HAVE 28,000 GAMBLING MACHINES CURRENTLY, THE MOST SUCCESSFUL LOTTERY, WE WENT THROUGH MARCH MADNESS, TREMENDOUS AMOUNTS OF ILLEGAL SPORTS BETTING GOING ON. SO WE NEED TO ADDRESS IT ALL AS ONE AND NOT IN PIECE MEAL. AND I THINK THE THIRD THING THAT I THINK THAT WE COULD DO TO DEVELOP BEST POLICIES AND PRACTICES WOULD REALLY BE TO ESTABLISH SOCIAL IMPACT STUDY SO WE WOULD KNOW WHERE TO INVEST OUR RESOURCES. WHERE WE NEED TO CONCENTRATE. CURRENTLY WE DON'T KNOW WHAT PEOPLE ARE EXPERIENCING. SO THOSE ARE THE THREE THINGS I WOULD RECOMMEND. I READ MUCH OF TESTIMONY FROM FOLKS THAT WILL BE TESTIFYING

LATER TODAY AND A LOT OF IT IS ALL WONDERFUL STUFF. WE'LL BE TALKING ABOUT ADVERTISING, WE'LL BE TALKING ABOUT BEST PRACTICES FOR TREATMENT, ABOUT RESOURCES. SO AGAIN, I'M THRILLED BY THIS, THRILLED BY WHAT YOU'RE DOING. THRILLED BY EVERYBODY THAT HAS COME HERE TODAY TO ADDRESS THIS ISSUE. THRILLED THAT WE'RE GETTING MEDIA COVERAGE ON THIS. THIS HAS BEEN A LONG, LONG ROAD IN DEALING WITH THIS SINCE I'VE BEEN INVOLVED IN '96. AND I SEE MORE PROGRESS BEING DONE IN THE PAST YEAR THAN ALL THOSE YEARS COMBINED. SO I THANK YOU. I'LL TAKE ANY OUESTIONS YOU MAY HAVE. >> THANK YOU FOR YOUR GENEROUS COMMENTS. BUT FOR YOUR LIFE'S WORK IN TERMS OF WHAT YOU DO TO MAKE A DIFFERENCE IN THE LIVES OF PEOPLE AND THE PASSION AND COMMITMENT YOU BRING TO IT IS QUITE EVIDENT. LET ME BEGIN IF I COULD IN TERMS OF OUESTIONS TO YOUR THREE POINTS IN TERMS OF THE SOCIAL IMPACT STUDY WHICH IS VERY INTERESTING FOR ME. ARE YOU AWARE OF ANY OTHER STATE THAT HAS SOMETHING ALONG THESE LINES THAT WE COULD LOOK TO? >> I THINK SOME STATES HAVE DONE IT ALMOST IN A PIECE MEAL PIECE. THEY HAVE DONE IT AS THEY ALSO EXAMINED THE ECONOMIC IMPACTS, THE POSITIVE ECONOMIC IMPACTS. THAT'S ALWAYS BEEN A PART OF. AND I THINK WHENEVER THEY'RE A PART OF, IT DOESN'T DO JUSTICE TO IT. SO -->> SO A COMPREHENSIVE. SO FLUSH THAT OUT. WHAT DOES THAT MEAN TO YOU? >> TO DO A SOCIAL IMPACT STUDY?

TO TAKE A LOOK AT FIRST WHERE OUR NEW YORKERS ARE GAMBLING. WHERE THEY'RE LOSING. AND WHEN THEY'RE HAVING DIFFICULTIES, AT WHAT GAMES. AND WHEN THEY'RE HAVING DIFFICULTIES, WHAT ARE THEY BRINGING BACK TO THEIR HOMES, HOW IS IT SHOWING UP. WE'RE SEEING IT IN DSS SERVICES, IN THE HOMELESS, IN VIOLENCE, IN ALCOHOL. SO I THINK WE HAVE TO DO A COMPLETE STUDY OF FINDING OUT THOSE THAT GAMBLE WHAT'S HAPPENED WITH THEM, WHERE THEIR MONEY IS GOING. SO WE KNOW EXACTLY WHAT THEY'RE DEALING WITH. WE DON'T HAVE THAT NOW. >> OUESTIONS? >> WHAT IS THE NEW YORK COUNCIL ON PROBLEM GAMBLING? WHAT IS THEIR RELATIONSHIP WITH THE NATIONAL COUNCIL? >> WE'RE AN AFFILIATE. >> AS WE DEVELOP RESOURCES AND ALLOCATE THEM TO DIFFERENT AREAS, ARE WE BETTER OFF SUPPORTING THE NATIONAL RESEARCH OR DOING OUR OWN HERE IN NEW YORK? >> I'M A NEW YORKER. I THINK EVERYTHING NEEDS TO DONE IN NEW YORK. WE'RE DIFFERENT. I DON'T MEAN TO BE -- WE'RE FROM NEW YORK. I THINK EVERYTHING THAT WE DO FOR OUR STATE HAS TO BE DONE BY OUR STATE FOR OUR STATE, FOR OUR PEOPLE. 100%. >> NOTWITHSTANDING YOUR NEW YORK PRIDE WHICH WE ADMIRE AND RESPECT, BUT YOU'VE ALSO BEEN IN THE FIELD. AS YOU LOOK TO OTHER STATES OR AS YOU REFLECT ON DR. NELSON'S TESTIMONY, ARE THERE ANY OTHER MODELS YOU WOULD RECOMMEND TO THE COMMISSION FOR WHAT OTHER

STATES OR PROVINCES ARE DOING TO ESTABLISH FRAMEWORKS THAT WE COULD LOOK TO? WE'RE LOOKING AT BEST PRACTICES. WHAT DO YOU SEE OUT THERE THAT YOU WOULD RECOMMEND TO US? >> I SEE THE PROGRAMS THAT I BELIEVE THAT WORK THE BEST, BE IT WHAT WE JUST TALKED ABOUT FOR SELF EXCLUSION, WHEN WE TALK ABOUT THAT, CURRENTLY IN THE STATE OF NEW YORK THE WAY I WOULD VIEW OUR SELF EXCLUSION POLICY IS YOU ADMIT YOU HAVE SOME DIFFICULTY, YOU GO DOWN TO THE SECURITY OFFICE, YOU PUT YOUR HANDS AGAINST THE WALL, YOU TAKE YOUR PICTURE AND YOU'RE TOLD NEVER TO COME BACK. THAT'S NOT EXACTLY, BUT THAT'S THE WAY I VIEW IT. INSTEAD OF BEING A VERY HELPFUL PROGRAM TO SOMEONE THAT IS SHARING TO US PROBABLY FOR THE FIRST TIME THAT I HAVE A PROBLEM. RIGHT? SO ALL THE PROGRAMS, AS LONG AS THEY'RE REALLY TAKEN A LOOK AT, HELPING PROBLEM GAMBLERS IN THE FAMILY. BECAUSE RIGHT NOW, YOU THINK ABOUT IT, THERE IS SUCH A STIGMA FOR PROBLEM GAMBLING. IF WE TAKE A LOOK AT SAY A BANK PRESIDENT, A BANK PRESIDENT WOULD BE OKAY SAYING THEY COULD BE AN ALCOHOLIC. A BANK PRESIDENT COULD NEVER COME OUT AND SAY THEY ARE A PROBLEM GAMBLER. WHY? WOULD WE INVEST OUR MONEY THERE? AND THOSE ARE STORIES THAT PEOPLE HAVE TOLD ME OVER THE YEARS. THE DIFFICULTY WITH THIS ISSUE IS THE IDEA OF MONEY. I'LL TELL ONE QUICK STORY. THEY TOLD ME NOT TO DO THIS. I HAVE A 27-YEAR-OLD DAUGHTER. WHEN SHE WAS 12, MY WIFE WAS IN

A WEDDING. AND WE WERE AT THE RECEPTION. AND EVERY WEDDING HAS A LITTLE KIDS TABLE AND MY DAUGHTER WAS THE OLDEST KID AT THE TABLE AND THEY HAD LITTLE SCRATCH OFF LOTTERY TICKETS. MY DAUGHTER SAID THEY SHOULDN'T BE GAMBLING. SO SHE TOOK THEM ALL AND SCRATCHED THEM OFF AND SHE WON \$10. AND SHE WAS SLAPPING FIVES. BEING A THERAPIST, I WAS GOING TO ASK PROBING QUESTIONS. BASICALLY WHAT ARE YOU DOING UP HERE. SHE SAID, DAD, I KNOW YOU DON'T WANT ANYBODY TO GAMBLE, SO I TOOK ALL THE TICKETS OFF THE HEAD TABLE. SO MY DAUGHTER WENT FROM 12-YEAR-OLD SCRATCH OFF TICKET TO A WINNER TO A THIEF WITHIN FIVE MINUTES. I SHOULD REPORT SHE DIDN'T HAVE ANY DIFFICULTIES. BUT THE POWER OF MONEY IS DIFFERENT THAN ANYTHING ELSE. TO WIN, TO LOSE, HOW IT'S SET UP. WE REALLY GOT TO BE COGNITIVE OF THAT. AND THE STIGMA IS SO HIGH RIGHT NOW THAT WE REALLY HAVE TO BREAK IT DOWN. AND THAT'S WHY I'M SO THRILLED OF WHAT YOU'RE DOING AND WHAT WE'RE ALL DOING TODAY AND YOU HOW EVERYBODY SHOWED UP. SO I THANK YOU. >> LET ME KEEP YOUR EXPERTISE HERE. >> I'M A STORY TELLER. >> YOU TALKED ABOUT THE STATEWIDE PROBLEM GAMBLING STEERING COMMITTEE WITHOUT A PREDISPOSED STRUCTURED GROUP. DO YOU HAVE ANY THOUGHTS AS TO WHETHER IT WOULD BE -- SHOULD BE DEVELOPED INSIDE OR OUTSIDE STATE GOVERNMENT?

>> WORKING WITHIN. RESPONSIBLE PARTNERSHIP 100%. I THINK ALL THE STAKEHOLDERS HAVE TO BE INVOLVED. >> AND THEY WOULD BE CHARGED WITH THE SIX ITEMS YOU LISTED? >> I THINK THAT WOULD BE THE BEST WAY TO GO. WHATEVER OUR RESOURCES WILL BE, SO WE KNOW WHERE TO DIRECT OUR RESOURCES. AND SO WE MAKE SURE THAT ALL NEW YORKERS CAN ACCESS ALL THE SERVICES THAT WE NEED. >> ALL RIGHT. THANK YOU FOR WHAT YOU'RE DOING. WE NOW HAVE TESTIMONY BY VIDEO. I DON'T KNOW IF THAT IS AVAILABLE NOW OR -- WE'RE A LITTLE EARLY. DR. JON KELLY WILL BE JOINING US BY VIDEO CONFERENCE. >>> WE'RE FORTUNATE TO HAVE DR. JON KELLY JOINING US HERE VIA VIDEO CONFERENCE AS YOU CAN SEE ON THE SCREEN BEFORE YOU. SINCE 1998, DR. KELLY HAS SERVED AS THE CHIEF EXECUTIVE OFFICER OF THE ONTARIO RESPONSIBLE GAMBLING COUNCIL. HE PREVIOUSLY SERVED FOR MANY YEARS IN THE NONPROFIT SECTOR HOLDING POSITIONS SUCH AS DIRECTOR OF SERVICES FOR DISABLED SERVICES AND ON AN ORGANIZATION TO COORDINATE DRUG AND ALCOHOL PREVENTION STRATEGY. SO DR. KELLY, WE THANK YOU FOR JOINING US IN THIS WAY AND WE LOOK FORWARD TO YOUR TESTIMONY AND OUR QUESTIONS. >> GOOD MORNING. AND THANK YOU. I JUST WANTED TO CHECK TO SEE THAT THE SOUND IS ALL RIGHT. ARE YOU HEARING ME ALL RIGHT? >> YES. IT'S VERY GOOD. THANK YOU, SIR. >> EXCELLENT. I WANT TO START BY CONGRATULATING YOU ON THIS

PROCESS. THE AIRING OF GAMBLING ISSUES IN MANY WAYS IS NOT THAT COMMON. AT LEAST IN THIS COUNTRY. SO I CONGRATULATE YOU ON THIS PROCESS AND HAVING THIS PUBLIC HEARING TODAY. I WANT TO JUST INITIALLY INTRODUCE THE RESPONSIBLE GAMBLING COUNCIL FOR THOSE THAT DON'T KNOW OF AN ORGANIZATION. THE RESPONSIBLE GAMBLING COUNCIL WAS ESTABLISHED IN 1983 BY A GROUP PEOPLE WHO HAD PRETTY SERIOUS GAMBLING PROBLEMS. THE ORGANIZATION WAS INITIALLY THE OR COURSE OF PEOPLE WHO WERE ALSO PART OF GAMBLER'S ANONYMOUS, BUT GAMBLER'S ANONYMOUS DOESN'T HAVE A PUBLIC PRESENCE. SO THE ORGANIZATION HAS EVOLVED TO A PROFESSIONAL ORGANIZATION. IT FOCUSES ON PREVENTION. WE DO NOT DO TREATMENT PROGRAMS. WE'RE FOCUSED ON PUBLIC AWARENESS PROGRAMS AND PROBLEM GAMBLING RESEARCH. THE ORGANIZATION CONTINUES TO HAVE A STRONG CONNECTION WITH GAMBLERS. SO WE IN ALL OF OUR WORK KEEP CONNECTED WITH GAMBLERS. WE HAVE THREE WHO HAVE HAD FIRSTHAND PROBLEMS WITH GAMBLING. WE ALSO HAVE GAMING PROVIDERS ON THE BOARD. SO WE OVER THE YEARS POSITIONED OURSELVES AS BALANCED IN THE SEARCH OF SOLUTIONS TO GAMBLING PROBLEMS. IF I COULD JUST STEP ASIDE OF GAMBLING FOR A SECOND. I'M ALSO INTERESTED IN HOW WE APPROACH PROBLEMS. I HOPE WHAT YOU SEE IN FRONT OF YOU IS SOME RESEARCH THAT WE DID. WE'VE DONE A LOT OF RESEARCH OUTSIDE PROBLEM GAMBLING. SINCE WE'RE IN THE AWARENESS AND

PREVENTION BUSINESS, WE'VE LEARNED A LOT OTHERS YEARS FROM OTHER SECTORS. WHAT YOU'RE SEEING UP HERE IS AUTO RELATED DEATHS AND INJURIES. THE RED LINE REPRESENTS THE NUMBER OF CARS ON THE ROAD IN ONTARIO. AND BLUE BARS REPRESENT THE NUMBER OF PEOPLE WHO HAVE DIED AND BEEN INJURED IN CAR ACCIDENTS. AND YOU CAN SEE WHILE THE NUMBER OF CARS ON THE ROAD CONTINUES TO GO UP, THE NUMBER PEOPLE INJURED HAS NOT CONTINUED TO GO UP. IN FACT YOU SEE IT WAS 1981 IT PEAKED. AND OVER THE YEARS, THE NUMBER OF PEOPLE INJURED IN CAR ACCIDENTS HAS GONE DOWN. NOW, YOU COULD LOOK AT A CHART RELATED TO WORK INJURIES AND SEE THE SAME PATTERN. IF I ASK PEOPLE IN THE ROOM WHY DO YOU THINK THIS HAPPENED, I'M SURE THAT WE ALL COULD COME UP WITH CLEAR REASONS. IT IS A MULTITUDE OF THINGS THAT HAVE BEEN SET IN PLACE OF PROVISIONS. FOR EXAMPLE, BETTER BUMPERS ON CARS, BETTER WIND SHIELDS, BETTER AIR BAGS, BETTER TRAINING OF DRIVERS AND ALL THIS KIND OF THING. IN OTHER WORDS, WHAT WE HAVE CREATED COLLECTIVELY IS A SAFETY NET MADE UP OF MANY STRAND, NOT JUST ONE STRAND. AND IN MANY WAYS WHEN WE'RE TALKING ABOUT REDUCING GAMBLING PROBLEMS, WE'VE LOOKED AT PROBLEM GAMBLING PREVENTION IN THE SAME WAY. THAT IS WE NEED A SAFETY NET. PROBLEM GAMBLING, TO BUILD THAT SAFETY NET, WE SPENT A LOT OF TIME LOOKING AT THE TWO SIDES. ONE IS YOU HAVE TO LOOK AT THE BEHAVIOR OF THE INDIVIDUAL AND

HELP INDIVIDUALS UNDERSTAND GAMBLING AND PRACTICE SAFETY MEASURES WHEN THEY'RE GAMBLING. ON THE OTHER SIDE, YOU CANNOT REDUCE PROBLEM GAMBLING BY ADDRESSING ONLY THE INDIVIDUAL, THAT IS THE DEMAND SIDE. YOU ALSO NEED TO LOOK AT THE PRACTICES OF GAMING PROVIDERS THAT REPRESENT THE SUPPLY SIDE. THAT IS HOW THE GAMES ARE PROVIDED, WHAT THE VENUES HAVE LIKE. AND WE HAVE LOOKED AT BOTH. AND WHAT I'M GOING TO TALK ABOUT IS MODELS OF PROGRAMS AND SERVICES AND STANDARDS THAT ARE IN PLACE PRETTY WELL ACROSS CANADA. AND I WORKED FOR THE ONTARIO GOVERNMENT FOR QUITE A NUMBER OF YEARS. AND HAVING WORKED WITH THE PUBLIC SECTOR, I'M ACUTELY AWARE THAT WHAT MODELS WORK THIS ONE JURISDICTION DO NOT ALWAYS TRANSLATE INTO OTHER JURISDICTIONS. SO I OFFER THE MODELS AND COMMENTARY HERE AWARE THAT THE COMMISSION AND OTHER POLICYMAKERS NEED TO PICK AND CHOOSE AND SEE WHAT IS RIGHT FOR NEW YORK. HAVING SAID THAT, LET ME SPEAK FIRST TO THE PARTICULAR ARRAY OF PROGRAMS IN CANADIAN PROVINCES. I'LL SPEAK MORE SPECIFICALLY TO ONTARIO, BUT OUR PLANS ARE PRETTY WELL ACROSS THE COUNTRY HOW. IN THE COMMUNITY SIDE OF PROGRAMS, WHAT YOU SEE TYPICALLY IN CANADIAN PROVINCES IS BY AND LARGE THERE IS FREE AND UNIVERSAL COUNSELING AVAILABLE. IF YOU HAVE A GAMBLING PROBLEM, YOU CAN PRETTY WELL PICK UP THE PHONE IN ANY COMMUNITY AND GET QUITE GOOD ACCESS TO TREATMENT, TO COUNSELING, SOMETIMES ONLINE, A VARIETY OF GROWING MODELS FOR

TREATMENT. THERE ARE MANY YOUTH AND ADULT AWARENESS PROGRAMS. WE HAVE PROGRAMS EVENT BASED IN COLLEGES AND UNIVERSITIES, SOCIAL MEDIA CAMPAIGNS. TYPICAL AWARENESS PROGRAMS. IN VENUES IN CANADA, THERE ARE USUALLY ONSITE CENTERS, SOMETIMES FULLY STAFFED AND SOMETIMES WHAT ARE CALLED SELF-SERVED, WHICH PROVIDE INFORMATION ABOUT GAMBLING, ABOUT RESPONSIBLE GAMBLING, ABOUT HOW TO AVOID A PROBLEM ESSENTIALLY. THESE ARE PRETTY WIDELY SPREAD ACROSS THE COUNTRY. THEY PROVIDE ASSISTANCE AND REFERRAL. IF SOMEONE WALKS IN AND SAID I JUST LOT A LOST OF MONEY, I CAN'T GO HOME, I PROMISED MY SPOUSE I WOULDN'T DO THIS, THEY CONNECT THEM WITH COUNSELING. THEY DO NOT DO COUNSELING ON SITE, BUT WE CONNECT PEOPLE TO COUNSELING. IN MOST OF THE PROVINCES, THERE IS SOME MONEY FOR RESEARCH IN BE PROBLEM GAMBLING OR ACTUAL RESEARCH CENTERS, BRITISH COLUMBIA, ONTARIO HAS A RESEARCH CENTER THAT UNTIL RECENTLY FUNDED RESEARCH. OVERALL, ABOUT 1% OF CASINO GAMBLING REVENUES ARE ALLOCATED TO PREVENTION, TREATMENT AND RESEARCH. THAT 1% IS THE GROSS AFTER YOU PAY THE WINNERS FIRST AND THEN 1% OF EVERYTHING THAT IS LEFT. AND I'M HAPPY TO COME BACK TO ABOUT ANY OF THIS. AM I OKAY FOR SOUND? >> YES. THANK YOU. >> I WANT TO MOVE OVER TO THE OTHER SIDE AND TALK ABOUT THE SUPPLY SIDE. OVER ABOUT A DECK EIGHT, WE SPENT A LOT OF TIME THINKING

ABOUT WHAT IS IT REASONABLE TO EXPECT GAMING PROVIDERS TO DO TO REDUCE THE RISK OF PROBLEM GAMBLING. THESE WITH TYPICALLY CALLED RESPONSIBLE GAMBLING PROGRAMS, BUT WE LOOK AT PREVENTION PROGRAMS AND WHAT CAN YOU DO AS A PROVIDER TO REDUCE THE RISK. AND DURING THAT TIME, WE CAME UP WITH A SET OF WHAT WE THINK ARE REASON ONLY STANDARDS WE ALSO DEVELOPED AN ACCREDITATION PROGRAM THAT I'LL TALK ABOUT LATER. BUT WE DEVELOPED EIGHT STANDARDS AND 46 CRITERIA. I THINK YOU HAVE THE STANDARDS AND THE CRITERIA IN YOUR MATERIAL. WE DEVELOPED THEM TO ACCOMMODATE DIFFERENT STRATEGIES AND POLICIES. FROM THE TIME I STARTED HERE, I WAS ASKED MANY TIMES WHAT DO YOU THINK ABOUT ATMS ON THE GAMING FLOOR. SHOULD WE REMOVE ATMS ON THE GAMING FLOOR AS A RESPONSIBLE GAMBLING MEASURE. AND ONE TIME I WAS IN A MEETING AND SOMEBODY REFERRED TO AN ANALOGY ON THIS, HE SAID DO I HAVE TO EAT BROCCOLI TO BE HEALTHY? AND OUR ANSWER ON BROCCOLI AND TO ATMS ON THE GAMING FLOOR THEN BECOMES THE SAME. IF YOU WERE TO REMOVE ATMS ON THE GAMING FLOOR THAT'S PROBABLY A GOOD THING ON DO. BUT IT'S NOT AN ABSOLUTELY NECESSARY THING TO DO IN THE SAME WAY THAT IF YOU WANT TO BE HEALTHY, IT'S A. >> IDEA TO EAT WRONGLY. BUT IT'S NOT AN ABSOLUTE REQUIREMENT. THERE ARE MANY OTHER THINGS THAT YOU CAN DO TO MAINTAIN THE HEALTH -- YOUR PERSONAL HEALTH OR HEALTH IN TERMS OF

RESPONSIBLE GAMBLING PROGRAMS. SO THESE STANDARDS WERE DESIGNED TO ACCOMMODATE DIFFERENT STRATEGIES AND LOOK AT DIFFERENT JURISDICTIONS. SOMETIMES GAMING REGULATORS PROVIDE DETAILED EXPECTATIONS AND STANDARDS FOR GAMING PROVIDERS AND SOMETIMES GAMING REGULATORS TAKE AN OVERVIEW AND THE PROVIDERS FILL IN THE DETAILS. WE'RE TRYING TO ACCOMMODATE IN WHAT I'M GOING TO TALK ABOUT DIFFERENT APPROACHES IN DIFFERENT JURISDICTIONS. EVERY MEASURE THAT I'M GOING TO TALK ABOUT IS BASED IN ACTUAL PRACTICE. THESE ARE IN PLACE SOMEWHERE OR WE WOULDN'T PUT THEM IN. THERE ARE A LOT OF RESPONSIBLE GAMBLING IDEAS OUT IN THAT PEOPLE MIGHT COME UP WITH. AND WE'VE SEEN IT IS QUITE POSSIBLE TO ADOPT MEASURES THAT ARE QUITE QUESTIONABLE FROM A PROBLEM GAMBLING -- FROM A RESPONSIBLE GAMBLING POINT OF VIEW, BUT BE SOMEBODY THINKS THEY'RE A GOOD IDEA AND THEY'RE PUT IN PRACTICE AND IT'S OUITE POSSIBLE TO IMPLEMENT RESPONSIBLE GAMBLING FEATURES THAT HAVE NO PARTICULAR USE. AND MAY BE COUNTERPRODUCTIVE. SO LET ME QUICKLY TALK ABOUT THE STANDARDS WE DEVELOPED. THE FIRST ONE RELATES TO RESPONSIBLE GAMBLING POLICIES. WE'RE LOOKING FOR GAMING PROVIDERS TO SAY WHAT THEY EXPECT. AS YOU'VE GOT POLICIES IN PLACE ABOUT RESPONSIBLE GAMBLING, IS THERE A SENIOR PERSON RESPONSIBLE, IS THERE AN ACCOUNTABILITY PROCESS, IS THERE A STRATEGY. IT'S POSSIBLE TO HAVE A BROAD POLICY STATEMENT WITHOUT A CLEAR STRATEGY THAT SAYS HERE'S HOW

THIS IS APPLIED ACROSS THE ORGANIZATION. IS YOUR COMMITMENT PUBLIC? IS IT ON YOUR WEBSITE? CAN PEOPLE HOLD YOU ACCOUNTABLE FOR YOUR POLICIES? SELF EXCLUSION. IS THERE A WELL MANAGED AND WELL COMMUNICATED SELF EXCLUSION PROGRAM IN PLACE? THAT FACILITATES COUNSELING AND HELPS PEOPLE GET OTHER SUPPORT. YOU HAVE IN YOUR MATERIALS THE CRITERIA FOR WHAT WE LOOK AT WHEN WE'RE DRILLING CAN DOWN INTO SELF EXCLUSION AND WHAT WE MIGHT EXPECT. FOR EXAMPLE, WE EXPECT PEOPLE WILL HAVE A CHANCE ON HOW LONG A BAN IS. ONE JURISDICTION HAD ONLY IN PLACE A LIFETIME BAN. WHEN WE LOOKED IN TO VARIOUS FORMS OF SELF EXCLUSION, WE SAW THAT AS PRETTY LIMITING FROM A VARIETY OF WAYS, SO WE DIDN'T BUILD THAT INTO OUR STANDARDS AS WE SEE AS BEST PRACTICES IN THIS AREA. EMPLOYEE TRAINING. DO STAFF UNDERSTAND THE IMPORTANCE OF PROBLEM GAMBLING PREVENTION PROGRAMS. ARE THEY NOTICEABLE ABOUT THEIR ROLE. WHEN I FIRST STARTED HERE, WHICH WAS 16 YEARS AGO, WE DID A LOT OF TRAINING IN CASINO -- WITH CASINOS AND WE TALKED A LOT ABOUT COMPULSIVE GAMBLING AND WHAT IT LOOKED LIKE AND FAMILY IMPACT. BUT IN THOSE DAY, WE DIDN'T HAVE A VERY FOCUSED IDEA OF SO WHAT DO YOU DO IF YOU'RE AN EMPLOYEE AND YOU SEE SIGNS THAT SOMEBODY MAY HAVE A GAMBLING PROBLEM. EMPLOYEES WERE TAUGHT TO RECOGNIZE PROBLEMS BUT NOT TO DO ANYTHING. SO IN OUR STANDARDS, WE'RE LOOKING FOR WHAT DO EMPLOYEES

UNDERSTAND AS THEIR ROLE AND WHAT DO YOU -- IF YOU PERCEIVE SOMEBODY HAS A PROBLEM, MOST DECISION MAKING. MOST DO WELL EXPLAINING TO GAMBLERS THE RISKS RELATED TO PROBLEM, THE REALISTIC CHANGES OF WINNING AND LOSING. IN THIS STANDARD, WE'RE LOOKING FOR THE VENUE TO BE PROVIDING SUBSTANTIAL AND READILY AVAILABLE INFORMATION THAT ENABLES PATRONS TO MAKE INFORMED DECISIONS. DO PEOPLE REALLY KNOW THE REALISTIC CHANCE OF WINNINGS ARE THEY MAKING AN INFORMED DECISION. SELF EXCLUSION. IN TERMS OF INFORMED DECISION MAKING, I MENTIONED EARLIER THAT MANY VENUES IN CANADA HAVE THESE ON SITE CENTERS. THE ONE ON THE LEFT IS CAESAR'S WINDSOR HAS A SITE. WE RUN THESE SITES. THERE ARE SIX STAFF WHO WORK IN THIS VENUE. THE OTHER ONE IS A SMALL ONE IN A SMALLER CASINO, IT IS NOT STAFFED EXCEPT I THINK MAYBE ONE DAY A MONTH. SO AGAIN THESE CENTERS HELP PATRONS UNDERSTAND THE RULES OF THE GAME, UNDERSTAND WHERE TO GET HELP IF THEY NEED IT, THEY PROVIDE ASSISTANCE REFERRAL AND THEY DID A LOT OF INFORMATION SESSIONS WITH PLAYERS. NEXT IS ASSISTING PATRONS. IN OUR ACCREDITATION PROCESS, ASSISTING PATRONS WHO MAY HAVE A GAMBLING PROBLEM. SO WE'RE LOOKING FOR PROCESSES IN PLACE WHERE IF YOU SUSPECT SOMEBODY HAS A GAMBLING ROB OR THEY SHOW A LOT OF RED FLAG BEHAVIORS, THAT THERE IS A PROCESS IN PLACE TO DO SOMETHING TO RESPOND TO THAT, IS IT DOCUMENTED. TO BE FRANK, IN OUR

ACCREDITATION PROCESSES, VENUES ARE USUALLY THE WEAKEST IN THIS AREA THEY MAY INFORM PLAYERS REALLY WELL, THEY MAY TRAIN THEIR STAFF REALLY WELL, BUT OFTEN WHEN IT COMES TO WHAT DO WE DO ABOUT THIS GUY, WE'RE WORRIED ABOUT WE SEE A LOT OF THINGS HERE THAT SAY I HAVE A PROBLEM, IT'S A VERY AWKWARD KIND OF AREA AND IT'S NOT OFTEN HANDLED REALLY WELL. BUT IT IS A BEST PRACTICE. ACCESS TO MONEY IS THE NEXT ONE. WE DID A SURVEY WITH ABOUT 50 PEOPLE SEVERAL YEARS AGO AND WE WORKED WITH THE SASKATCHEWAN GAMING COMMISSION AND TRIED TO RANK SAFETY MEASURES AND ACCESS TO MONEY CAME AT THE TOP. MANY EXPERTS FELT THAT YOU HAVE TO BALANCE PROVISION OF -- MONEY THAT A CUSTOMER MAY WANT WITH SAFE GUARDS FROM ALLOWING THEM FAR TOO MUCH ACCESS. SO WE LOOKED AT WHERE ATMS ARE LOCATED, DO THEY CREATE A BREAK IN PLAY. WE ASK ABOUT CHECK CASHING POLICIES AND ABOUT CREDIT POLICIES. LOOKING FOR TIGHTER CREDIT THAT CAN'T BE ACCESSED ON AN OPPORTUNISTIC BASIS. TWO MORE STANDARDS AND THEN I'LL BE FINISHED. I'M WANTING TO LEAVE AS OF TIME AS POSSIBLE AND I'M REACHING MY LIMIT. ADVERTISING AND PROMOTION, WE LOOK AT ADVERTISING AND PROMOTION POLICIES. DOES THE ADVERTISING TARGET PEOPLE WHO LOOK LIKE THEY MAY HAVE GAMBLING PROBLEM, YOUNG PEOPLE. ARE THERE PROVISIONS IN PLACE TO HAVE PEOPLE LOOK AT ADVERTISING, THE NEW ADVERTISING AND PROMOTIONS, AND ASK IS THIS GOING TO CONTRIBUTE OR CAUSE ANY PARTICULAR PROBLEMS FOR PEOPLE WHO MAY HAVE GAMBLING PROBLEMS. AND FINALLY, VENUE AND GAME FEATURES. WE'RE LOOKING FOR VENUES AND THE GAME DESIGN THAT PROMOTES AWARENESS OF THE PASSAGE OF TIME. ARE THERE CLOCKS ON ALL THE MACHINES, ARE THERE CLOCKS ON THE WALLS. HOW IS ALCOHOL MANAGED, IS IT READILY AVAILABLE, IS IT FREE OR IS IT CONTAINED SOMEWHAT. DOES THE VENUE ENCOURAGE BREAKS IN PLAY. SO THOSE ARE THE STANDARDS THAT WE DEVELOPED. WE AS I SAID HAVE ALSO DEVELOPED WHAT IS CALLED THE RG CHECK PROGRAM WHICH SAID TO VENUES IF YOU THINK YOU CAN MEET THESE STANDARDS, WE WILL ACKNOWLEDGE THAT YOU HAVE MET THEM. RIGHT NOW THERE ARE 56 VENUES THAT ARE ACCREDITED UNDER THIS PROGRAM. SO IT'S BARELY WIDESPREAD NOW IN CANADA AND WE'RE DEVELOPING A SIMILAR PROGRAM FOR THE ONLINE ENVIRONMENT. I'M AN NFL FAN, WHICH IS ALSO VERY POPULAR IN CANADA. AND OVER THE YEARS I'VE BEEN WATCHING NFL, THE GAMES REMAIN EXCEPTIONALLY THE SAME, BUT THE SAFETY MEASURES, THE EQUIPMENT THAT THE PLAYERS HAVE, THE RULES HAVE CREATED A GREATER MEASURE OF SAFETY FOR THE PLAYERS. IN A WAY THAT'S WHAT THESE PROGRAMS ARE DESIGNED TO DO. TO NOT SAY WE DO NOT WANT OR WE WANT TO PROHIBIT GAMBLING, ABOUT YOU TO FIND THE SAFETY MEASURES THAT MAKE SENSE, TO REDUCE RISK OF WHAT IS ALSO AN INHERENTLY RISKY BUSINESS. HAVING SAID THAT, I WILL FINISH AND IF WE HAVE TIME FOR QUESTIONS, I'M HAPPY TO RESPOND OR TO SEND MORE INFORMATION THAT PEOPLE ARE LOOKING FOR. >> DR. KELLY, THANK YOU VERY MUCH FOR YOUR THOUGHTFUL PRESENTATION. WE WOULD LIKE TO TAKE A LITTLE BIT OF YOUR TIME THAT WE HAVE LEFT FOR SOME QUESTIONS. REFLECTING ON YOUR 16 YEARS EXPERIENCE AND YOUR OTHER ROLES, WE'VE HEARD TESTIMONY THIS MORNING FROM DR. SARAH NELSON WHO MADE A VERY INTERESTING POINT TO ME AND THAT IS FREQUENTLY IN AREAS WHETHER IT WAS CAR BAGS OR THE 21-YEAR-OLD DRINKING AGE OR AVOIDANCE OF SUN DUE TO PROPER SKIN CARE, THERE ARE WELL INTENTIONED STANDARDS, LAWS, PUBLIC POLICY, DIRECTIVES THAT HAVE, MY WORD, UNINTENDED CONSEQUENCE. I'D BE CURIOUS, THE RG WORK THAT YOU HAVE OVER THE YEAR, HAVE YOU SEEN SOME THINGS THAT YOU'D COMMEND TO US TO BE THINKING ABOUT? >> WELL, NO QUESTION IN MY MIND THERE ARE THINGS YOU CAN -- SAFE GUARDS YOU CAN PUT IN PLACE THAT DO HAVE UNINTENDED CONSEQUENCES. WE HAVE IN OUR STANDARDS FOR S VENUES COME ACROSS SOME STANDARDS THAT APPEAR TO HAVE UNINTENDED CONSEQUENCES AT LEAST FOR SOME PEOPLE AND WE'RE NOW GOING INTO OUR SECOND ROUND OF THIS AND LOOKING AT REMOVING SOME. I THINK -- LET ME GIVE YOU AN EXAMPLE. WE HAD IN OUR STANDARDS, WE STILL HAVE IN OUR STANDARDS, YOU WILL GET MORE POINTS IN THE SELF EXCLUSION PROGRAM IF YOU HAVE AN ACTIVE RENEWAL PROGRAM. THAT IS IF SOMEBODY IS ON -- IS SELF EXCLUDED FOR FIVE YEARS, AT THE END OF THE FIVE YEAR, WE THOUGHT IT WOULD BE A GOOD IDEA TO CONTACT PEOPLE AND ASK THEM TO ACTIVELY RENEW. WE'VE HAD A LOT OF PUSH BACK

FROM GAMING PROVIDERS PARTICULARLY WHO SAID IF SOMEBODY IS OUT FOR FIVE YEARS, ISN'T IT LIKELY THAT CONTACT FROM A GAMING OPERATOR OR FOR SOMEBODY ABOUT THEIR GAMBLING IS JUST REMINDING THEM ABOUT GAMBLING? AND SO WE HAVE A PANEL OF PEOPLE WHO HAD GAMBLING PROBLEMS AND WE ASKED THEM ABOUT THIS AND THEY THOUGHT THIS IS PROBABLY NOT THE BEST IDEA. IN TERMS OF BEST PRACTICES, THIS IS PROBABLY NOT THE BEST ONE. SO I CAN THINK OF A FEW OTHER THINGS THAT -- I SHOULDN'T IDENTIFY OUR FRIENDS IN QUEBEC. BUT YOU A LUDOPLEX IS A FRENCH TERM RELATED TO GAMBLING. I DON'T THINK ANY OF US IN THE ENGLISH SPEAKING SIDE WOULD CALL A CASINO A LUDOPLEX. BUT AT ANY RATE, THEY BANNED THE CHROME ON SLOT MACHINES BECAUSE SOMEBODY SUGGESTED THAT WOULD BE A RESPONSIBLE GAMBLING MEASURE. AND THEY ASKED US WHAT WE THOUGHT ABOUT IT LATER AND WE SAID WE CAN'T FIND ANY EVIDENCE ANYWHERE THAT BANNING THE CHROME ON A SLOT MACHINE IS A GOOD IDEA. WE DON'T SEE THIS. AND I DON'T KNOW WHAT THEY DID. BUT WE HAVE TO BE CAREFUL ALL THE TIME ABOUT POTENTIAL UNINTENDED CONSEQUENCES. WHEN WE REVIEW OUR STANDARDS, THAT'S ONE OF THE THINGS WE LOOK AT. IT'S OFTEN COMPLICATED BY YOU HAVE TO MEASURE THE VALUE TO THE PEOPLE VERSUS WHAT UNINTENDED CONSEQUENCE. IS IT ONE RELATED TO PROBLEM GAMBLING OR RELATED TO COLLATERAL OTHER THINGS THAT MIGHT BE IN PLACE. SO WE FOUND RELATIVELY FEW STANDARDS THAT WE BELIEVE HAD UNINTENDED CONSEQUENCES, BUT WE

DO HAVE TO BE VIGILANT FOR THEM FOR SURE. >> ANY OUESTIONS FROM THE PANEL? >> JUST ONE. SOMETHING THAT WOULD PROBABLY BE USEFUL FOR US AND PROVIDE US SOME GUIDANCE, A, HOW DID YOU DETERMINE THE 1% OF GROWTH REVENUE AS INVESTMENT, PARTICULARLY IN THE CONTEXT OF YOUR INDICATING THAT THE PROBLEM DOESN'T NECESSARILY INCREASE AT THE SAME RIGHT AS THE OVERALL GROWTH OF REVENUE INCREASES. >> I WISH THAT I COULD SAY --HAVING COME OUT OF GOVERNMENT, I WISH I COULD SAY GOVERNMENT DECISIONS WERE ALWAYS REASONABLE AND RATIONAL. IN ONTARIO, FOR EXAMPLE, THE 1% -- WE DON'T HAVE THE 1% FORMULA, WE HAVE A DIFFERENT FORMULA, WHICH IS 2% OF THE REVENUES FROM HALF OF THE SLOT MACHINES IN ONTARIO. IT DEPENDS ON WHO YOU ASK WHERE THAT FORMULA CAME FROM. THE REASON I LAID OUT THE 1% FORMULA IS BECAUSE WHEN I LOOK ACROSS CANADA AND I SEE HOW MUCH THEY ACTUALLY SPEND, IT ROUGHLY COMES AROUND 1% IN EACH PROVINCE. SOME SPEND CONSIDERABLY MORE THAN THAT. BECAUSE THE FORMULA IS NOW HAVING TO CHANGE, WE'VE DONE A LOT OF ANALYSIS ABOUT THE FUNDING OF THESE PROGRAMS CURRENTLY WITH ITS CURRENT FORMULA AND WHAT WE WOULD LIKE TO SEE, AND WE LOOKING AT AND YOU WOULD OF THE PROGRAMS THAT ARE IN PLACE AND WHAT PEOPLE WOULD LIKE TO DO, WE CAME BACK TO THE 1% OF GROSS FORMULA, BUT WE WOULD NOW INCLUDE THE BROADER GAMBLING -- LIKE THE FORMULAS IN CANADA ARE BASED ON CASINO REVENUES AND WE WOULD LIKE FOR SEE 1% OF ALL REVENUES. IT WOULD INCREASE THE PROGRAM

SOMEWHAT. BUT WE TRIED TO LOOK AT THE COST OF THE CURRENT PROGRAMS AND WHAT IS MISSING AND WE CAME BACK TO THIS 1% FORMULA. BUT I WISH I COULD SAY IT WAS SCIENTIFIC. THE REALITY IS IT IS A POLITICAL ADMINISTRATIVE DECISION. IT SEEMS IN PRACTICE TO BE WORKING. THERE IS NOT A LOT OF SCREAMING ABOUT THERE IS NOT ENOUGH MONEY. AND GOVERNMENTS SEEM TO -- I DIDN'T MENTION JUST TO BE CLEAR THAT ALL OF GAMBLING IN CANADA IS PRETTY WELL RUN BY GOVERNMENT. SO GOVERNMENTS ARE DIRECTLY INVOLVED MORE SO THAN MOST COUNTRIES. >> ANY OTHER QUESTIONS? >> DR. KELLY, I WAS INTERESTED IN THE ACCREDITATION PROCESS. IS THAT SOMETHING THAT IS MANDATORY, ARE ALL OF THE CASINOS ACCREDITED IN CANADA? IS THAT PUBLISHED? DO YOU HAVE A TEAM THAT LOOKS INTO STANDARDS? IN NEW YORK WE HAVE A TEAM THAT GOES IN AND SEES IF A DEPARTMENT IS COMPLYING WITH STANDARDS AND IF SO, THEY BECOME ACCREDITED. IT'S NOT MANDATORY, BUT IT DOES HELP WITH INSURANCE AND THOSE THINGS. IS IT SIMILAR? >> YES. WE BUILT THE PROGRAM LOOKS AT OTHERS, EDUCATION, HEALTH CARE. WE HAVE ABOUT FOUR FULL-TIME RESEARCHERS WHO DEVELOP THE STANDARD AND DID OTHER RESEARCH IN PROBLEM GAMBLING AND WE HAVE A STAFF OF SIX IN THE RG CHECK ACCREDITATION PROGRAM. SO RG CHECK IS THE NAME OF THE PROGRAM. IF YOU LOOK ON THE WEBSITE, ALL OF THE STANDARDS ARE THERE, THE CRITERIA ARE THERE.

WE GO IN AND WE LOOK AT THE VENUES BASED ON THE CRITERIA. IT IS PURELY VOLUNTARY. WE HAVE 56 ACCREDITED VENUES NOW. THERE ARE ABOUT 90 IN CANADA. A LOT OF THESE ARE RELATIVELY LARGE VENUES. CASINOS RUN LOCALLY PERHAPS. BUT WE HAVE NOW CREDITED 56 AND ARE EXPANDING EVERY YEAR AND ARE ABOUT TO REACCREDIT BECAUSE THEY'RE ON A THREE YEAR CYCLE. WE ESTABLISHED AN ARM'S LENGTH PANEL OF QUITE PRESTIGIOUS PEOPLE TO MAKE THE FINAL DECISIONS BECAUSE WE WANTED TO SEPARATE THAT DECISION FROM THE RESPONSIBLE GAMBLING COUNCIL WHICH ACTUALLY WORKS FOR EXAMPLE WITH A VARIETY OF GAMING PROFILES THROUGH OUR RESEARCH OR THROUGH OTHER PROJECTS. SO WE WANTED TO CREATE A FIREWALL FOR THE FINAL DECISIONS. AND THAT'S THE WAY WE DID IT. BUT IT WAS BASED ON THE EXPERIENCE OF MANY OTHER TYPES OF ACCREDITATION PROGRAMS. IT IS NOT MANDATORY ANYWHERE BUT IN BRITISH CONSUME BEE, A THE REGULATOR DECIDED TO -- YOU BECAUSE THE STANDARDS COVERED EVERYTHING THE REGULATOR NEEDED TO KNOW AND MORE, THAT THE REGULAR LATE TORE NOW DOES NOT DO THE RESPONSIBLE GAMBLING REVIEWS. THEY LOOK AT THE OTHER ISSUES LIKE MONEY LAUNDERING AND INTEGRITY OF THE GAME ISSUES. AND DON'T DO RESPONSIBLE GAMBLING. THEY GET OUR REPORTS. THE REGULATOR IN BRITISH COLUMBIA. >> THANK YOU, DOCTOR. APPRECIATE YOU SPENDING THE TIME. >> ABSOLUTELY. AND WE GAINED A LOT.

I THANK YOU FOR JOINING US. I WOULD SUGGEST BECAUSE WE'RE WORKING THROUGH UNTIL THE AFTERNOON TAKE A FIVE MINUTE PAUSE, A LITTLE BREAK. AND THEN WE'LL BE BACK WITH KEITH WHYTE'S TESTIMONY. >>> WE'VE HAD A VERY PRODUCTIVE START. WE WERE TALKING DURING THE BREAK HOW ENORMOUSLY HELPFUL ALL THE EXPERT TESTIMONY HAS BEEN TO US ON THE COMMISSION. AND WE CONTINUE NOW WITH KEITH WHYTE WHO IS EXECUTIVE DIRECTOR OF THE NATIONAL COUNCIL ON PROBLEM GAMBLING IN OCTOBER 1998. PREVIOUSLY DIRECTOR OF RESEARCH FOR THE AMERICAN GAMING ASSOCIATION WHERE HE WAS RESPONSIBLE FOR RESEARCH ON POLICY ISSUES, INCLUDING PROBLEM GAMBLING. SO WE'RE GRATEFUL TO YOU BEING HERE AND WE LOOK FORWARD TO YOUR TESTIMONY. >> THANK YOU FOR THE OPPORTUNITY TO BE HERE. THE COMMISSION AND STAFF ARE DOING A VERY THOROUGH AND IMPORTANT JOB. IT'S TO YOUR CREDIT THAT YOU'RE TAKING A THOROUGH LOOK AT THIS AND WE WANT TO DO EVERYTHING WE CAN TO HELP YOU. WE DON'T NECESSARILY HAVE ALL THE ANSWERS, BUT WE CERTAINLY HAVE SUGGESTIONS. I'VE SUBMITTED MY WRITTEN TESTIMONY. I'M SORRY I DON'T HAVE SLIDES. RATHER THAN JUST REREAD THIS, IT JUST ADDRESSES SOME OF THE POINTS THAT HAVE COME UP ALREADY SO FAR. YOU'VE HAD SOME EXCELLENT PRESENTATIONS AND THERE IS NO WAY I COULD DO JUSTICE TO DR. NELSON AND DR. KELLY. THEY'VE COVERED THE NUTS AND BOLTS.

SO I'D LIKE TO PROVIDE A POLICY BASED PERSPECTIVE BECAUSE THAT'S THE WORLD WE TEND TO OPERATE IN. AND MAYBE SOME LESSONS FROM THE NATIONAL LEVEL AND TALK ABOUT SOME OF THE OUESTIONS AND ENHANCE SOME OF THE DISCUSSIONS YOU'VE HAD THIS MORNING. I'LL BE HAPPY TO MAKE THE WRITTEN TESTIMONY AVAILABLE TO ANYBODY ELSE IN THE AUDIENCE. IT WILL BE ON THE WEBSITE BY THIS EVENING. BUT I'LL DO MORE OF A DIALOGUE IF YOU WILL. AND ONE THING JUST TO ADDRESS THE RELATIONSHIP BETWEEN THE NATIONAL COUNCIL AND THE NEW YORK COUNCIL, THE NATIONAL COUNCIL WAS FOUNDED IN 1972 AS THE ADVOCATE FOR PROBLEM GAMBLERS AND THEIR FAMILY. WE ARE NEUTRAL ON LEGALIZED GAMBLING BECAUSE WE BELIEVE PROBLEM GAMBLERS WILL NOT BE HELPED IF THEY BELIEVE WE'RE EITHER FOR OR AGAINST LEGALIZED GAMBLING. BUT THAT ALSO ALLOWS US TO WORK WITH ALL STAKEHOLDERS. SO WE'RE PROUD TO HAVE MEMBERSHIPS FROM THE GAMING INDUSTRY. WE BELIEVE THEY HAVE AND SHOULD HAVE RESPONSIBLE TO WORK WITH GROUPS LIKE OURS. BUT FINANCIALLY AND POLICY WISE. WE ALSO WORK WITH ALL THE OTHER ORGANIZATIONS. BUT MOST SERVICES ARE DELIVERED BY STATE AFFILIATE CHAPTERS OF THE NATIONAL COUNCIL. AND SO WE TO WORK TOGETHER. I'M HERE TO AMPLIFY AND ELABORATE ON SOME OF JIM'S POINTS. SO ONE OF THE THINGS WE TALKED ABOUT, WHERE NEW YORK STATE IS IN TERMS OF SPENDING. ONE OF THE CHALLENGES FOR THE COMMISSION WHEN YOU LOOK AT THE RECENT EXPANSION OF GAMBLING IS

THAT FRANKLY NEW YORK HAS NOT DONE AN ADEQUATE JOB. WHEN WE TALKED ABOUT EXPANDING GAMBLING ON TOP OF THAT, YOU'RE RUNNING THE RISK OF EXACERBATING PROBLEMS BECAUSE THE GROUND WORK HASN'T BEEN DONE. THIS IS NOT YOUR FAULT, BUT IT BECOMES YOUR RESPONSIBILITY. WE SEE THIS IN STATE AFTER STATE. WHETHER IT'S INTERNET GAMBLING OR EXPANDING THE LOTTERY, CASINOS. IF THE STATE DOES NOT HAVE A COMPREHENSIVE SAFETY NET IN PLACE, IT BECOMES THAT MUCH MORE PROBLEMATIC. SO IN SOME SENSE YOU'RE HAVING TO BACKFILL FOR MAKE UP OF LACK OF DECISIONS MADE BY FOLKS 10, 15, 20 YEARS DOWN THE ROAD. ONE OF THE THINGS WE WOULD SAY IS AS THE CHAIRMAN SAID, NEW YORK RIGHT NOW IN 2013, WE RAPPING YOU 27th OUT OF 50 STATES IN TERMS OF PUBLIC AND PRIVATE FUNDS SPENT ON PROBLEM GAMBLING SERVICES. AND EXPANSION IS SPECULATIVE. I DON'T KNOW HOW MUCH MORE MONEY WILL BE INJECTED IN TO THE SYSTEM. BUT EVEN IF YOU BECAME NUMBER ONE, WE DO NOT BELIEVE ANY STATE IN THE UNION IS SPENDING AN ADEQUATE AMOUNT OF MONEY ON PROBLEM GAMBLING SERVICES. STILL JUST MEANS YOU'RE THE BEST OF AN INADEOUATE SYSTEM. SO 1% IS A ROUND NUMBER FIGURE. THAT IS LESS SCIENTIFICALLY BASED. WE WOULD PREFER IN OUR RECOMMENDATIONS NEW YORK STATE WORK BACK FROM DEVELOPING A COMPREHENSIVE NEEDS ASSESSMENT, TO SKIP TO MY TESTIMONY LATER, SO WE WOULD SAY IN ORDER TO ENSURE THAT EVERY NEW YORK RESIDENT AS EFFECTIVE PREVENTION, TREATMENT,

ENFORCEMENT, RESEARCH, RECOVERY SERVICES, ACRONYM PETERRR WITH A COUPLE Rs. A DETAILED NEEDS ASSESSMENT. THE MAJORITY OF KIDS INITIATE GAMBLING BY THE TIME THEY HIT MIDDLE SCHOOL. SO IF YOU'RE NOT DOING A PREVENTION MESSAGE TO THE AT LEAST 70% OF MIDDLE SCHOOL KIDS, YOU'VE ALREADY MISSED THE BOAT. SO THAT KIND OF FUNDING WHEN YOU WORK BACK FROM 1% WOULD BE ABOUT \$110 MILLION RIGHT NOW. CURRENTLY NEW YORK IS SPENDING 2.2 WE BELIEVE. SO EVEN IF YOU WENT THROUGH THE NEW YORK COUNCIL'S RECOMMENDATION OF \$20 MILLION A YEAR, WHICH WOULD BE A TEN FOLD INCREASE, YOU WOULD STILL BE ALMOST \$90 MILLION BELOW WHAT WE BELIEVE WOULD BE THE OPTIMAL. SO AGAIN, EVEN IF YOU MASSIVELY INCREASE YOUR SPENDING NOW TO THE LEVELS YOU'RE TALKING ABOUT GOING TO SECOND IN THE NATION, YOU WOULD STILL BE TRAILING. IN FACT FOR EXAMPLE ONTARIO ALONE SPENDS MORE MONEY THAN THE ENTIRE UNITED STATES IN PUBLIC AND PRIVATE FUNDING. SO WE ENCOURAGE YOU TO TAKE THE STEPS, BUT THE BAR HAS BEEN SET SO LOW. THERE ARE STILL A NUMBER OF STATES THAT DON'T HAVE ANY FUNDING PROGRAMS. THE AVERAGE IS 11 CENT -- SORRY, THE AVERAGE IS 32 CENTS. NEW YORK IS 11. SO WE HAVE A MISSILE GAP AS JOHN F. KENNEDY SAID AND IT WILL TAKE A LOT OF WORK TO CLOSE THAT. >> HOW DOES THAT DEFICIT TRANSLATE INTO SERVICE, NOT ENOUGH HELP LINE, COUNSELING? WHAT ARE THE DEFICITS? >> THAT'S A GREAT QUESTION. ON THE NATIONAL LEVEL, WE SEE A VERY LOW RATE OF TREATMENT SEEKING BY PEOPLE WHO WE BELIEVE

TO HAVE SEVERE GAMBLING PROBLEMS. AS JOHN SAID, IN MANY SYSTEMS, WHEN THEY DO SEEK TREATMENT, THEY HAVE TO PAY THEMSELVES. WE BELIEVE ALMOST 80% OF PRIVATE INSURERS REFUSE TO ROUTINELY REIMBURSE. AND BECAUSE WILL IS OFTEN A DISEASE WHERE MONEY IS THE SUBSTANCE THEY ABUSE, IMAGINE IF YOU WILL YOU HAVE DEVELOPED A MASSIVE GAMBLING PROBLEM, YOU'VE GAMBLED UNTIL YOUR LAST DOLLAR IS GONE, AND THEN YOU FIND YOURSELF BEING ASKED TO PAY FOR YOUR VERY OWN CARE. AND MONEY IS THE ONE THING THAT OF COURSE YOU DON'T HAVE. SO IT BECOMES ESPECIALLY DIFFICULT WHEN THE STATE IS REAPING SO MUCH MORE YET GIVING BACK SO LITTLE. SO BROAD ACCESS TO TREATMENT IS ONE PART THAT IS MISSING. BECAUSE GAMBLING STARTS SO YOUNG AND SO BROADLY IN USE, TO REALLY HAVE AN EFFECTIVE PROGRAM, PREVENTION MUST TAKE PLACE PRIOR TO THE ONSET OF GAMBLING. SO YOU'RE LOOKING AT REACH MANAGE TO EVERY MIDDLE SCHOOL STUDENT. AND THAT ALONE WOULD TAKE MORE THAN THE \$2.2 MILLION YOU'RE SPENDING NOW. SO YOU CAN DO THE MATH. YOU CAN CREATE THESE POLICIES AND A COMPREHENSIVE STATEWIDE COMMITTEE WITH A PLAN IS A GREAT WAY TO START. SO IF THAT ANSWER YOUR QUESTION. AND UNFORTUNATELY, YOU'RE PLACED IN A DIFFICULT POSITION, AS WELL EVEN THESE WE'VE HAD THE NATIONAL COUNCIL FOR 42 YEARS, MOST STATES HAVE NOT DONE THE KIND OF COMPREHENSIVE WORK YOU NEED. IT WOULD BE GREAT IF WE USE SAY, WELL, NORTH CAROLINA HAS DONE

THIS, HERE'S THEIR FORMULA. BUT THERE HAS BEEN A LACK OF SERIOUSNESS. AND THAT MEANS THAT AGAIN MORE OF THE RESPONSIBILITY FALLS ON YOUR SHOULDERS. IT MAY NOT BE FAIR, BUT THAT'S WHERE WE ARE TODAY. ONE QUESTION WAS YOU ASKED ABOUT OTHER PROGRAMS. THERE ARE SOME GOOD THINGS AROUND THE NATION THAT WE CAN HELP BRING TO HELP YOU FORM YOUR RESEARCH. AND GENERALLY SPEAKING THE MORE RECENTLY A JURISDICTION HAS LEGALIZED, THE MORE LIKELY THEY HAVE TO HAVE GOOD PUBLIC POLICY. MASSACHUSETTS IS SPENDING \$3.5 MILLION PRIOR TO THE CASINOS WERE OPENED. THEY DEVELOPED A SOCIAL IMPACT STUDY. THAT WILL HELP FORM YOUR WORK, BUT PRIOR TO MASSACHUSETTS, NO ONE HAS DONE THAT. THIS IS \$119 BILLION INDUSTRY. AND WE KNOW ALMOST NOTHING ABOUT HOW TO MAKE AN IMPACT. >> WHAT TREATMENT WORKS? >> COGNITIVE THERAPY SEEMS TO HELP BEST. HELPING THEM UNDERSTAND THEIR MOTIVATION AND THINK THEIR WAY OUT OF THE PROBLEM. OF COURSE FOR ANY MENTAL HEALTH DISORDER AND ESPECIALLY ONE THAT HAS SUCH SEVERE CONSEQUENCE AS GAMBLING, COGNITIVE BEHAVIORAL THERAPY, THE MORE SEVERE YOUR PROBLEM, THE LESS LIKELY ANY TREATMENT IS TO BE EFFECTIVE. SO ESPECIALLY WITH THINGS LIKE SELF EXCLUSION, WE SPEND A GREAT DEAL OF OUR MONEY ADDRESSING THE MOST SEVERE CASES. THE MORE WE CAN MOVE THAT NEEDLE, RANGING FROM SELF HELP MANUALS TO OUTPATIENT THERAPY TO RESIDENTIAL THERAPY TO INPATIENT THERAPY, EACH STEP YOU GO ALONG THE CURVE, THERE ARE FEWER

PEOPLE IT THAT NEED THAT MORE INTENSE LEVEL. BUT TREATMENT IS FAVORABLE TO ABUSE. IN 2013, THE AVERAGE SPENDING ON PROBLEM GAMBLING TREATMENT, ABOUT \$1,000 PER YEAR PER GAMBLER. AND THAT COMPARES TO ABOUT \$1500 TO \$1700 FOR SUBSTANCE ABUSERS. SO WE BELIEVE IT CAN BE DELIVERED FAIRLY COST EFFECTIVELY. BUT AGAIN, WHEN YOU DO THE MATH FOR NEW YORK STATE, THAT LOOKS TO BE IN THE TENS OF MILLIONS OF DOLLARS JUST TO PROVIDE TREATMENT ON DEMAND. AND THAT'S THOSE WHO SEEK TREATMENT. OUR CALCULATIONS ARE BASED ON INCREDIBLY LOW 1% OF PEOPLE WITH GAMBLING PROBLEMS SEEKING TREATMENT IN A GIVEN YEAR. IF YOU DO GOOD PUBLIC AWARENESS, IF WE START TO LET PEOPLE KNOW IT'S AVAILABLE, THAT WILL INCREASE MANY FOLD AND YOUR SYSTEM WILL BE EVEN LESS ABLE TO MEET DEMAND. >> YOU ALSO TALKED ABOUT THE SIGNIFICANT INVESTMENTS MADE IN THE ONTARIO PROVINCE. HAS THERE BEEN ANY ASSESSMENT OF THE COMPARATIVE IMPACT OF WHAT THEY HAVE DONE THERE COMPARED ON WHAT HAS BEEN DONE IN THE STATES? BASICALLY WHAT HAS BEEN THE IMPACT OF THAT INVESTMENT? >> I CAN'T SPEAK DIRECTLY TO ONTARIO. BUT IN GENERAL, OUTCOMES ARE MUCH BETTER. RECOVERY RATES ARE HIGHER. IN GENERAL THERE ARE LESS PEOPLE GETTING INTO LESS SEVERE PROBLEMS. BUT AS DR. NELSON SAID, AND THINK IT'S IMPORTANT TO RESTATE, GAMBLING ADDICTION HAS PRETTY COMMON BASE RATE AROUND THE

WORLD. AND SO WE WOULDN'T HYPOTHESIZE THAT ONTARIO NECESSARILY HAS LESS GAMBLING ADDICTION, BUT WE WOULD VERY MUCH BELIEVE THAT THE EVIDENCE SHOWS THAT THEY HAVE LESS SEVERE. PEOPLE ARE GETTING INTO TREATMENT EARLIER. THEY'RE LOSING LESS MONEY, LESS SOCIAL AND FAMILY DEVASTATION. AND THEY'RE RECOVERING --PERHAPS THAT'S NOT THE RIGHT WORD, BUT THE CONSEQUENCES TO INDIVIDUALS AND SOCIETY ARE LESS SEVERE. THEY HAVE DONE A BETTER JOB OF MITIGATING THE EXISTING PROBLEM. I THINK IT'S A VERY INTERESTING QUESTION WHETHER OR NOT YOU CAN EVER DRIVE DOWN THE RATE. >> THEY SPEND HOW MUCH MORE THAN THEY DO? >> THE ENTIRE UNITED STATES SPENDS \$61 MILLION. PUBLIC AND PRIVATE FUNDING. ONTARIO DID ABOUT \$90 MILLION. ONE OF THE THINGS I WANTED TO FOLLOW UP ON REAL QUICK IS WE'VE HEARD A LOT OF DISCUSSION ABOUT THE NEED FOR FANTASTIC RESEARCH. WE WANT TO MAKE SURE WE'RE NOT DOING HARM. AND WE ABSOLUTELY SUPPORT THAT. HOWEVER WE ALSO KNOW THAT TO REALLY DO THE RESEARCH ADEQUATELY, A, IT'S NOT BEEN DONE TO ANYBODY'S SATISFACTION YET. THERE'S STILL WHAT DO WE KNOW, WHAT CAN WE PROVE, WE'RE AT THE THINK AND KNOW STAGE. WE'RE NOT AT THE PROVE STAGE. AND WE CAN'T AFFORD TO WAIT UNTIL THE GOLD STANDARD IS DONE. WE HAVE TO WORK TOWARDS THAT. I JUST WANT TO MAKE SURE THAT YOU'RE HEARING OUR NEED TO MOVE FORWARD WITH SENSIBLE POLICIES, TO EVALUATE THOSE POLICIES AND TO AGGRESSIVELY MAKE SURE WE'RE NOT DOING ANY HARM, BUT NOT --

WE CAN'T SIMPLY WAIT UNTIL WE HAVE THE PERFECT ANSWER. AND I DON'T THINK THAT'S WHAT YOU'RE SAYING. BUT I WANT TO BE CLEAR, WE'RE SIMPLY NOT FUNDED TO DO THAT. AND WHEN WE LOOK AT WHAT WILL BE REQUIRED, AGAIN, \$61 MILLION IN SPENDING VERSUS WHAT WE RECOMMEND OF \$1.1 BILLION. THERE IS A MASSIVE GAP IN EVALUATION. WE HAVE TO TAKE SOME ACTION AND IT CAN BE BASED ON INFORMED DECISIONS. BUT I URGE YOU NOT TO HEAR THE NEED WE ALL SUPPORT FOR MORE RESEARCH AS AN EXCUSE SOMETIMES TAKEN BY STATE GOVERNMENT AND INDUSTRY TO DO NOTHING OR TO DO LITTLE. WE BELIEVE THIS IS ABSOLUTELY SOMETHING THAT CAN AND SHOULD BE ENGAGED UPON. AND I KNOW THAT IS THE COURSE YOU'LL TAKE. BUT IT'S ALWAYS DIFFICULT FOR US TO HEAR WE SUPPORT RESEARCH AND CERTAINLY WE SUPPORT ACTION, AS WELL. >> WHY DO YOU THINK SO MANY PEOPLE WITH GAMBLING RELATED CHALLENGES AND PROBLEMS DON'T SEEK ANY KIND OF FORMAL TREATMENT. >> WE THINK THERE ARE THREE MAJOR ONES. SHAME AND STIGMA IS PROBABLY A HUGE PART OF THIS. MOST PEOPLE DO NOT CONCEIVE OF GAMBLING AS A MEDICAL DISORDER OR A DISORDER AT ALL. WHEN YOU SURVEY PEOPLE, WHEN YOU ASK IS IT A DISEASE OR DISORDER OR A MORAL WEAKNESS? HALF SAY BOTH, BUT 30% SAY IT'S MOSTLY MORAL WEAKNESS AND ONLY 15% SAY IT'S MOSTLY A DISORDER. SO WHEN YOU COMBINE IT, ALMOST 80% OF AMERICANS BELIEVE THAT IF YOU HAVE A GAMBLING PROBLEM, IT'S EITHER MOSTLY OR AT LEAST

PARTIALLY MORAL WEAKNESS. AND THOSE NUMBERS ARE VERY DIFFERENT IN SUBSTANCE ABUSE. AS DR. NELSON SAID, THERE IS A MASSIVE COMMONALTY. WE KNOW IT IS BIOLOGICALLY BASED. SO SHAME AND STIGMA. ALSO IT'S IMPORTANT TO NOTE THAT ALL THE MAJOR RELIGIONS FROWN ON GAMBLING. SO THE SHAME AND STIGMA AND BECAUSE IT IS A BEHAVIORAL ADDICTION, WE'VE MADE GREAT PROGRESS AT UNDERSTANDING SUBSTANCE ABUSE IS NOT REALLY YOUR FAULT, IT'S HOW THE COCAINE ACTED WITH YOUR BRAIN. YOUR BRAIN WAS HIJACKED BY THIS SUBSTANCE. IT HELPS UNDERSTAND ADDICTION AS A BRAIN DISEASE. BUT PEOPLE DON'T SEE GAMBLING THE SAME WAY. WE HAVE A LOT OF PUBLIC OPINION RESEARCH TO LOOK AT. TWO IS SIMPLY THE LACK OF SERVICES. IF YOU WENT RIGHT NOW TO MANY COUNTIES IN NEW YORK AND I SAID I'M A PROBLEM GAMBLER, I NEED HELP, THEY WOULD SAY WE DON'T DO THAT. WE'RE NOT FUNDED TO DO IT. SO WHY WOULD YOU COME AND ASK FOR HELP IF WHEN IT'S NOT AVAILABLE, WHEN NO ONE'S EVER TOLD YOU IT'S AVAILABLE, WHEN IT'S NOT LIKELY TO BE AVAILING. SO IT IS A CHICKEN AND EGG QUESTION. AND THEN SIMPLE LACK OF SERVICES IS ONE. AND IT'S JUST NOT BEEN SEEN AS A MEDICALLY TREATABLE PROBLEM IN THE PAST. AND AGAIN, I THINK IN SOME WAYS THAT IS HELPFUL BECAUSE OF THE RATE OF TREATMENT SEEKING IS STILL LOW, WE AREN'T SEEING THE CONSEQUENCES OF THE MASSIVE UNDERFUNDING.

IF PROBLEM GAMBLERS SOUGHT TREATMENT AT THE SAME RATE AS SUBSTANCE ABUSER, OUR SYSTEM WOULD COLLAPSE. THERE IS NO WAY WE COULD SUSTAIN THAT LEVEL OF TREATMENT. SO WHILE WE WANT TO RAMP IT UP, IN MANY PLACES THERE ARE SIMPLY NO SERVICES AVAILABLE. AND THIS IS A PERSONAL STORY. I RECEIVED A CALL AT THE MY OFFICE. I ANSWERED THE PHONE AND THE WOMAN SAID THIS IS THE LAST CALL I'M GOING TO MAKE. I'VE CALLED IN MY STATE AND ASKED FOR HELP WITH MY GAMBLING PROBLEM. I LOST OVER \$30,000 ON LOTTERY TICKETS. I'M ABOUT ON LOSE MY HOUSE. IF I CAN'T GET HELP, THIS IS THE LAST CALL I'M GOING TO MAKE, I'M GOING TO COMMIT SELF DESTRUCTION. AND I CALLED THE STATE AGENCY AND THEY TOLD ME WE DON'T DO PROBLEM GAMBLING. SO I SAID LET ME CALL THE STATE AGENCY AND SAID HERE'S THE SUICIDAL HOTLINE. PLEASE CALL THEM. AND I LISTENED TO HER IN THE OTHER EAR, SHE CALLED THE HELP LINE AND SAID I HAVE A GAMBLING PROBLEM I'M SUICIDAL AND THEY SAID WE DON'T DO PROBLEM GAMBLING. I SAID, OKAY -- AND SHE HUNG UP. I SAID PLEASE STAY ON THE LINE. AND DON'T SAY IT'S GAMBLING. SHE CALLED THEM BACK AND, OH, SUICIDE, WE'LL SEND A CRISIS TEAM. AND THIS IS A STATE MAKING PROBABLY \$100 MILLION A YEAR IN GAMBLING REVENUE. YET THEY DON'T DO PROBLEM GAMBLING. THAT IS WHY TREATMENT SEEKING IS SO LOW AND WHY IT WILL BE HARD TO INTEGRATE THIS INTO THE

SYSTEM. >> ALTHOUGH THEY MAY NOT BE ADEQUATELY FUNDED, ARE THERE OTHER STATES THAT CAN SERVE AS GOOD MODELS FOR US TO LOOK AT? >> ABSOLUTELY. THERE IS SOME DISCUSSION HOW INTEGRATED WITHIN THE EXISTING SYSTEM DO YOU WANT YOUR SERVICES TO BE. WE WANT TO MAKE SURE THEY'RE INDEPENDENTLY FUNDED. WE SEE WHEN NEW MONEY COMES IN, THE ADDICTION FOLKS WILL SAY GAMBLING, YEAH, WE'LL TAKE A MAJORITY OF THE MONEY AND DO THINGS WE REALLY WANT TO DO. SO WHEN YOU MAIN STREAM GAMBLING IN THE SYSTEM WHICH IS WHAT WE GENERALLY RECOMMEND, WE NEED TO MAKE SURE THAT THAT MONEY STAYS INTO HELPING PROBLEM GAMBLING. AND AS WE'VE TALKED ABOUT, THE TERM OF START CO-MORBIDITY DISORDERS. THERE IS THEORETICAL DISORDERS TO BLEND IN GAMBLING MONEY. BUT WE NEED TO MAKE SURE IT'S BLENDED IN AS GAMBLING SPECIFIC MONEY. YOU NEED TO TREAT PEOPLE ACROSS ADDICTIONS. SO THERE ARE INTERESTING POLICY DISCUSSIONS. >> SO DIRECT US TO WHAT STATES THOSE MIGHT BE? >> ABSOLUTELY, BUT YOUR WHOLE ADDICTION SYSTEM, NEW YORK IS UNIQUE FROM EVERY OTHER STATE. SO THERE ARE SOME BROAD GENERAL PROPOSAL. MASSACHUSETTS IS DOING A GOOD JOB. PENNSYLVANIA, OREGON. AND WE WORK THROUGH OUR CHAPTER TO MAKE SURE WE'RE HELPING YOU BUILD AND CUSTOMIZE THIS. AGAIN, WE DON'T HAVE THE BEST TURNKEY TEMPLATE. EACH STATE DOES ADDICTION DIFFERENTLY. YOUR FACTS ON THE GROUND ARE

DIFFERENT. AS JIM SAID, THROUGH SOME STATEWIDE PLANNING, I THINK YOU CAN GET TO THAT ANSWER AND WE CAN HELP YOU GET THERE, BUT IT IS GOING TO HAVE TO BE -- THERE IS NO ONE SIZE FITS ALL IN GENERAL WITH PUBLIC POLICY, BUT ESPECIALLY GAMBLING ADDICTION. WE HAVE GOOD INFORMATION, NOT GREAT. YOU'LL HELP US GET THERE, BUT AGAIN, YOU'RE SORT OF IN THE UNCOMFORTABLE POSITION OF BEING THE GUINEA PIG. IT'S FRUSTRATING FOR US, AS WELL. >> ANY OTHER POINTS, MR. WHYTE, YOU'D LIKE TO SHARE? >> AGAIN, WHEN WE TALK ABOUT THE STANDARDS. WE LOOKED AT EXPECTATIONS OF GAMBLING PROBLEMS. DR. NELSON'S RESEARCH IS ABSOLUTELY SPOT ON. SHE CHARACTERIZED THE STATE-OF-THE-ART PERFECTLY. ADAPTATION DOES NOT HAPPEN AUTOMATICALLY. SO THERE IS BOTH THEORY FOR THE EXPOSURE MODEL AND THE ADAPTATION MODEL. AND THEY COME TOGETHER IN DIFFERENT WAYS. THE MORE WE INCREASE GAMBLING, THE MORE PEOPLE ARE EXPOSED. UNDER BOTH MODELS, THERE IS AN INCREASE IN PROBLEM. THE OUESTION IS HOW STEEP THE CURVE IS AND WHETHER OR NOT --HOW MUCH MONEY IT WILL TAKE TO RAMP THE CURVE DOWN. THERE HAS TO BE A RELATIONSHIP BETWEEN SERVICES AND REDUCTION OF HARM. BUT I THINK THE MORE IMPORTANT ISSUE IS THAT CURVE REPRESENTS INDIVIDUAL COSTS. THAT CURVE REPRESENTS LIVES, THAT CURVE REPRESENTS FAMILIES AND COMMUNITIES THAT ARE DEVASTATED BY THE ADDICTION.

AND SO WHEN WE THINK ABOUT HOW TO BEND THAT CURVE DOWN, WE LOOK AT THE NATIONAL LEVEL AND IT WENT UP ALMOST TWO FULL PERCENTAGE POINTS. IT'S ALSO IMPORTANT TO NOTE THAT MOST STUDIES HAVEN'T HAD A LONG ENOUGH TIME FRAME. YOU REALLY NEED TO LOOK FIVE TO TEN YEARS. WHEN WE TALK TO PEOPLE IN TREATMENT, HOW LONG WERE YOU GAMBLING BEFORE YOU STOPPED TREATMENT, AND FOR MANY, IT'S OFTEN OVER A DECADE. SO IF YOU'RE ONLY LOOKING ONE YEAR, TWO YEAR, THREE YEARS, YOU PROBABLY WON'T SEE THE EFFECT UP YOU'RE GETTING MAYBE 5 TO 10 YEARS DOWN THE ROAD. YOU'LL HELP US LEARN A LOT MORE. MASSACHUSETTS WILL HELP US DO A LOT MORE. BUT WE CAN'T WAIT UNTIL CASINOS EXPAND TO HAVE THIS MONEY COME INTO THE PROGRAM. YOU'VE GOT TO -- IF THERE IS ONE THING WE'VE LEARNED, IF YOU DON'T START AHEAD OF TIME, THAT CURVE IS GOING TO BE STEEPER. THERE WILL BE LESS YOU KNOW BECAUSE YOU DON'T HAVE GOOD BASELINE RESEARCH. WHILE NEW YORK HAS GOOD SPENDING, IT IS STILL WAY BELOW WHERE YOU NEED TO HAVE A SAFETY NET. AND ADAPTATION DOESN'T HAPPEN AUTOMATICALLY. YOU CAN BEND THAT CURVE. AND THERE IS GOOD EVIDENCE THAT SHOWS THAT WITH AGGRESSIVE COMPREHENSIVE PUBLIC FUNDED PROGRAMS, YOU CAN ACTUALLY MEANINGFULLY REDUCE PROBLEMS. BUT THAT TAKES A SIGNIFICANT PUBLIC COMMITMENT. SO STANDARDS WE TALKED ABOUT. THE OTHER ANYTHING WE LOOKED AT, PENNSYLVANIA IS YOUR MODEL. ONE OF THE IMPORTANT THINGS ABOUT PENNSYLVANIA AS DR. KELLY

SAID, OR ONE OF THE OTHER DEFICITS TO PENNSYLVANIA IS THAT THE PLANS ARE NOT PUBLICLY AVAILABLE, PUBLICLY REVIEWABLE BY AN OUTSIDE AGENCY. CASINOS ARE REQUIRED TO PROVIDE AN IMPACT PLAN, BUT THAT IS HELD BY THE GAMING COMMISSION. AND THAT IS CERTAINLY GOOD, BUT THE NEXT STEP IS TO MAKE THAT AS JON SAID PUBLICLY AVAILABLE SO PEOPLE CAN GRADE THAT COMMITMENT AND REVIEWED BY AN OUTSIDE EXPERT. EITHER AN EXPERT ON STAFF OR EVEN BETTER YET A THIRD PARTY VERIFICATION PROCESS. AND THE NATIONAL DOWN COUNCIL WILL STEP INTO THAT AREA. WE'RE DEVELOPING AN ACCREDITATION PROGRAM. SO WE WILL HELP PROVIDE SOME OF THESE BEST PRACTICE STANDARDS THAT THEN YOU CAN REVIEW AGAIN. AND I THINK WE'RE CLOSE TO HAVING THE STANDARDS AT RGC DOES. >> PENNSYLVANIA HAS RECENTLY UNDERGONE THEIR EXPANSION. WAS THIS DONE AT THE SAME TIME OR BEFORE, AFTER? >> THEY DID BETTER THAN MOST. SO THE MONEY CAME NOT AS FAR IN ADVANCE AS WE WOULD LIKE. CERTAINLY IT'S FRACTURED. ONE OF THE THINGS PENNSYLVANIA HAS DONE, THEY ARE NOW PUSHING ALL OF THEIR MONEY ON A COUNTY BY COUNTY BASIS. I'M NOT SURE THAT'S THE MOST EFFECTIVE WAY. I THINK IT NEEDS TO BE HOLISTIC. THE COUNTY BY COUNTY APPROACH --MANY AGENCIES SIMPLY DON'T HAVE THE EXPERTISE OR BANDWIDTH TO DO A WORLD CLASS JOB. CASINOS ARE HELD TO A HIGH STANDARD, BUT IT'S NOT PUBLICLY REVIEWABLE. SO THAT IS THE ONLY TWEAK WE'D WANT. SO YOU CAN LOOK TO THEM AS AN

EXAMPLE ABOUT THAT. >> I'M WATCHING THE CLOCK HERE. SO IF I COULD ASK -- WE DO HAVE YOUR TESTIMONY. ANY OTHER SALIENT POINTS BASED ON WHAT YOU HEARD THIS MORNING OR ANY QUESTIONS THAT CAME UP THAT NEED SOME REFINEMENT FROM YOUR PERSPECTIVE? >> I THINK OF THE 11 RECOMMENDATIONS WE'VE MADE IS THE MOST COMPREHENSIVE STATEWIDE PLAN BASED ON WE WOULD SUGGEST THE PETERRR FRAMEWORK. NOT SET IN STONE, BUT A GOOD GENERAL POLICY GUIDE FOR THIS. SO THE SIMPLE TEST IS IF YOU CAN RATTLE OFF WHAT YOUR STATE IS DOING WELL IN EACH OF THOSE SEVEN AREA, YOU'RE PROBABLY VERY FAR DOWN THE ROAD TO HAVING A COMPREHENSIVE PLAN TO MINIMIZE HARM. IF YOU CAN'T, THAT IS AN OBVIOUS PLACE TO WHERE THERE IS DEFICIT. I'D LIKE TO END ON THE LAST A, RECOVERY. ON THE NATIONAL MENTAL HEALTH SUBSTANCE ABUSE ARENA, IF YOU WILL, RECOVERY ORIENTED SYSTEMS OF CARE IS NOW A TERM OF ART. WE THINK THAT HARMONIZES WITH OUR APPROACH IN TERMS OF GAMBLING ADDICTION. WE HAVE TO MAKE SURE WE'RE THINKING ABOUT THE INDIVIDUAL IMPACTS AND THOSE FOLKS AND MAKING SURE IF PEOPLE DO GET IN TROUBLE THAT THEY'RE ABLE TO RECOVER AND LIVE PRODUCTIVE LIVES. FOUNDER OF THE NATIONAL COUNCIL WAS A CHAPLAIN IN THE NEW YORK CITY POLICE DEPARTMENT AND HE SPENT HIS CAREER HELPING OFFICERS RECOVER FROM ALCOHOLISM AND IT'S THROUGH HIS WORK WITH ALCOHOL ON THE FORCE THAT HE REALIZED A NUMBER OF THESE MEN ALSO HAD GAMBLING PROBLEMS. HE BECAME A SPIRITUAL LEADER AND THAT WAS THE GENESIS FOR

FOUNDING THE NATIONAL COUNCIL. SO RECOVERY IS ALWAYS -- IF ALL THE OTHER PRINCIPLES, I THINK THEY'RE ALL EQUITABLE, BUT WE WOULD STRESS RECOVERY THE MOST. THANK YOU VERY MUCH FOR THE OPPORTUNITY AND WE'RE HAPPY TO WORK WITH YOU. >> THANK YOU. YOU'VE SUBMITTED A LOT OF MATERIAL. WE WILL REVIEW IT. I REALLY APPRECIATE IT AND I'M SURE YOU'D BE AVAILABLE TO ANSWER MORE QUESTIONS? >> ABSOLUTELY. IT'S WHAT WE DO. THANK YOU VERY MUCH. >> WE'RE NOW JOINED BY DR. CARLOS BLANCO, PROFESSOR OF CLINICAL PSYCHIATRY AT COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS. AND RESEARCH SCIENTIST IN THE ANXIETY DISORDERS CLINIC AT NEW YORK SAY THE PSYCHIATRIC INSTITUTE. HE'S CONDUCTED RESEARCH ON PATHOLOGICAL GAMBLING OVER THE LAST 30 YEARS. AS WELL AS RESEARCH ON TREATMENT WITH MEDICATION AND PSYCHOTHERAPY. WE THANK YOU FOR JOINING US TODAY. >> ACTUALLY I WANT TO THANK YOU FOR CALLING ME TO TESTIFY AND ALSO FOR BRINGING TOGETHER SO MANY STAKEHOLDERS TO BEAR ON THIS VERY IMPORTANT ISSUE THAT IS CLOSE TO MY HEART. AS YOU POINTED OUT, I'M BOTH A RESEARCH AND CLINICIAN. I SEE IT FROM BOTH SIDES HOW IMPORTANT THIS ISSUE IS. MY TESTIMONY HOPEFULLY WILL BE VERY BRIEF. SO I JUST WANTED TO MAKE A FEW POINTS. THE FIRST IS THAT MOST PEOPLE WHO ENGAGING IN GAMBLING DON'T ACTUALLY DEVELOP GAMBLING

PROBLEMS, ALTHOUGH THE ESTIMATES VARY ACCORDING TO A STUDY ABOUT 3% TO 5% OF PEOPLE EVENTUALLY DEVELOP GAMBLING PROBLEM. SO MOST DON'T DEVELOP GAMBLING PROBLEMS. AT THE SAME TIME, EVEN 3% TO 5% OF ADULTS WOULD BE AROUND 100,000 INDIVIDUALS. SO IF YOU COMPARE THAT WITH SUBSTANCE ABUSE DISORDERS, IT'S HIGHER. AN IMPORTANT ISSUE RELATED TO THAT IS WE KNOW CERTAIN POPULATIONS ARE AT INCREASED RISK, LIKE MALE, YOUNGER INDIVIDUAL, THOSE WHO LIVE CLOSE TO CASINOS AND HAVE OTHER PSYCHIATRIC DISORDERS. SECOND POINT, PEOPLE WHO ARE GAMBLING PROBLEMS HAVE OTHER PROBLEMS. THEY LEAD TO FINANCIAL ISSUES AND LOST JOBS AND WAGES, INCREASED CRIMINALITY, SPOUSAL ABUSE, DIVORCE AND INCREASED SUICIDAL ATTEMPTS. AND THEN THE THIRD POINT IS THAT I THINK WE HAVE AN OBLIGATION TO HELP THOSE INDIVIDUALS WITH PROBLEMS AND THAT ESPECIALLY THOSE AT INCREASED RISK LIKE THOSE WITH PSYCHIATRIC DISORDERS OR A HISTORY OF PROBLEM GAMBLING, WE HAVE AN EVEN BIGGER RESPONSIBILITY BECAUSE WE COLLECT TAXES ON THIS ACTIVITY AND WE HAVE PART OF IT AS A LOTTERY. SO FROM THESE VERY SIMPLE FACTS, I THINK I CAN OFFER THREE BUT HOPEFUL USEFUL RECOMMENDATIONS. ONE IS I THINK WE SHOULD INCREASE AWARENESS ABOUT PROBLEM GAMBLING. THE ISSUE HAS COME UP A LOT OF TIMES IN FRONT OF THIS COMMISSION WHY PEOPLE DON'T SEEK TREATMENT. A BIG PART IS PEOPLE ARE NOT AWARE THAT GAMBLING IS A DISORDER.

MANY PEOPLE SEE IT AS A MORAL TSSUE. AND BEING AWARE THAT THERE IS TREATMENT IS VERY IMPORTANT. WHEN WE ADVERTISE FOR GAMBLING, WE MENTION THE SIDE EFFECTS. WHEN WE PUBLICIZE GAMBLING, WHICH IS A FUN ACTIVITY, WE SHOULD ALSO ADVERTISE THE SIDE EFFECTS. IN EVERY ADVERTISEMENT, WE SITE THE POTENTIAL SIDE EFFECTS. AND I THINK THE AWARENESS WILL GROW EXPONENTIALLY. I THINK MORE PEOPLE WOULD SEEK TREATMENT AND BE SOCIALLY AWARE AND BE BETTER FOR THE STATE. SECOND RECOMMENDATION IS AS I MENTIONED, WE HAVE EFFECTIVE TREATMENTS FOR PEOPLE WHO SEEK HELP. I WON'T EXPAND ON THIS ISSUE BECAUSE PROFESSOR WULFERT WILL TALK ABOUT THAT AFTER ME. SO I'LL LEAVE IT UP TO HER. AND OTHER THING I WANTED TO RECOMMEND IS THAT SOCIETY IS AWARE THAT WE KNOW SOME THINGS ABOUT GAMBLING, BUT WE DON'T KNOW AS MUCH WE WOULD LIKE TO KNOW. SO THE WAY TO MOVE FORWARD IS TO PROVIDE TREATMENT AND ENGAGE IN DEVELOPING POLICIES. AND WE ALSO HAVE TO FUND RESEARCH IN A NUMBER OF AREAS. WE HAVE TO CONTINUE TO REFINE THE TREATMENTS WE HAVE FOR GAMBLING. ONE OF THE THINGS WE TRIED TO DO IS TO HAVE A VARIETY OF TREATMENTS SO WE CAN TAILER THE TREATMENT TO THE PATIENT AS OPPOSED TO FORCING THE PATIENT TO HAVE SOMETHING THEY MAY NOT WANT OR SOMETHING THEY MAY NOT RESPOND TO. I THINK WE ALSO HAVE TO DO RESEARCH ON WHAT MAKES CERTAIN INDIVIDUALS MORE VULNERABLE TO GAMBLING. SOME PEOPLE PROBABLY HAVE A

BRAIN VULNERABILITY. ALSO ENVIRONMENT IS IMPORTANT. AND THEN I THINK WE ALSO HAVE TO DO RESEARCH ON SOCIAL POLICY. WE HAVE SOME IDEAS ABOUT WHAT WILL WORK, BUT WE CAN DO RESEARCH ON WHAT ARE THE BEST POLICIES TO DEVELOP. SO THESE ARE MY RECOMMENDATIONS. >> ARE THERE ANY PARTICULAR DISORDERS THAT ARE RELATED TO GAMBLING OR SOMEONE SUFFERING FROM THIS DISORDER WOULD BE PRONE TO PROBLEM GAMBLING? >> YES. PROBLEM GAMBLING ESSENTIALLY INCREASE THE RISK FOR ALL PSYCHIATRIC DISORDERS. BUT I THINK THE RISK FOR SOME PARTICULARLY. AND THOSE ARE SUBSTANCE ABUSE DISORDERS AND DEPRESSION. PART OF THAT MAY HAVE TO BE --MAY HAVE TO DO WITH BIOLOGICAL OR THE WAY ONE GROWS UP. ANOTHER COMPONENT AFFECTING THE RELATIONSHIP BETWEEN SUBSTANCE ABUSE AND GAMBLING IS OF COURSE WHEN PEOPLE DRINK OR ARE INTOXICATED FROM OTHER SUBSTANCES, THEY ARE MORE LIKELY TO ENGAGE IN BEHAVIORS THAT THEY WOULDN'T OTHERWISE. >> THE ADVERTISING IS INTERESTING TO ME -->> ALSO IN MEDICATIONS, I'M A PSYCHIATRIST, SO I SAY THIS MEDICATION IS GOOD BUT YOU HAVE TO BE AWARE OF THE SIDE EFFECTS.

>> HOW YOU CAN BE SURE THAT IT'S NOT JUST WHITE NOISE? >> ONE THING THAT IS DONE IN THE PAST IS PUBLIC SERVICE ANNOUNCEMENTS AT 4:00 IN THE MORNING AND VERY FEW WATCH. I THINK IF YOU PUT IT RIGHT IN THE AD FOR GAMBLING, MORE PEOPLE WOULD BE AWARE. IT TOOK 50 YEARS FOR PEOPLE TO REALIZE THAT TOBACCO IS BAD. >> BUT PEOPLE ARE STILL SMOKING. >> BUT THAT IS A GOOD EXAMPLE BECAUSE DECREASING RATES HAVE BEEN AT 50% IN THE LAST 20 YEARS. SO PUBLIC POLICY CAN BE VERY EFFECTIVE. AND AS A WHOLE WE'RE NOT PROHIBITING TOBACCO, BUT AT LEAST PEOPLE ARE AWARE OF THE RISKS THAT THEY'RE ENGAGING IN. I LIKE TO EAT RED MEAT. SO MY CHOLESTEROL WILL BE HIGH. I KNOW THE RISK I'M TAKING. BUT I'M FREE TO TAKE RISK. >> IN TERMS OF YOUR POINT ON RESEARCH, THE ACT ITSELF THAT WE'RE UNDER TARGETS TREATMENT AND EDUCATION. SO I GUESS HOW WOULD YOU BALANCE THE STATE INTERESTS HERE WITH THE ACT'S LANGUAGE IN TERMS OF TREATMENT, EDUCATION, TO YOUR FAIR POINT ON RESEARCH? >> I THINK THE LAW CAN BE CONSTRUCTED IN A BROADWAY. I DON'T THINK WE SHOULD DO RESEARCH FOR THE SAKE OF RESEARCH. THE GOAL IS TO IMPROVE THE LIVES OF PEOPLE. SO AS I SAID, THE RESEARCH CAN BE VERY BROAD THINGS. I THINK WE HAVE TO PROVIDE TREATMENT, BUT I THINK WE HAVE TO PROVIDE EVIDENCE BASED TREATMENT. SO NOT ANYTHING GOES. I WAS ONE OF THE FIRST PEOPLE TO CONDUCT -- WE'VE MOVED AWAY FROM THAT BECAUSE WE'VE SEEN MEDICATION IS NOT AS EFFECTIVE RIGHT NOW FOR MOST PATHOLOGICAL GAMBLERS. SO I THINK WE HAVE TO DO RESEARCH TO SEE WHAT ARE THE MOST EFFECTIVE TREATMENTS. AND NOT THE SAME TREATMENT IS AVAILABLE FOR EVERYBODY. IT MAY NOT, EFFICIENT TO HAVE A SPECIALIST. SO I THINK THE RESEARCH -- AS I SAID, WE CAN DO RESEARCH TO SEE

THE BEST WAYS TO GENERATE PREVENTION. I'M NOT A LAWYER, BUT IT SEEMS THAT IT HAS ENOUGH FLEXIBILITY DO THAT. EVEN IF THE LAW DIDN'T PROVIDE FOR THAT, I THINK THE REVENUES THAT IT WILL GENERATE IN THE NEXT FEW YEARS, WITH A RELATIVELY LOW PERCENTAGE, WE COULD FUND A LOT OF RESEARCH AND TREATMENT. THE MONEY SPENT COULD HELP IN TREATMENT AND PREVENTION. SO I THINK THAT WITH THE ACTIVITY OF THE COMMISSION AND LEGISLATURE IS PROBABLY ENOUGH TO GENERATE MORE MONEY THAN WE NEED. >> IF WE WANTED TO CONCENTRATE ON TREATMENT AREA, WHAT WOULD WE WANT TO PRIORITIZE? >> ONE IS TO PROVIDE EVIDENCE BASED TREATMENT. I KNOW BEHAVIORAL THERAPY IS THE MOST RIGHT NOW. I DON'T THINK ANYONE CAN OUESTION THAT. THE SECOND PART IS YOU HAVE TO MOTIVATE PEOPLE TO OBTAIN TREATMENT. SOME DON'T BECAUSE THEY'RE NOT AWARE OF THEIR PROBLEM, BUT ALSO BECAUSE GAMBLING IS FUN. IT'S DIFFICULT TO GIVE UP SOMETHING THAT YOU LIKE. SO I THINK WE HAVE TO MAKE MOTIVATIONAL STRATEGIES. I THINK ALSO THERE IS A STRONG TENDENCY TO PROVIDE WHAT WE CALL PERSONALIZED MEDICINE. SO I THINK WE HAVE TO IN A WAY TRY TO PUT TOGETHER BEST PRACTICES. THEY WILL WANT TREATMENT ACCORDING TO THEIR NEEDS AND PREFERENCES. AND WE HAVE SOME TREATMENT MODELS. THE PREVALENCE OF GAMBLING DISORDER, PEOPLE ARE NOT AWARE THAT PROBLEMS HAVE INCREASED AND PEOPLE ARE NOT SEEKING TREATMENT. MY CLINIC MY CHINATOWN, IN NEW YORK CITY, THERE WERE ONLY TWO CLINICS. PEOPLE THOUGHT WE WERE COMPLETELY CRAZY, BUT LITTLE CLINICS FOR -- NOBODY WOULD BELIEVE THAT. I THINK WE HAVE TO DEVELOP TREATMENT SO PEOPLE SEEK TREATMENT. >> MY UNDERSTANDING THAT THERE HAVE BEEN PREVALENT STUDIES IN '86, '96, 2006. AND WE'RE FAST APPROACHING 2016. IS THERE A UTILITY IN FUNDING ANOTHER PREVALENT STUDY OR WOULD YOU DIRECT RESOURCES TO OTHER AREAS? >> I THINK IT DEPENDS ON HOW MUCH MONEY IS AVAILABLE. I DON'T THINK WE NEED TO DO PREVALENT STUDIES EVERY YEAR. BUT AT THE SAME TIME, IF IT'S ONLY HALF A MILLION DOLLARS FOR RESEARCH, I'M NOT SURE A PREVALENT STUDY IS AS IMPORTANT AS PROVIDING BETTER TREATMENT. SO YOU HAVE TO CHOOSE DEPENDING ON HOW MANY RESOURCES YOU HAVE AVAILABLE. >> THAT'S VERY HELPFUL. DOCTOR, THANK YOU VERY MUCH. >> THANK YOU, DOCTOR. WE ARE NOW JOINED BY DR. EDELGARD WULFERT. HER RESEARCH FOCUSES ON THE DEFICIT IN SELF REGULATION AND PARTICULARLY IN THE AREA OF PATHOLOGICAL GAMBLING AND ALCOHOL ABUSE. DOCTOR, WELCOME. WE LOOK FORWARD TO YOUR TESTIMONY. >> THANK YOU VERY MUCH. I APPRECIATE THE OPPORTUNITY TO BE HERE AND TESTIFY. AS YOU MENTIONED, I'M A PROFESSOR OF PSYCHOLOGY HERE AT THE STATE UNIVERSITY OF NEW YORK UNIVERSITY OF ALBANY AND I'M

ALSO A LICENSED CLINICAL PSYCHOLOGIST AND I HAVE FOR THE PAST 20 YEARS DEDICATED MUCH OF MY WORK TO THE RESEARCH AND TREATMENT OF ADDICTIVE DISORDERS AND DURING THE LAST TEN YEARS, I HAVE PARTICULARLY FOCUSED ON GAMBLING DISORDERS. I'LL BEGIN THAT MOST INDIVIDUALS WHO GAMBLE DO NOT HAVE A PROBLEM. THEY ENGAGE IN GAMBLING BECAUSE IT'S FUN. AND IT IS A PASTIME FOR THEM. HOWEVER THERE IS A SMALL NUMBER OF INDIVIDUALS AND WE PERHAPS COULD ARGUE ABOUT THE PERCENTAGE, BUT I WOULD SAY THERE IS BETWEEN 2% AND 3% OF THE POPULATION THAT WOULD CLASSIFY AS SO-CALLED PROBLEM GAMBLERS. AND WHAT THAT MEANS IS THESE ARE INDIVIDUALS WHO GAMBLE EXCESSIVELY AND LOSE MORE MONEY THAN THEY CAN AFFORD IT LOSE. AND THEN AT THE END OF THE EXTREME, THERE IS A SMALL PERCENTAGE OF APPROXIMATELY 1% TO 1.5% OF INDIVIDUALS WHOM WE CALL PATHOLOGICAL GAMBLERS. THESE ARE INDIVIDUALS WHO REALLY HAVE COMPLETELY LOST CONTROL OVER THE GAMBLING ACTIVITY AND THEIR COMPULSIVE BEHAVIOR LEADS TO CONSEQUENCES FOR THEMSELVES OR THEIR FAMILIES, THEIR FRIENDS, AND FOR THE COMMUNITY. SO I THINK THAT IF AS A SOCIETY WE ARE SUPPORTING AND CREATING ENTERTAINMENT OPPORTUNITIES THAT WE KNOW WILL HAVE HARMFUL COPS DEFENSES FOR A SEGMENT OF OUR POPULATION, THEN I BELIEVE AT OUR SOCIETAL AND MORAL OBLIGATION TO MAKE FINANCIAL RESOURCES AVAILABLE TO MINIMIZE THE HARM THAT THE EXPANSION OF CASINOS CAN BRING WITH IT. AND SO I WOULD LIKE TO PRESENT TO YOU FOUR POINTS THAT I CONSIDER IMPORTANT.

FIRST OF ALL, I BELIEVE WE NEED RESOURCES TO EDUCATE THE CITIZENS OF NEW YORK STATE ABOUT THE POTENTIALLY ADDICTIVE QUALITIES OF GAMBLING AND THE AVAILABILITY OF TREATMENT FOR PROBLEM GAMBLING. THIS IS A POINT THAT MY COLLEAGUE DR. BLANCO HAS JUST ELABORATED ON AND HE HAS SUGGESTED SOME EFFECTIVE WAYS INCLUDING CREATIVE WAYS BY DRAWING THE ANALOGY WITH MEDICATION. HOW WE CAN RAISE AWARENESS. SO THERE IS NO NEED FOR ME TO REPEAT THIS POINT. THE SECOND POINT IS THAT I BELIEVE WE NEED RESOURCES TO EDUCATE THE COMMUNITY ABOUT PROBLEM GAMBLING AS AN ADDICTION THAT IS TREATABLE LIKE OTHER PSYCHIATRIC DISORDERS AND OTHER ADDICTIVE DISORDERS. AND THIS IS IMPORTANT BECAUSE ONLY A SMALL NUMBER OF INDIVIDUALS WITH A GAMBLING PROBLEM ACTUALLY SEEK TREATMENT. AND THIS WAS REITERATED HERE BY PREVIOUS PRESENTERS. WHY MIGHT THAT BE? AGAIN, SOME OF THE PRESENTERS HAVE MENTIONED THE REASONS. I BELIEVE A MAJOR REASON FOR INDIVIDUALS WITH SIGNIFICANT GAMBLING PROBLEMS NOT TO SEEK HELP IS BECAUSE OF THE STIGMA ATTACHED WITH THE DISORDER. OTHER ADDICTIVE DISORDERS ARE CONSIDERED A DISEASE. YET WHEN WE LOOK AT GAMBLING, AND I'M WORKING WITH GAMBLERS IN CLINICAL PRACTICE MYSELF, A GAMBLING PROBLEM IS PERCEIVED LIKE MORE OF A MORAL FAILURE OR SOME KIND OF A -- JUST SOME INEFFECTIVE CHARACTERISTIC, PERSONALITY CHARACTERISTIC. AND THE PERSON EXPERIENCES A SIGNIFICANT AMOUNT OF SHAME. SO FOR THAT REASON, IF YOU'RE ASHAMED OF YOUR BEHAVIOR, THE

NATURAL TENDENCY IS NOT TO TALK TO SOMEBODY ABOUT IT. AND THAT'S THE REASON WHY NOT MORE INDIVIDUALS SEEK HELP DESPITE THE FACT THAT THEY HAVE THE PROBLEM. A SECOND ISSUE AS DR. BLANCO HAS ALSO MENTIONED IS THAT GAMBLING BY ITS VERY NATURE IS A VERY EXCITING BEHAVIOR. WE WOULDN'T HAVE GAMBLING VENUES IF PEOPLE DID NOT FEEL TERRIBLY REINFORCED BY GOING AND RISKING THEIR MONEY AND HAVING FUN. AND SO A GAMBLING IS IN A WAY YOU COULD SAY INTRINSICALLY IN CONFLICT BECAUSE ON THE ONE HAND, THE PERSON EXPERIENCES A SIGNIFICANT AMOUNT OF EXCITEMENT ENGAGING IN THE BEHAVIOR AND AT THE SAME TIME, THERE ARE VERY DETRIMENTAL CONSEQUENCES ASSOCIATED WITH IT IN THE LONG RUN. SO BASED ON THAT CONFLICT, I HAVE HEARD OVER AND OVER FROM INDIVIDUALS WHEN THEY FIRST COME TO TREATMENT, THEY DON'T REALLY WANT TO QUIT. THEY SAY JUST HELP ME SO THAT I CAN CONTROL MYSELF AND I DON'T LOSE SO MUCH MONEY. TYPICALLY THROUGH THE COURSE OF TREATMENT, PEOPLE CHANGE THE GOALS OF THEIR TREATMENT BECAUSE THOSE WHO REALLY HAVE SUFFERED SERIOUS CONSEQUENCES THEN AT SOME POINT NO LONGER WANT TO CONTINUE GAMBLING. BUT EVEN THAT YOU HAVE THIS APPROACH AVOIDANCE CONFLICT OF A BEHAVIOR THAT INTRINSICALLY IS REINFORCING, THE PERSON IS AMBIVALENT. AND FOR THAT REASON SEEKS TO HIDE THE BEHAVIOR FOR AS LONG AS POSSIBLE. WHEN YOU HAVE A SUBSTANCE ABUSE ADDICTION FOR EXAMPLE, WHEN YOU'RE USING TOO MUCH ALCOHOL OR ANY ILLEGAL SUBSTANCE, IT'S DIFFICULT TO HIDE BECAUSE OF

COURSE THERE ARE EXTERNAL MANIFESTATIONS. THAT'S NOT THE CASE WITH A GAMBLING ADDICTION. IT TAKES VERY OFTEN A LONG TIME. AND IT'S DEVELOPED SIGNIFICANTLY BEFORE PEOPLE CLOSE TO THE PERSON REALIZE THE FINANCIAL CONSEQUENCES. SO I BELIEVE WE CAN AMELIORATE THE SITUATION IF IT IS TREATED LIKE OTHER ADDICTIONS. I'VE DEVELOPED A MANUALIZED INTERVENTION. WE WERE INITIALLY FUNDED BY THE NATIONAL INSTITUTES OF MENTAL HEALTH AND I DEVELOPED WHAT I TERMED COGNITIVE MOTIVATIONAL BEHAVIOR THERAPY. IT'S BASICALLY AN ENHANCED COGNITIVE BEHAVIOR THERAPY WITH A STRONG FOCUS ON MOTIVATION. IT'S DIFFICULT TO BRING PATHOLOGICAL GAMBLERS IN TO TREATMENT. AND ADULTS WHO ARE IN TREATMENT QUITE OFTEN DROP OUT PREMATURELY. AND SO THE PURPOSE OF THE INTERVENTION THAT WE HAVE DEVELOPED AND TESTED IS TO IMPLEMENT A MOTIVATIONAL COMPONENT EARLY ON IN ORDER TO REALLY INVOLVE AND ENGAGE THE PERSON IN TREATMENT AND RETAIN THE PERSON IN TREATMENT. SO WE RAN A RANDOMIZED CONTROLLED TRIAL AND WE'VE BEEN VERY SUCCESSFUL WITH THE FIRST STUDY AND WE WERE ABLE TO TREAT VERY SEVERE PATHOLOGICAL GAMBLERS SUCCESSFULLY AND TO RETAIN THEM IN TREATMENT. AND THE SUCCESS OF THE FIRST STUDY HAS LED TO FURTHER FUNDING AND WE'RE CURRENTLY IN THE PROCESS, WE'RE OUITE ADVANCED WITH A SECOND STUDY WHERE WE HAVE TWO LINK GRANTS, BOTH THIS DR. BLANCO'S SETTING AND IN OUR SETTING HERE IN ALBANY. SO WE'RE TESTING IT IN A LARGE

CLINICAL TRIAL WITH 200 PATIENTS AGAIN TO SEE -- AND THIS TREATMENT IS TESTING IS NOW AGAIN PURE COGNITIVE BEHAVIOR TREATMENT WHICH AT THIS POINT HAS BEEN THE STANDARD. AND WE'RE USING THE MOTIVATIONAL ENHANCEMENT OF THE TREATMENT TO SEE WHETHER WE ACHIEVE BETTER RETENTION AND BETTER OUTCOMES. AND FINALLY THE TREATMENT I WAS MENTIONING IS CURRENTLY BEING TESTED IN CANADA IN ONTARIO, WINDSOR, AS WAS MENTIONED BEFORE. SO THERE IS A RESEARCH GROUP FROM WAYNE STATE UNIVERSITY CONDUCTING RESEARCH IN WINDSOR AND TESTING THIS TREATMENT NOW ALSO IN CANADA. AND SO I HOPE WHEN THE DATA ARE IN, THAT THIS WOULD BE ACTUALLY THE FIRST FULLY EMPIRICALLY SUPPORTED TREATMENT. I'M NOT HERE TO PROMOTE MY OWN TREATMENT. WHAT I'M HERE IS TO PROMOTE THAT WE HAVE EMPIRICALLY VALIDATED TREATMENT. THAT IS AN IMPORTANT THING. AND THAT IS WHAT WE DO IN OTHER AREAS OF ADDICTION, AS WELL. WE HAVE LONG GONE BEYOND THE FACT THAT MAYBE ANYTHING WORKS, BUT RATHER WE ARE IMPLEMENTING EMPIRICALLY VALUED TREATMENT AND I THINK THAT IS NECESSARY ALSO. I WOULD LIKE TO PUT THE FOCUS ON EVIDENCE BASED PRACTICE. AND WHAT THAT ENTAILS IS IF WE OFFER TREATMENT, WE NEED TO TRAIN GOOD THERAPISTS TO USE MANUALIZED INTERVENTIONS THAT ARE EMPIRICALLY ASSUMED AND WE NEED TO PROVIDE SUPERVISION SO THAT THE TREATMENTS ARE IMPLEMENTED THE WAY THEY WERE INTENDED. AND I WOULD LIKE TO EMPHASIZE THE NEED FOR RESEARCH. AGAIN, I AM BOTH A CLINICIAN AND RESEARCHER.

AND SO I THINK IT IS IMPORTANT THAT WE USE THE PSYCHOSOCIAL DETERMINANT OF PROBLEM GAMBLING AND THAT WE DEVELOP SCIENCE BASED INTERVENTIONS AND FOUR DIFFERENT LEVELS OF CARE. COMPARED TO OTHER ADDICTIONS, THE RESEARCH IN PATHOLOGICAL GAMBLING OR RESEARCH IN PROBLEM GAMBLING TO SOME DEGREE REALLY IS IN ITS INFANCY. AND SO THERE IS MUCH TO BE LEARNED ABOUT WHAT PREDISPOSES INDIVIDUALS TO GAMBLING PROBLEMS AND WHY SOME PEOPLE AFTER A FEW TRIALS, A FEW INTERACTIONS WITH THE BEHAVIOR, BECOME HOOKED WHEREAS OTHER PEOPLE CAN ENJOY GAMBLING AS A PASTIME FOR LONG PERIODS OF TIME WITHOUT ANY PROBLEMS. THERE HAVE TO BE UNDERLYING DIFFERENCES AND WE DID TO NOT YET UNDERSTAND WHAT PRE-DISPOSES SOME INDIVIDUALS. I THINK THIS IS IMPORTANT TO FIND OUT. I ALSO BELIEVE THAT WE NEED TO DEVELOP A STEPPED CARE APPROACH. AS WAS MENTIONED, NOT EVERY INDIVIDUAL NEEDS TO HAVE INDIVIDUAL THERAPY. WE CAN HELP OUT WITH SELF HELP GROUPS, USE INDIVIDUAL TREATMENT, GROUP TREATMENT. SO THERE ARE A VARIETY OF OPTIONS AVAILABLE, INCLUDING PERHAPS IN THE MOST SEVERE CASES RESIDENTIAL TREATMENT. BUT WHAT WE DO NOT YET KNOW IS WHO CAN BENEFIT FROM WHAT. SO IT IS IMPORTANT TO FUND RESEARCH TO EXAMINE THESE DIFFERENT TREATMENTS TO FIND OUT WHAT IS THE APPROPRIATE TREATMENT. SO FROM THAT PERSPECTIVE, I BELIEVE THAT AS MY FOURTH POINT FUNDING FOR HIGH QUALITY RESEARCH IS IMPORTANT. SO IN CONCLUSION, LET ME EMPHASIZE ONCE MORE THAT AS A

RESEARCHER AND CLINICIAN, I DO NOT OPPOSE THE EXPANSION OF CASINOS IN THE STATE OF NEW YORK. THAT IS NOT THE POINT I'M MAKING. THE POINT I'M MAKING IS THAT I WOULD LIKE TO RECOMMEND THAT WE EDUCATE NEW YORKERS ABOUT THE POTENTIALLY ADDICTIVE QUALITIES OF GAMBLING, THAT WE MAKE KNOWN THAT A GAMBLING ADDICTION LIKE OTHER ADDICTIONS IS TREATED. THAT WE PROVIDE RESEARCH BACKED EMPIRICALLY SUPPORTED TREATMENT FOR GAMBLERS THAT NEED HELP. AND WE FUNDS RESEARCH. I THANK YOU FOR THE OPPORTUNITY. >> THANK YOU. COULD YOU BRIEFLY DESCRIBE YOUR TREATMENT MODEL THAT YOU USE? AND I DON'T WANT TO TAKE UP TOO MUCH TIME. >> EFFECTIVELY WE DEVELOP A 12 SESSION MANUALIZED TREATMENT AND WE START OUT WITH WHAT WE CALL INTERVENTIONAL INTERVIEWING. IT SEEKS TO ENGAGE INDIVIDUALS IN THE TREATMENT PROCESS. TYPICALLY WHAT IS OFTEN DONE, THE PERSON COMES INTO TREATMENT AND WITHIN THE FIRST OR SECOND SESSIONS, WE DEVELOP A PLAN LIKE HOW THE PERSON NEEDS TO CHANGE THEIR BEHAVIOR. AND OFTEN THAT DOES NOT WORK. SO WE WORK WITH THE AMBIVALENCE THAT THE PERSON BRINGS TO THE SESSION. SO WE'RE TAKING OUR TIME AND HELP THE CLIENT UNDERSTAND THEIR OWN AMBIVALENCE. LET'S SAY WHENEVER YOU GO PEOPLE SAY YOU'RE DOING A BAD THING. SO WE'RE USING THAT APPROACH. AND WHEN THE CLIENT IS WILLING TO TAKE A LOOK AT HIS OR HER GAMBLING, THAT'S WHERE WE SWITCH OVER INTO THE COGNITIVE BEHAVIOR APPROACH. STANDARD TREATMENT HAS BEEN HE VERY EFFECTIVE.

THE PROBLEM IS THAT WITH THE STANDARD TREATMENT, DEPENDING ON THE STUDY YOU READ BETWEEN 20% AND 30% INDIVIDUALS DROP OUT AFTER TWO OR THREE SESSIONS. WE'RE REALLY RETAINING -- CAN'T TREAT ANYONE IF THE PERSON DOESN'T COME. WE ARE STILL IN THE PROCESS OF COLLECTING SOME OF THE DATA. WITH THE SECOND TRIAL I BELIEVE WE WILL BE ABLE TO DEMONSTRATE THAT. >> THANK YOU. THIS MORNING DR. NELSON GAVE A FINE START TO OUR PROCEEDINGS HERE AND MADE THE POINT THAT DISORDER GAMBLING IN THE DSM V HAS BEEN RECLASSIFIED. SO MY QUESTION AS A CLINICIAN, DO YOU THINK THIS RECLASSIFICATION MIGHT RESULT IN GREATER COVERAGE FOR HEALTH INSURANCE PURPOSES AND TREATMENT OF THIS DISORDER? >> THAT IS A VERY GOOD QUESTION. IT WAS FROM THE UNIVERSITY'S PERSPECTIVE, WE CURRENTLY INTERACT A LOT WITH HEALTH INSURANCES BECAUSE OF THE AFFORDABLE CARE ACT, HAVE TO DEAL WITH MANY MORE ISSUES. I DO NOT KNOW WHETHER HEALTH INSURANCES AT THIS POINT WILL ACTUALLY PAY FOR THE TREATMENT OF PATHOLOGICAL GAMBLING. WHAT HAS HAPPENED IN THE PAST IS THAT SINCE THE PERSON TYPICALLY SUFFERS FROM MORE THAN ONE CONDITION AS DR. BLANCO POINTED OUT, AN INDIVIDUAL WHO HAS DEVELOPED A VERY SERIOUS GAMBLING PROBLEM ALSO TYPICALLY SUFFERS FROM A VERY SEVERE DEPRESSION. AND SO OF COURSE HEALTH INSURANCE DO PAY FOR DEPRESSION. BUT I CAN ONLY HOPE WHEN YOU GO BACK IN THE PREVIOUS YEARS AND AT SOME POINT GAMBLING DID NOT HAVE ITS OPEN CATEGORY AND THEN IT BECAME AN IMPULSE CONTROL

DISORDER AND NOW IN THE LATEST EDITION IT HAS ITS OWN DIAGNOSTIC CATEGORY, AND I WOULD ASSUME WITH THE ESTABLISHMENT OF THAT CATEGORY THAT TREATMENT AT SOME POINT WILL ALSO BE -->> YEAH, THAT WAS AN INTERESTING POINT SHE MADE THIS MORNING. THE RECLASSIFICATION, YOU WONDER WHAT IT COULD MEAN. >> THAT MAY HELPFUL ON THE OTHER HAND THE PEOPLE WHOM WE'VE SEEN OUR TREATMENT PROTOCOL, WE TREAT THEM FOR FREE. IT'S STANDARD WHEN YOU HAVE THEM IN RESEARCH ORIENTED. BUT THE POINT WAS MADE YOU ARE DEALING WITH INDIVIDUALS WHOSE MAIN PROBLEM IS THAT THEY HAVE WASTED ALL THEIR MONEY. SO EVEN WHEN YOU HAVE HEALTH INSURANCE COVERAGE, YOU STILL NEED TO BE ABLE TO AFFORD THE CO-PAYMENT. DEPENDING ON THE INSURANCE, YOU PAY A \$25, \$30, \$40 PER SESSION. AND SO I DO BELIEVE THAT WE NEED TO BE ABLE TO OFFER TREATMENT BASICALLY FREE OF CHARGE FOR INDIVIDUALS WHO HAVE DEVELOPED SUCH A PROBLEM. >> OKAY. GREAT. THANK YOU. >> THANK YOU VERY MUCH. >> NEXT I'D LIKE TO CALL FORWARD STEVE AND GLORIA BLOCK, TWO LONG TIME MEMBERS OF NEW YORK'S COUNCIL ON PROBLEM GAMBLING BOARD OF DIRECT INFORMATIONS WHO WILL LEAD CONVERSATION ABOUT A LEVEL OF PERSONAL EXPERIENCE. WE'RE VERY GRATEFUL TO BOTH OF THEM FOR THEIR SERVICE AND THEIR PRESENCE HERE TODAY. WELCOME. >> GOOD AFTERNOON. I HAVE TO TELL YOU, AS I'VE BEEN SITTING HERE LISTENING TO THESE SCIENTISTS AND RESEARCHERS AND POLICYMAKERS, I'M IN AWE. THEY ARE SO SMART AND REALLY DID THEIR HOMEWORK. BECAUSE I'LL BE TALKING ABOUT MY OWN EXPERIENCES, I'LL KNOW WHAT I'M TALKING ABOUT, TOO. >> AND WE WILL BE IN AWE. >> SO I HAD TO ASK MYSELF THESE QUESTIONS. WHY AM I HERE AND HOW CAN I HELP ACCOMPLISH THE IMPORTANT PURPOSE OF THAT FORUM. I'LL USE SOME OF THE WORDS FROM ALL THE COMMUNICATIONS AND E MAILS I RECEIVED INVITING ME TO SPEAK. I'M GOING TO SHARE SOME EXPERIENCES THAT WILL HELP YOU UNDERSTAND WHAT TO EXPECT IN TERMS OF PROBLEM GAMBLING IMPACT AND CHALLENGES AND WHY I'M AN ADVOCATE. AND TO BORROW JIM MANEY'S WORDS, A PASSIONATE ADVOCATE. PLEADING THE CASE FOR THOSE WHO MIGHT BECOME TOUCHED BY THE DISEASE OF PROBLEM GAMBLING. I HOPE BY SHARING MY EXPERIENCES, YOUR COMMISSION WILL HAVE MORE IDEAS ABOUT THE SPECIFIC COMPONENTS TO INCLUDE IN A PROBLEM GAMBLING PLAN. SO I'LL START AGAIN, GOOD AFTERNOON, AND I'LL INTRODUCE MYSELF TO GLORIA B.. A CURRENT MEMBER OF A SELF HELP GROUP FOR FAMILY MEMBERS AND FRIENDS OF PROBLEM GAMBLERS. IN MY CASE, THE PROBLEM GAMBLER IS MY HUSBAND WHO IS CURRENTLY IN RECOVERY. WE'VE BEEN ATTENDING WEEKLY MEETS IN STATEN ISLAND SINCE 1975, OVER 38 YEARS. AT THIS TIME WE ALSO ATTEND A SECOND MEETING EVERY WEEK IN BROOKLYN, NEW YORK. SO SOME BRIEF BACKGROUND. BY 1975, I HAD BEEN MARRIED FOR TEN YEARS. I HAD TWO YOUNG CHILDREN, A MORTGAGE AND OTHER BILLS TO PAY AND I WAS AN OUT OF WORK TEACHER DUE TO THE NEW YORK CITY LAYOFFS IN THE 1970s. AND ONE MIGHT SAY THESE ARE ALL ORDINARY LIFE EVENTS WITH BLESSINGS AND CHALLENGES. HOWEVER I WAS ALSO STRUGGLING WITH THE EFFECT OF BEING MARRIED TO AND FINANCIALLY DEPENDENT ON A COMPULSIVE GAMBLER. I WAS FRIGHTENED, EMBARRASSED AND ASHAMED. I WAS UNABLE TO PAY BILLS BECAUSE MY HUSBAND WAS USING HIS SALARY FOR GAMBLING AND I WAS SUFFERING WITH EMOTIONAL ABUSE AS HE TRIED ON COVER UP AND JUGGLE THE NEGATIVE CONSEQUENCES OF HIS BEHAVIOR. DESPERATION AFTER SPENDING DAYS AND NIGHTS ALONE WHILE MY HUSBAND WAS OUT GAMBLING AND HAVING ABSOLUTELY NO MORE MONEY IN THE SMALL BANK ACCOUNT THAT I HAD DRAINED TO PAY BILLS AND BUY FOOD FOR MY CHILDREN, I ATTENDED MY FIRST MEETING OF STATEN ISLAND 12 STEP RECOVERY GROUP FOR FAMILY MEMBERS AND FRIENDS OF PROBLEM GAMBLERS. SHORTLY AFTER, MY HUSBAND STARTED ATTENDING A GROUP AND TO MY KNOWLEDGE, HE HAS NOT GAMBLED SINCE THAT FIRST MEETING. I'M SO GRATEFUL FOR THEIR SUPPORT AND WISDOM AND SHARING THEIR EXPERIENCES. I RECOGNIZE THIS ILLNESS CANNOT BE CURED, ONLY RESTED. HERE IS SOMETHING ELSE I'VE LEARNED IN THAT 38 PLUS YEARS I'VE BEEN ATTENDING MEETINGS. SOMETIMES WE GET STUCK AND WE STAY IN THE SAME PLACE NOT KNOWING HOW TO FACE THE CHALLENGES OF BEING A HUSBAND, WIFE, PARENT, CHILD OR FRIEND OF A COMPULSIVE GAMBLER. SO MY HUSBAND AND I WERE FORTUNATE ENOUGH TO BE AMONG THE FIRST CLIENTS OF THE STATEN ISLAND TREATMENT CENTER IN THE EARLY 1980s. BEFORE EVEN BECOMING CLIENTS AT

THAT TREATMENT CENTER, WE HAD MET SOME OF THE THERAPISTS. THEY WERE BEING SPECIALLY TRAINED TO TREAT PROBLEM GAMBLERS AND THEIR FAMILIES. AND SO THEY DEVELOPED THAT PASSION. THEY CAME TO OPEN MEETING, THEY SOUGHT PERMISSION TO SIT IN AT OUR CLOSED WEEKLY MEETINGS. ALL TO GAIN INSIGHT. THEY BECAME SPECIALISTS IN TREATING PROBLEM GAMBLERS AND THEIR FAMILIES. THEY LEARNED THE 12 STEPS AND HOW THEY APPLY INTO DAILY LIFE. THEY UNDERSTOOD SOME OF THE TOOLS OF THE PROGRAM AND THEY UNDERSTOOD THE SCARS THAT REMAIN ABOUT FINANCIAL INSECURITY, TRUST AND HONESTY. SO AS A PASSIONATE ADVOCATE FOR TREATMENT FOR PROBLEM GAMBLERS AND THEIR FAMILIES, HOW DO I HELP THE ABOVE EXPERIENCES WILL HELP YOU DECIDE ON WHAT TO INCLUDE IN YOUR PROBLEM GAMBLING PLAN? A, YOU NEED KNOWLEDGE OF SPECIFIC GAMBLING RELATED SELF HELP GROUPS IN THE AREAS OF CASINOS. WHERE THEY MEET, WHAT TIME, WHAT DAY OF THE WEEK, WHAT ARE THE PARKING FACILITIES, WHAT FLOOR DO THEY MEET ON. YOU NEED TO KNOW HOW THESE PROGRAMS WORK AND HOW TO ENCOURAGE THOSE STRUGGLING GAMBLERS AND THEIR FAMILIES TO ATTEND. IT'S NOT EASY TO MAKE THAT FIRST STEP ALONE. B, YOU NEED TO HAVE THOSE WHO ARE SPECIFICALLY TRAINED AND CERTIFIED TO HELP THOSE AFFECTED BY THE DISEASE OF PROBLEM GAMBLING. THEY MUST BE CENTERS OF EXCELLENCE WHERE THOSE STRUGGLING WITH THE GAMBLING PROBLEM CAN FIND KNOWING AND

EXPERIENCED THERAPISTS. THE THERAPISTS MUST SUPPORT AND WORK HAND-IN-HAND WITH THE SELF HELP GROUPS IN THE AREA. THIS TIME I'M REINTRODUCING MYSELF AS MRS. BLOCK, A RECENTLY RETIRED NEW YORK CITY SCHOOLTEACHER, AND TEACHING CHILDREN IS ANOTHER ONE OF MY PASSIONS. I WAS WORKING AT A PUBLIC SCHOOL ON STATEN ISLAND AS A FIFTH GRADE TEACHER OF GIFTED AND TALENTED CHILDREN AND I'M GOING TO TELL YOU ABOUT ONE PARTICULAR YEAR AND A STUDENT WE'LL CALL BOBBY. BY THE END OF OCTOBER, I HAD NOTICED A CHANGE IN BOBBY'S BEHAVIOR AND WORK. HIS HOMEWORK WAS NOT COMING IN ON TIME AND WHEN IT DID, IT WAS OF POOR QUALITY. BOBBY WAS NOTICEABLY TIRED AND HIS WORK WAS SUFFERING. WE WERE PLANNING ON GOING ON A CLASS FIELD TRIP IN NOVEMBER AND THE KIDS WERE SO EXCITED. AND NEW YORK CITY REGULATIONS, THEY HAD TO BRING IN A SIGNED PARENT CONSENT SLIP AND SMALL FEE FOR THE CHARTERED BUS. AFTER A WEEK OF TRYING TO COLLECT THIS MATERIAL, BOBBY HAD STILL NOT CONCERNED HIS SLIP AND BUS FEE. AND WHEN I QUESTIONED HIM, HE QUIETLY SAID I'M NOT GOING. SO I CREATED THE OPPORTUNITY TO TALK WITH HIM PRIVATELY AND TEARFULLY BUT VERY ANGRY, HE TOLD ME THAT HIS MOTHER HAD THROWN HIS FATHER OUT OF THE HOUSE BECAUSE HE ALWAYS WENT TO THE CASINO AND GAMBLED. AND BOBBY SAID HIS PARENTS WOULD FIGHT AT NIGHT WHEN THEY THOUGHT HE WAS ASLEEP AND THEY SCREAMED AT EACH OTHER BECAUSE HIS FATHER SPENT ALL THE MONEY THAT HIS MOTHER NEEDED FOR THE FAMILY. BOBBY SAID HIS MOTHER TOLD HIM

IF HE WANTED TO GO ON THE TRIP, HE WOULD HAVE TO WAIT UNTIL HE SAW HIS FATHER AND ASK HIM FOR THE MONEY BUT SHE SAID DON'T COUNT ON GETTING IT FROM THE BUM. IS IT ANY WONDER THAT THIS CHILD COULDN'T FOCUS ON HIS SCHOOLWORK. THE NEXT NIGHT AFTER I HAD SOME LITTLE CONVERSATION WITH BOBBY HAPPENED TO BE OPEN SCHOOL NIGHT AND I KNEW I WOULD SEE AT LEAST ONE OF HIS PARENTS. I WENT TO SEE OUR SCHOOL SOCIAL WORKER AND IN CONFIDENCE I EXPLAINED TO HER WHAT WAS GOING ON WITH BOBBY AND ASKED IF SHE COULD HELP. SHE TOLD ME TO ASK WHICHEVER PARENT CAME TO COME SEE HER. WE COULDN'T FORCE THEM TO DO OR DISCLOSE ANYTHING. SHE SHOWED ME A PIECE OF PAPER THAT WAS HANGING ON THE WALL IN HER OFFICE AND IT LISTED LOCAL AGENCIES THAT TREATED ALCOHOL, DRUG, PHYSICAL ABUSE AND OTHER HEALTH OR FINANCIAL ISSUES. AND SHE SAID SHE USUALLY MAKES COPIES OF THIS LIST AND GIVES TO PARENTS WHO NEED HELP WITH THEIR PROBLEM. HOWEVER SHE SAID THERE WAS NO SPECIFIC GAMBLING TREATMENT PLACE ON STATEN ISLAND WHERE SHE COULD REFER BOBBY'S PARENTS EVEN IF THEY CHOSE TO TELL HER ABOUT THE GAMBLING ISSUE. WITHOUT DISCLOSING MY OWN HISTORY, I TOLD THE SOCIAL WORKER ABOUT THE GAMBLER'S TREATMENT CENTER ON STATEN ISLAND AND SHE CONFESSED SHE WAS NOT AWARE THAT SUCH A PLACE EXISTED BUT THAT SHE WOULD CHECK IT OUT. THE NEXT EVENING BEFORE PARENTS CONFERENCES BEGAN, I QUICKLY WENT INTO HER OFFICE AND SAW THAT SHE HAD REVISED THAT LIST OVER HER SHOULDER.

SO BOBBY'S MOM DID AGREE TO SEE THE SOCIAL WORKER THAT NIGHT. I DON'T KNOW WHAT THEY DISCUSSED, BUT I KNOW SHE WENT HOME WITH A COPY OF THAT REVISED LIST. AND I ALSO KNOW THAT BOBBY'S WORK AND BEHAVIOR IMPROVED AND HE DID IT GO ON THE TRIP. I'VE SEEN A LACK OF KNOWLEDGE AND LACK OF COMMON SENSE ABOUT THE HARMFUL EFFECTS OF GAMBLING. AS ATLANTIC CITY'S CASINOS BECAME POPULAR, I OFTEN HAD STUDENTS WHO WERE ABSENT FROM SCHOOL ON MONDAYS OR CAME TO SCHOOL SLEEPY OR WITHOUT HOMEWORK ON MONDAYS AND THEY WOULD OFFER THE EXCUSE I WENT TO ATLANTIC CITY WITH MY PARENTS FOR THE WEEKEND AND THEY BROUGHT MY COUSIN ALONG TO BABY-SIT AND WE PLAYED INDIVIDUAL WHY GAMES AND PIGGED OUT ALL WEEKEND, AND WE GOT HOME LATE AND MY MOM SAID I COULD SLEEP LATE OR IT WAS OKAY NOT TO HAVE MY HOMEWORK, THE TEACHER WOULD UNDERSTAND. THIS TEACHER DID NOT UNDERSTAND. WONDER IF THOSE PARENTS REALIZED WHAT THEY WERE MODELING AND SANCTIFYING IN THE EYES OF THEIR CHILDREN. IS IT EVER OKAY TO NEGLECT YOUR RESPONSIBILITIES SO THAT YOU CAN GAMBLE? IN SCHOOL, WE HOST PROGRAMS TO TEACH FIFTH GRADERS ABOUT THE DANGERS OF DRUG AND ALCOHOL ABUSE. QUITE TO THE CONTRARY, THE MESSAGE THEY'RE CURRENTLY RECEIVING ABOUT GAMBLING IS CASINOS ARE GREAT FUN FOR ADULTS, SO IT MUST BE OKAY BECAUSE MY PARENTS EVEN LET ME HANG OUT THERE SO THAT THEY CAN GAMBLE. SO AGAIN, AS A PASSIONATE ADVOCATE FOR TREATMENT AND PREVENTION, HOW DO I HOPE THE ABOVE EXPERIENCES WILL HELP YOU

DECIDE ON WHAT TO INCLUDE IN A PROBLEM GAMBLING PLAN? A, THERE WILL BE LOTS OF ADVERTISING MAKING CASINOS LOOK APPEALING AND INVITING. PLEASE UNDERSTAND THE INFLUENCE ON YOUNG CHILDREN. WHAT IS THE MESSAGE THAT THEY WILL PERCEIVE AND INTERNALIZE ESPECIALLY IF THEIR PARENTS GO TO THE CASINOS. B, IF PARENTS CHOOSE TO GO TO A CASINO AND BRING THEIR CHILDREN ALONG FOR THE WEEKEND, HAVE A PROGRAM IN PLACE REMINDING PARENTS ABOUT HEALTHY BEHAVIOR THAT THEY WANT THEIR CHILDREN TO LEARN. AND C, STRENGTHEN SCHOOLS IN THE AREAS OF THE NEW CASINOS. TEACHERS AND SCHOOL SUPPORT TEAMS MUST BE ALERTED TO THE SIGNS OF PROBLEM GAMBLERS. THEY SHOULD HAVE KNOWLEDGE WHERE THEY CAN MAKE REFERRALS IF NEEDED. THANK YOU AGAIN FOR LISTENING TO MY PERSONAL EXPERIENCES AND MY CONCERNS ABOUT WHAT COULD HAPPEN TO ADULTS AND CHILDREN AS NEW CASINOS COME TO NEW YORK STATE. >> THANK YOU. THAT'S OUTSTANDING. BOBBY IS A LUCKY STUDENT TO BE IN YOUR CLASSROOM. MR. BLOCK. >> GOOD AFTERNOON. MY NAME IS STEVEN BLOCK. AND THANKS FOR THIS OPPORTUNITY TO SPEAK ON A SUBJECT THAT HAS HELPED DEFINE ME FOR OVER 60 YEARS. MY ASSOCIATION WITH GAMBLING HAS GONE FROM PRE-TEEN GAMBLER TO PROBLEM GAMBLER IN MY TEENS AND 20s, TO BEGINNING MY RECOVERY IN MY 30s AND THEN BEING AN ADVOCATE, COUNSELOR AND EXPERT WITNESS IN THE STATE AND FEDERAL COURTS. AT AN EARLY AGE, I PLAYED POKER IN THE BASEMENT OF MY APARTMENT

HOUSE AND BET WITH THE LOCAL BOOK MAKER. I PROGRESSED TO WAITING AT THE NEWS STAND FOR THE DAILY RACING FORM AND THE DAILY NEWS WHEN IT SOLD FOR 2 CENTS TO PREPARE FOR THE NEXT DAY'S RACES. I GAMBLED THROUGHOUT HIGH SCHOOL AND COLLEGE AND THROUGH THE FIRST TEN YEARS OF MY MARRIAGE TO GLORIA, A HARD ACT TO FOLLOW. IT IS SAID THAT A PROBLEM GAMBLER HAS A NEGATIVE IMPACT ON AT LEAST 12 OTHER PEOPLE. FOR ME, I CAUSED PROBLEMS FOR NOT ONLY MY PARENTS, BUT MY GRAND PARENTS, MY BROTHER, AND LATER ON MY IN-LAWS, MY WIFE, AND OUR TWO SMALL CHILDREN. ALONG WITH COUNTLESS FRIENDS, EMPLOYERS AND CO-WORKERS. I FINALLY STOPPED WHEN MY WIFE REACHED OUT FOR HELP. PROFESSIONAL COUNSELING AND SELF HELP MEETINGS HELPED ME TURN MY LIFE AROUND. I SPEAK FROM EXPERIENCE WHEN I SAY TREATMENT WORKS. WITH THE HELP I RECEIVE AND SUPPORT OF MY FAMILY -- IT HAS BECOME CLEAR TO ME THAT A COMBINATION OF SELF HELP GROUPS AND INDIVIDUAL THERAPY LEADS TO THE BEST OUTCOMES. I CAN SPEAK OF THE FATHER OF FIVE WHO STOPPED GAMBLING AND BECAME A PRODUCTIVE MEMBER OF SOCIETY AND WHO IS NOW WORK MANAGEMENT PROGRAM HELPING THE HOMELESS TRANSITION TO SUPPORTIVE HOUSING. I WORK WITH A MAN WHO WAS GIVEN AN ALTERNATIVE TO INCARCERATION SENTENCE AND WHO NOW OPERATES A SUCCESSFUL SECURITY EQUIPMENT BUSINESS. AND A YOUNG LADY WHO AFTER SEVERAL YEARS OF CASINO GAMBLING WENT FROM ATTEMPTING TO TAKE HER OWN LIFE TO BECOMING AN INTERNET ENTREPRENEUR. I RECALL THE YOUNG WALL STREET

EXECUTIVE WHO WAS FIRED FROM A MAJOR INVESTMENT BANK FOR GAMBLING ON HIS OFFICE COMPUTER WHO AFTER TREATMENT SECURED A POSITION WITH ANOTHER FIRM AND HAS RECENTLY BEEN MADE A MANAGING DIRECTOR. UNFORTUNATELY, NOT ALL NEW YORKERS ARE ABLE TO GET THE HELP THEY NEED. TREATMENT IS NOT ALWAYS ACCESSIBLE OR AFFORDABLE. IN 1995 WHEN THE NEW YORK COUNCIL ON PROBLEM GAMBLING WAS INCORPORATED, ONE OF OUR STATED GOALS WAS TO PROVIDE TREATMENT SERVICES IN ALL 62 OF NEW YORK'S COUNTIES. TODAY 19 YEARS LATER, TREATMENT PROGRAMS ARE AVAILABLE IN ABOUT ONE-THIRD OF OUR 62 COUNTIES. THERE ARE NO SERVICES FOR PROBLEM GAMBLING IN MANY OF OUR MOST POPULATED AREAS. BECAUSE GAMBLING TREATMENT IS GENERALLY NOT COVERED BY INSURANCE, MANY POTENTIAL CLIENTS ARE NOT ABLE TO GET SERVICES UNLESS THEY HAVE A CO-OCCURRING SUBSTANCE ABUSE OR MENTAL HEALTH DIAGNOSIS. GAMBLING TREATMENT IN NEW YORK STATE WAS ORIGINALLY ADMINISTERED BY AND FUNDED THROUGH THE OFFICE OF MENTAL HEALTH. FOR THE PAST 11 YEARS, THAT RESPONSIBILITY HAS TRANSITIONED TO OASIS. FROM A CLINICAL PERSPECTIVE, PATHOLOGICAL OR DISORDER GAMBLING IS NOW CLASSIFY BY THE DSM V AS A BEHAVIORAL ADDICTION. IT INCLUDES MENTAL DYSFUNCTION AS WELL AS ELEMENTS OF BEHAVIOR. IT IS A BIO, PSYCHO, SOCIAL DISORDER THAT REOUIRES A SPECIALIZED APPROACH IN TREATMENT TO ACHIEVE POSITIVE OUTCOMES. COMBINING GAMBLERS IN TREATMENT WITH SUBSTANCE ABUSE AND CLIENTS

WITH MENTAL PROBLEMS IS OFTEN DONE FOR EXPEDIENCY. AND WHILE THERE IS SOME SUCCESS USING THIS APPROACH, GAMBLING SPECIFIC TREATMENT IS IN MY EXPERIENCE MORE EFFICACIOUS. TREATMENT NEEDS TO BE AVAILABLE TO ALL THOSE IN NEED. THE PRESENT SYSTEM IS NOT WORKING. WE NEED TO PROVIDE RESOURCES TO ALL NEW YORKERS. AND CONCENTRATE IN ONE LOCATION TO ACHIEVE THIS GOAL. RESEARCH CONDUCTED BY NEW YORK STATE INDICATES THAT UP TO 1 MILLION CITIZENS HAVE A GAMBLING PROBLEM. ACCORDING TO A STUDY CONDUCTED IN 2013, NEW YORK STATE RANKED 27th OUT OF 50 STATES IN TERMS OF PER CAPITA PUBLIC FUNDS INVESTED IN PROBLEM GAMBLING SERVICES. WE'RE NEW YORKERS. WE CAN DO BETTER FOR THOSE ADVERSELY AFFECTED. THANK YOU. >> THANK YOU BOTH VERY MUCH. >> I'M CURIOUS ABOUT THE COUNSELING PROGRAMS AND WHAT THEY ENTAIL. I'M SURPRISED FOR SEE HOW YOU FEW THERE ARE. >> YOU'RE TALKING ABOUT THE NUMBER OF CREDENTIALED? >> I WAS CURIOUS AS TO WHAT IS REQUIRED TO BECOME CREDENTIALED AND WHY ARE THERE SO FEW OF THEM. >> THAT'S AN EXCELLENT QUESTION, COMMISSIONER. THE REQUIREMENTS ARE VERY STRINGENT. IT REQUIRES A GREAT DEAL OF EDUCATION AND IT REQUIRES GAMBLING SPECIFIC EDUCATION. THAT PART IS NOT SO DIFFICULT TO ACHIEVE BECAUSE THERE ARE THROUGH OASIS AND THROUGH THE NEW YORK COUNCIL, THERE ARE ONLINE PROGRAMS, PRIVATE

ENTITIES. THE PROBLEM IS THAT THERE ARE NOT ENOUGH TREATMENT PLACES TO GET WORK EXPERIENCE AN A COMPONENT OF GETTING THE CREDENTIAL IS WORK EXPERIENCE. I BELIEVE THE FIGURE IS 4,000 HOURS. AND SUPERVISION BY A QUALIFIED PROFESSIONAL. SO THE DIFFICULTY IS THAT BECAUSE THERE ARE SO FEW TREATMENT CENTERS THAT DO GAMBLING SPECIFIC TREATMENT OR GAMBLING TREATMENT EVEN IN CONJUNCTION WITH SUBSTANCE ABUSE OR MENTAL HEALTH, THERE ARE NOT THOSE OPPORTUNITIES FOR PEOPLE TO GET THE WORK EXPERIENCE. AND MOST OF THOSE 30 FOLKS INCLUDING MYSELF WERE GRANDFATHERED IN FROM PREVIOUS WORK EXPERIENCE. >> WHICH ORGANIZATION PROVIDES -->> IT'S PROVIDED BY OASIS. IT'S EQUIVALENT TO THE KSAC FOR ALCOHOL AND SUBSTANCE ABUSE. >> ON ALL OUR BEHALF, WE THANK YOU FOR SHARING YOUR VERY IMPORTANT STORY AND IT MEANT A LOT TO US TO SHARE THAT AND THE COURAGE THAT YOU EXHIBIT WITH YOUR OWN PERSONAL TESTIMONY IN HOW YOU'VE LED A LIFE OF CONSEQUENCE IN THE CLASSROOM AND YOUR ADVOCACY FOR WHICH WE'RE GRATEFUL. THAT HELPS US HERE. AND I GUESS MY OUESTION, WHETHER IT'S A MILLION OR LESS THAN THAT DEPENDING ON THE NATURE OF THE STUDY, I UNDERSTAND THERE IS SOME REFLECTION ON THAT, WHETHER IT'S ADDING TELEPHONE SURVEYS OR -- WE HAVE AN ISSUE. LET'S JUST STIPULATE THAT. I GUESS MY QUESTION, AS WE LOOK NOW FOR THE NEXT STAGE IN NEW YORK'S HISTORY IN TERMS OF THE AWARENESS AND TO YOUR POINT, MRS. BLOCK, IN TERMS OF MAKING SURE OF THAT, WHAT SPECIFICALLY

WOULD IT -- WE HAD A VERY INTERESTING TESTIMONY FROM DR. BLANCO IN TERMS OF SORT OF THE PUBLIC AWARENESS OF THAT AND HOW YOU MIGHT HAVE THESE, IF YOU WILL, SURGEON GENERALS WARNINGS. HOW DOES THAT RESONATE TO YOU? YOU BRING A PERSONAL EXPERIENCE. AS YOU LOOK TO ALL THE THINGS WE'VE HEARD TODAY, SELF EXCLUSION, GREATER AWARENESS, TECHNOLOGICAL ADVANCES, CHANGING THE CHROME IN CANADA, A WHOLE RANGE OF IDEAS. WHAT COMES FORWARD TO YOU AS A SPOUSE OR AS AN INDIVIDUAL THAT ARE DEALING WITH -->> AGAIN ON A PERSONAL LEVEL, NONSCIENTIFIC LEVEL, NO ONE WANTS TO HEAR THAT THEY HAVE AN ILLNESS. WHEN YOU GO TO THE DOCTOR AND THE DOCTOR SAYS YOU HAVE CANCER, YOU KIND OF WANT TO GO AWAY. BUT IN THE SAME BREATH, THE DOCTOR SAYS BUT WE HAVE SOMETHING THAT CAN FIX IT, THAT CAN HELP YOU GET BETTER. SO NO ONE WANTS TO ADMIT THAT GOING TO A CASINO AND ABUSING THE -- MAKING POOR DECISIONS IS AN ILLNESS. BUT WHETHER IT'S THROUGH THE SELF EXCLUSION POLICY OR COUNSELORS, I ENVISION COUNSELORS ROAMING AROUND AND LOOKING FOR YOUNG KIDS THAT MIGHT BE ROAM MANAGEMENT HALLS, WHATEVER IT IS, SOMEONE TO SAY YOU CAN GET HELP. >> DO YOU THINK IT'S CHANGED IN 38 YEARS, AS IT GOTTEN BETTER, A THAT AWARENESS, THAT UNDERSTANDING? >> WELL, IN MY SMALL CIRCLE ON STATEN ISLAND, I WANT TO SAY YES. BUT I THINK STATEN ISLAND IS UNIQUE BECAUSE WE DO HAVE THE GAMBLERS TREATMENT CENTER, WE HAVE SEVERAL SELF HELP MEETINGS GOING ON DURING THE WEEK.

AND PEOPLE KNOW. AND HOW IMPORTANT IT WAS FOR THOSE COUNSELORS IT MAKE THAT CONTACT WITH THE SELF HELP PROGRAM SO THAT THEY'RE NOT --YOU KNOW, THAT THEY'RE NOT THE ENEMY. THEY WANT TO HELP. I NOTICE IT'S NOT A BAD THING TO ASK FOR HELP. SO HELP IS AVAILABLE, TAKE MY HAND. >> GREAT MESSAGE. >> LET ME AMPLIFY WHAT GLORIA JUST INDICATED. AND I'M NOT A RESEARCHER. WHEN I WORK WITH SOMEONE, I KNOW THEIR NAME. I WORK WITH THE INDIVIDUAL. I WORK WITH THE FAMILIES. THERE'S A FACE FOR ME. THERE IS A REAL PERSON THERE. WHETHER WE HAVE 100,000, 250,000, IT'S IRRELEVANT. WHEN WE HAVE LESS THAN 5,000 PEOPLE RECEIVING ANY TYPES OF SERVICES, THAT IS THE DISCONNECT FOR ME. SO MY SOLUTION OR HIGH BEGINNING OF THE PLAN IS TO INDICATE WHAT HAS ALREADY BEEN SAID. WE NEED TO PROVIDE SERVICES AN CROSS THE WIDE SPECTRUM OF HELP. WHEN SOMEONE COMES TO ME, I MAY SAY YOU NEED TO GO TO A SELF HELP MEETING OR YOU NEED TO HAVE COGNITIVE BEHAVIORAL THERAPY. OR YOU NEED TO BRING YOUR WIFE IN SO WE CAN DO FAMILY THERAPY. OR MAYBE IN EXTREME CASES MAYBE YOU NEED IT GO INTO RESIDENTIAL TREATMENT. WHICH OF COURSE IS NOT AVAILABLE IN NEW YORK STATE. FLORIDA, PENNSYLVANIA, SO FORTH. BUT WE NEED TO ACKNOWLEDGE THE IDEA THAT WE'RE NOT DOING A GOOD JOB RIGHT NOW AND WHAT WE NEED TO DO IS UNDERSTAND THAT THERE ARE PEOPLE WHO ARE SUFFERING, THERE ARE PEOPLE KILLING THEMSELVES, THERE ARE DIVORCES.

THE SOCIAL COST IS OUT THERE. AND IF I CAN TURN ONE PERSON AROUND, THAT'S A VICTORY. >> INDEED. AND THAT'S THE WHOLE POINT OF THIS, TO BRING VISIBILITY TO THE RESEARCH AND THE ADVOCACY GROUPS. AND GOSH YOUR PERSONAL TESTIMONY HAS ADDED SO MUCH. WE'RE SURE GRATEFUL. THANK YOU VERY MUCH. >> THANK YOU. >> WE ARE NOW FORTUNATE TO HAVE HARVEY ROSENTHAL JOIN US. HE'S EXECUTIVE DIRECTOR OF NEW YORK ASSOCIATION OF PSYCHIATRIC REHABILITATION SERVICES AND HE HAS OVER 37 YEARS OF EXPERIENCE WORKING TO PROMOTE POLICIES TO ADVANCE RECOVERY AND REHABILITATION RIGHTS. THANK YOU FOR JOINING US. >> THANK YOU. GOOD AFTERNOON. I DON'T HAVE TO GO INTO MY BIO NOW. I'D LIKE TO THANK THE MEMBERS OF THE GAMING COMMISSION FOR THE OPPORTUNITY TO OFFER COMMENTS AND RECOMMENDATIONS. IN REGARD TO THE EXPECTED RISE IN PROBLEM GAMBLING CONNECTED WITH THE ESTABLISHMENT OF COMMERCIAL CASINOS IN NEW YORK. AS UNDERSTAND, I'M HARVEY ROSENTHAL. WE HAVE A UNIQUE PARTNERSHIP THAT HAS WORKED WITH MENTAL ILLNESSES AND COMMUNITY PROVIDERS. ME AND MY STAFF ARE ALSO IN RECOVERY AND WE BELIEVE THAT STRENGTHENS OUR CAPACITY TO REPRESENT OUR COMMUNITY. I'LL START OUT BY SAYING I KNOW VERY LITTLE BY GAMBLING. AND I'M NOT ALONE. I THINK MOST OF THE MENTAL HEALTH COMMUNITY IS UNFAMILIAR. CERTAINLY IN THE AREA THAT I WORK IN, WHICH IS WORKING WITH

PEOPLE WITH MORE SERIOUS MENTAL HEALTH CONDITIONS. I DON'T THINK I'VE EVER HEARD IT BROUGHT UP IN 18 YEARS OF DIRECT PRACTICE AND 21 YEARS BEING AN ADVOCATE. >> YOU'VE NEVER HEARD WHAT BROUGHT UP? >> THE ISSUE OF GAMBLING AS AN ISSUE THAT HAS TO BE DEALT WITH. >> AS A PROFESSIONAL IN 18 YEARS. >> YEAH. NEVER HEARD IT BROUGHT UP IN AN ASSESSMENT, IN A TREATMENT REVIEW, IN A TREATMENT PLAN. AND I THINK THAT'S PART THE POINT I WANT TO MAKE. I HAD TO DO RESEARCH IN ORDER TO PRESENT TO YOU. HERE'S WHAT I FOUND OUT. 49.6% OF PROBLEM GAMBLING HAD A CO-DISORDER. A NATIONAL STUDY IDENTIFIED THAT 4% OF THE CALLS WERE SEEKING HELP FOR ACUTE MENTAL HEALTH CONDITIONS. THESE CORRELATIONS HAVE BEEN APPARENT TO SOME CLINICIANS WHO HAVE OBSERVED CLIENTS WITH BIPOLAR DISORDERS OFTEN ALSO GAMBLE EXCESSIVELY DURING WHICH THEY TYPICALLY ENGAGE IN INCREASING LEVELS OF STIMULATION SEEKING AND RISKY BEHAVIORS. THERE ARE STUDIES, TOO, THAT HAVE FOUND A SIGNIFICANT CORRELATION BETWEEN PROBLEM GAMBLING AND DEPRESSION. AND FOUND THAT DEPRESSION CAN BE BOTH A CAUSE AND A CONSEQUENCE. ON THE ONE HAND, A HIGH NUMBER OF PEOPLE WHO STRUGGLE WITH DEPRESSION SOMETIMES TURN TO GAMBLING AS HABITUAL BEHAVIOR TO TRY AND LESSEN THE SYMPTOMS OF THEIR DEPRESSION. ON THE OTHER HAND, MANY EXPERIENCE SEVERE DEPRESSION ASSOCIATED WITH GAMBLING LOSSES AND LOSSES IN SELF-ESTEEM. OTHER STUDIES HAVE SUGGESTED

THAT MANY PROBLEM GAMBLERS DEMONSTRATE A GREATER INCIDENCE MUCH DISTRESS ASSOCIATED WITH TRAUMA. AND FINALLY, RECENT STUDIES INDICATE THAT PHYSICIANS HAVE BEGUN TO RECOGNIZE THE HEALTH IMPLICATIONS OF PROBLEM GAMBLING IN PARTICULAR IN THE AREA OF SUICIDE. I'M SO SORRY. I'LL TURN THIS OFF RIGHT AWAY. SORRY ABOUT THAT. ACCORDINGLY, AND I THOUGHT I WAS GOING TO APPEAR AFTER JOHN COPPOLA. HE AND I DISCUSSED THIS. I WANT TO SAY WE STRONGLY AGREE WITH WHAT YOU'LL HEAR FROM JOHN ABOUT THE ISSUE THAT PROBLEM GAMBLING, PREVENTION, TREATMENT AND RECOVERY SUPPORT SERVICES MUST BE STRENGTHENED IN NEW YORK ESPECIALLY AS THE NUMBER OF CASINOS INCREASE. NOT ONLY IN THE ADDICTION FIELD, BUT ALSO THOSE WHO WORK IN MENTAL HEALTH AND PRIMARY CARE SETTINGS. THERE MUST BE A SIGNIFICANT EFFORT TO INCREASE TRAINING ACROSS MENTAL HEALTH TREATMENT AND REHABILITATION PROVIDERS. PROBLEM GAMBLING HAS FALLEN OFF -- MENTAL PROFESSIONALS ARE SIMPLY NOT AWARE OF THE WARNING SIGNS AND SYMPTOMS OF PROBLEM GAMBLING AND PROCEDURES FAIL TO SCREEN FOR THESE. INSTRUMENTS HAVE BEEN DEVELOPED FOR A VARIETY OF PURPOSES. I'D LIKE TO OFFER A PERSONAL EXPERIENCE. I AM A PERSON WITH A MENTAL ILLNESS AND I HIRE PEOPLE WITH MENTAL ILLNESSES. SOME YEARS AGO, I HIRED A PERSON WHO WAS IN FAIRLY SOLID MENTAL HEALTH AND ADDICTION RECOVERY. HE DID SO WELL AND FOR SO MANY YEARS THAT WE GRANTED HIM A CREDIT CARD TO ALLOW HIM TO

TRAVEL AS WE DO OTHER STAFF. AND HE WAS VERY CLEAR WHEN HE WOULD TURN IN HIS RECEIPTS THAT HE WAS REALLY CAREFUL HE WAS MONITORING THE MONEY. SO I WAS SHOCKED WHEN I HAD A CALL FROM THE CREDIT CARD COMPANY SEVERAL MONTHS AFTERWARDS WHERE HE HAD SPENT OVER \$10,000 ON THE CARD. I SHOULD HAVE SEEN THE WARNINGS, BUT I DIDN'T. PEOPLE TOLD ME AND I DIDN'T KNOW WHAT TO MAKE OF IT THAT WHEN HE WAS WORKING MAYBE ON TWO OCCASIONS HE PULLED OVER AND WENT INTO A GROCERY STORE AND BOUGHT A LOT OF LOTTO TICKETS. I DIDN'T CATCH IT. I THOUGHT IT WAS AN INNOCENT SORT OF BEHAVIOR. I HAD TO PROSECUTE HIM WITH THE INTENTION REALLY TO GET HIM INTO TREATMENT. SO I WANT TO ALSO TALK ABOUT A FAMILY MEMBER. I HAVE A FAMILY MEMBER WHO HAS A FORM OF GAMBLING ADDICTION. HE'S A COMMODITIES EXCHANGE BROKER. OR HE WAS. THERE IS A LOT OF RISK IN GAMBLING IN THAT AND A LOT OF STIMULATION. YOU'RE UP AND DOWN WITH MONEY. OVER THE COURSE OF THE YEARS, HE EVENTUALLY WENT THROUGH ALL OF HIS MONEY, SOME OF MY MOM'S AND SOME OF MY COUSIN'S. HE'S NOW IN A DEBTOR'S ANONYMOUS GROUP. BUT I SEE A REAL CORRELATION HERE. SO TRAINING SHOULD EXTEND TO INCLUDE MENTAL HEALTH, HELP LINE OPERATORS AND CRISIS TEAMS. THERE MUST BE A SIGNIFICANT EFFORT TO INCREASE TRAINING ACROSS OUR SYSTEMS. COGNITIVE BEHAVIORAL THERAPY AND PSYCHIATRIC MEDICATIONS ARE RECOGNIZED AS IMPORTANT AIDS TO

PROMOTE RECOVERY FROM GAMBLING ADDICTION. MENTAL HEALTH PROFESSIONALS WHO RECEIVE THE RIGHT KIND OF TRAINING IN ASSESSING AND TREATING PROBLEM GAMBLING CAN MAKE REALLY IMPORTANT CONDITIONS HERE -- SORRY, CONTRIBUTIONS HERE. WE MUST ALSO TAKE INTO ACCOUNT CULTURAL FACTORS. THERE IS A STUDY IN 2011 LOOKING AT A SCREENING APPROACH FOR DETECTING GAMBLING AND CO-OCCURRING PSYCHIATRIC CONDITIONS IN THE CHINESE AMERICAN COMMUNITY. THE STUDY EMPHASIZED IF A FAMILY MEMBER INVOLVEMENT WAS CRITICAL TO PROMOTING PROPER IDENTIFICATION AND RESPONSE. NEW YORK STATE IS RAPIDLY MOVING AS PART OF THE MEDICAID REDESIGN TO INTEGRATE MENTAL HEALTH AND ADDICTION SERVICES WITH MEDICAL CARE. THE RESPONSIBILITY FOR THE FUNDING AND THE OVERSIGHT WILL BE GOING TO HEALTH PLANS. AND NETWORKS. IT WILL BE CRITICAL TO REALLY EDUCATE THEM AND MAKE SURE THAT THEY ARE AWARE OF AND REIMBURSING FOR THESE KIND OF SERVICES. I WANT TO ENDORSE A NUMBER OF RECOMMENDATIONS THAT JOHN WILL OFFER AND I'LL LET HIM DO THAT, BUT A LOT HAVE TO DO WITH THE KINDS OF THINGS YOU HAD PUT IN THE CASINO TO RAISE ATTENTION, TO OFFER HELP, TO INFORM PEOPLE OF VOLUNTARY SELF EXCLUSION POLICIES. AND IT MAY SEEM AT THE FIRST TO BE FARFETCHED, BUT WHEN YOU GO INTO A GROCERY STORE AND YOU'RE BUYING CIGARETTES, THERE IS A BIG WARNING THERE ABOUT WHAT WILL HAPPEN TO YOU. SO I THINK THOSE KINDS OF CAUTIONS REALLY ARE VERY

APPROPRIATE IN THESE CASINOS, WE'RE CONCERNED ABOUT THE IMPACT OF GAMBLING IN COMMUNITIES AND THE IMPACT ON MENTAL ILLNESS AND THE TREATMENT. THANK YOU. >> I THINK GIVEN YOUR TESTIMONY, MAYBE IT MAKES SENSE TO BRING JOHN FORTH. >> YOU BET. >> AND WE CAN HEAR HIS TESTIMONY AND THEN ASK QUESTIONS TO BOTH OF YOU. DOES THAT MAKE SENSE? JOHN COPPOLA HAS BEEN THE EXPECTIVE DIRECTOR OF ALCOHOLISM AND SUBSTANCE ABUSE PROVIDERS SINCE IT'S INCEPTION. HE HAS BEEN IN RESEARCH AND IN TRAINING PROVIDERS THROUGHOUT NEW YORK STATE. PRIOR TO BECOING EXECUTIVE DIRECTOR, HE HAS BEEN WORKING WITH COMMUNITY ORGANIZATIONS. >> IT'S A PLEASURE TO BE HERE AND I WANT TO THANK YOU FOR HOLDING THIS HEARING, AS YOU MENTIONED, I'M THE EXECUTIVE DIRECTOR FOR A STATEWIDE ASSOCIATION THAT HAS APPROXIMATELY 200 MEMBER AGENCIES THAT PROVIDE SUBSTANCE ABUSE AND RECOVERY SUPPORT SERVICES AS WELL AS GAMBLING PREVENTION AND TREATMENT SERVICES. I WANT TO FOCUS A BIT ON THE INFRASTRUCTURE AND I THINK I TRY TO HIGHLIGHT AND STRESS A COUPLE OF POINTS THAT HAVE BEEN MADE BY PREVIOUS SPEAKERS. FIRST OF ALL, I THINK WHEN WE EXPAND GAMING IN NEW YORK STATE, IT'S PREDICTABLE THAT PROBLEM GAMBLING WILL BE MORE OBVIOUS IN COMMUNITIES WHERE IT'S CURRENTLY NOT AS OBVIOUS. AND I THINK BY HOLDING THE THIS HEARING AND USING THE INFORMATION THAT WE DISCUSS HERE A AS A FOUNDATION FOR BUILDING INFRASTRUCTURE AND THE SUSPECT

IS -- AND THE SYSTEM THAT WE NEED TO HAVE IN PLACE TO REDUCE THE POTENTIAL IMPACT OF PROBLEM GAMBLING IS WELL INFORMED. IT WAS ESTIMATED THAT THERE WAS ABOUT A MILLION PROBLEM GAMBLERS IN NEW YORK STATE. AND THE SURVEY SAID THAT 1.6% OF NEW YORK STATE ADULTS HAD A PROBLEM GAMBLING. THE NUMBER, WHATEVER IT IS, IS -- IT'S SIGNIFICANT. ESPECIALLY TO THE FAMILIES WHERE IT IS IMPACTING. THE SERVICE AVAILABILITY AND I THINK YOU HAVE HEARD VARIOUS REFERENCES TO THE INADEQUACY OF THE CURRENT SYSTEM AND FRANKLY I THINK IT'S ALMOST BORDERING ON BEING A WASTE OF TIME TO TALK ABOUT THE EXISTING IS SYSTEM AND FRANKLY I THINK THE QUESTIONS YOU ARE ASKING ABOUT, WHAT IS THE SYSTEM THAT WE NEED TO HAVE IN PLACE IS A GOOD ONE. A, WE DON'T HAVE IT, AND B, IT WILL TAKE COLLABORATION TO MAKE IT HAPPEN AND I DO THINK WE HAVE A REALLY, A SUBSTANTIAL FOUNDATION UPON WHICH TO BUILD. I WOULD LIKE TO ON SUGGEST A THAT AS A RULE OF THUMB AND I THINK YOU ARE KEEPING TO IT HERE, THAT A AS A RULE OF THUMB, THAT AS WE ARE MAKING THE IMPORTANT DECISIONS AND DOING THE IMPORTANT STEPS, THAT CLEARLY STATE GOVERNMENT NEEDS TO BE IN THE ROOM, THE GAMING INDUSTRY NEEDS TO BE IN THE ROOM, AND THE SERVICE PROVIDERS NEED TO BE IN THE ROOM. AND I WOULD SUGGEST TO YOU THAT ANY TIME IT'S JUST ONE OR JUST TWO OF THE THREE, WE ARE LIKELY TO BE MISSING SOMETHING IN OUR SOLUTION. ALL RIGHT? AND I THINK THAT ALL OF US HAVE A COMMON INTEREST IN MAKING SURE THAT WHERE THERE'S UNINTENDED CONSEQUENCES OF GAMING THAT WE

ARE ABLE TO ADDRESS THOSE. AS A NUMBER OF FOLKS POINTED OUT EARLIER, COLLABORATION IS REALLY IMPORTANT. I WOULD IS SAY THAT MOST OF THE SUCCESSFUL THINGS THAT HAPPENED IN THE GOVERNOR'S ADMINISTRATION HAS HAPPENED AS A DIRECT RESULT OF HAVING ALL THE PEOPLE THAT NEEDED TO BE IN THE ROOM THERE. AND WE CAME UP WITH OUR COMMON GOALS IS INTERESTS. AND I WOULD LIKE TO SUGGEST THAT AS A STARTING POINT. YOU KNOW, IT'S KIND OF AMAZING WHEN YOU THINK ABOUT NEW YORK STATE BEING THE SECOND HIGHEST AS IT RELATES TO GAMING **REVENUES**. SECOND IS HIGH A ESTIMATE IN THE COUNTRY. \$11.16 BILLION IS A LOT OF ON MONEY. WHEN YOU START THINKING OF HALF A PERCENT OR 1%, WE NEED MORE THAN IS BEING INVESTED RIGHT NOW. IT SEEMS TO ME THAT STATE GOVERNMENT IS ABLE TO SAY, WHAT IS REASONABLE TO US. AND I THINK IT'S REASONABLE TO THINK THAT THE INDUSTRY WILL SHARE RESPONSIBILITY WITH THE STATE AND SAY, WHAT IS REASONABLE TO US. 0% IS NOT REASONABLE. ONE TEN THOUSANDth OF 1% IS NOT REASONABLE. BUT SOMETHING IS RESPONSIBLE. IF THE INDUSTRY HAS A CONSCIOUS AND I BELIEVE IT DOES AND THE STATE HAS AN INTEREST IN PROVIDING A SAFETY NET, WE WILL COME UP WITH A GOOD APPROACH. AND FRANKLY I DON'T THINK THAT IT WILL BE OUT OF CONTROL SPENDING IF WE DO AN INTELLIGENT SYSTEM, THAT IS AVAILABLE IN COUNTIES ACROSS THE STATE, I THINK WE CAN DO IT RIGHT. YOU KNOW, JUST AS A THOUGHT. ONE EXAMPLE OF A RULE THUMB.

AND I DON'T KNOW THAT MY NUMBERS ARE EXACTLY CORRECT. BUT ONE NUMBER THAT I HAD WAS NEW YORK STATE SPENDS \$90 MILLION A YEAR FOR THE VARIOUS GAMING OPPORTUNITIES IN NEW YORK. SO LOTTERY ETCETERA, \$90 MILLION. SO, LET'S SAY THAT NUMBER IS CORRECT. I THINK IT'S FAIR TO ASK THE CONSTITUENT OF NEW YORK AND THE INDUSTRY THAT IF WE ARE GOING TO SPEND. WE ARE GOING TO HAVE A BUDGET FOR ADVERTISING. WHAT PERCENT OF OUR BUDGET SHOULD BE DEDICATED TO CONVEYING A MESSAGE ABOUT HEALTHY USE OF OUR FACILITIES, RIGHT? NOW, THERE'S AN ANSWER TO THAT QUESTION. SOME PERCENTAGE OF OUR ADVERTISING BUDGET SHOULD BE SPENT PUTTING THAT MESSAGE OUT THERE. AND I WOULD SUBMIT TO YOU THAT WE HAVE BRILLIANT PEOPLE IN ADVERTISING IN THE STATE THAT IN STRESSINGY IN ACCESSING GAMING OPPORTUNITIES, IT CAN BE DONE IN A WAY THAT DOES NOT DEMONIZE THE INDUSTRY AND HELP THOSE THAT HAVE A PROBLEM. I THINK WE CAN COME UP WITH A MESSAGE THAT SAYS, LET'S ENJOY OURSELVES AND TAKE CARE OF THE THINGS WE NEED TO TAKE CARE OF. IS SO, I THINK THOSE KIND OF SORT OF PRINCIPALS, I THINK IN SETTING THE TABLE FOR THIS HEARING, YOU HAVE ESTABLISHED SOME, YOU KNOW, FOUNDATION FOR THE PRINCIPAL OF REASONABLENESS AND JUST REALLY PAYING ATTENTION. SO, I WOULD LIKE TO SUGGEST TO YOU THAT THERE'S IN NEW YORK STATE RIGHT NOW, AN INFRASTRUCTURE THAT WHERE WE HAVE IN EVERY COUNTY, WE HAVE

SUBSTANCE USE DISORDER PREVENTION EXPERTS. WE HAVE TREATMENT EXPERTS. WE HAVE RECOVERY SUPPORT FOLKS. NOT AS MANY OF THEM AND THERE NEEDS TO BE MORE, RIGHT? WE HAVE MENTAL HEALTH SERVICES. WE HAVE RECOVERY COACHES AND WE HAVE PEER BRIDGERS, RIGHT? SO WE HAVE -- AND AS WAS CORRECTLY POINTED OUT BY HARVEY AND OTHERS, MANY OF THEM DO NOT HAVE THE LEVEL OF EXPERTISE IN PROBLEM GAMBLING THAT WE WOULD LIKE THEM TO HAVE. BUT A, THEY ARE SMART PEOPLE. B, THEY UNDERSTAND, YOU KNOW, SOME OF THE IMPLICATIONS AND COULD HAVE A INTELLIGENT CONVERSATION WITH YOU ABOUT PROBLEM GAP BELLING BUT PROBABLY WOULD NOT DO A GOOD JOB OF MESSAGING AND PROVIDING THE TREATMENT THAT PEOPLE NEED. SO TRAINING IS CLEARLY A PART OF THIS. AND CROSS SYSTEMS COLLABORATION BETWEEN THE GAMING COMMISSION OASIS AND OMH AND OTHERS IS CLEARED INDICATED. IT'S NOT A HEAVY LIFT, AND SHOULD NOT BE A HEAVY LIFT. SO, THIS IDEA OF TRAINING IS HUGE. SO IF YOUR RRFPER WHERE YOU LAID OUT THE PARAMETERS FOR THEM TO INCLUDE IN THEIR PLAN, TRAINING WAS CLEARLY INDICATED. AND AGAIN, THE INDUSTRY, ARE WORKING CLOSELY WITH PROVIDERS AND EXPERTS IN THE COMMUNITY, SHOULD BE ABLE TO TRAIN ALL OF THEIR STAFF TO SOME EXTENT AND IT IS INEXCUSABLE THAT THEY NOT HAVE SOMEBODY ON STAFF AT ALL TIMES THIS THAT HAS A LEVEL OF PROFICIENCY IN ADDRESSING A CRISIS IF IT WERE TO OCCUR AT THAT TIME. NOW, IN THE SAME MANNER THAT I RECOMMENDED TO YOU THAT AS WE DEVELOP OUR INFRASTRUCTURE THAT

WE WOULD HAVE THE STATE, THE INDUSTRY AND SERVICE PROVIDERS IN THE ROOM AT ALL TIME, I WOULD SUBMIT TO YOU THAT AT THE LOCAL LEVEL, IN EVERY REGION OF THE STATE, THERE ARE GROUPINGS OF SERVICE PROVIDERS WHO GET TOGETHER ON A REGULAR BASIS, WORK CLOSELY TOGETHER. AND ANY COMPANY THAT IS INTERESTED IN OPENING A CASINO HAS THE ABILITY TO SIT DOWN WITH THOSE REGIONAL GROUPS OF PEOPLE AND TO SAY TO THEM, AS WE ARE DEVELOPING OUR PLAN, HOW CAN YOU HELP US? WHAT RESOURCES DO YOU BRING TO THE TABLE? AND WHAT CAN WE DO TO MAKE SURE THAT THOSE RESOURCES ARE READILY ACCESSIBLE, SO TREATMENT ON DEMAND OR THAT WE ARE USING THE BEST POSSIBLE TRAINING **RESOURCES?** I MEAN, WHERE DOES A CASINO GO NOW TO GET THEIR TRAINING. I WOULD HOPE THAT THEY GO TO THE MOST OUALIFIED POTENTIAL HE TRAINERS THAT THEY CAN ACCESS. I WOULD HOPE THAT THEY HAVE THE SUPPORT OF THE LOCAL PREVENTION, TREATMENT, AND RECOVERY COMMUNITY AND THEIR WORK. I WOULD NOT EXPECT THAT THEY WOULD KNOW WHO THOSE FOLKS ARE. I KNOW WHO THEY ARE. THERE'S OTHER WHO IS KNOW WHO THEY ARE. SO, WE SHOULD HAVE SOME RESPONSIBILITY FOR HELPING TO BRING THOSE FOLKS TO THE TABLE AND PUTTING THE INDUSTRY IN THE BEST POSSIBLE POSITION TO HAVE THE MOST SUCCESS POSSIBLE. I WOULD LIKE TO SUBMIT IT AS A WORKING PRINCIPAL. THIS ALL OF THE CASINOS WOULD HAVE TO DEMONSTRATE THAT THEY HAVE A STRONG RELATIONSHIP IN THE IMMEDIATE VACINITY, AND TO BE ABLE TO BE ON SITE IF THE CASINO SO DESIRED TO HAVE

RELATIONSHIPS WITH THE CRISIS CENTERS AND FIRST RESPONDERS AND THERAPISTS, AND THE PEER ADVOCATES OF COURSE ETCETERA. THAT CAN COME IN THE CASINO AND WORK SIDE-BY-SIDE WITH STAFF GOOD SO DESIRED. WHEN YOU SAW THE PRESENTATION OUR OUR PEER UP IN CANADA, HE SHOWED A BIG INFORMATION CENTER THAT WAS STAFFED, AND HE SHOWED A LITTLE ONE THAT WAS NOT STAFF. RIGHT? SO, AND ONE WAS A BIG CASINO AND ONE WAS A LITTLE CASINO. BOTTOM LINE IS WE CAN WORK COLLABORATIVELY WITH CASINOS TO MAKE SURE THEY HAVE THE CADILLAC OF SERVICES IN THAT COMMUNITY TO ADDRESS PROBLEM GAMBLING. SO, I WOULD LIKE TO SUGGEST TO YOU THAT WE UTILIZE THE EXITING SERVICE DELIVERY SYSTEM. WHEN WE ARE TALKING ABOUT, AND WE HOB TALKING APPROXIMATE ABOUT A MEDIA CAMPAIGN. WHAT ARE WE GOING TO SAY? WHAT'S THE MESSAGE, RIGHT? ALL THREE GROUPS ARE IN THE ROOM TALKING ABOUT THAT. AND WE HEADACHE SURE IN DELIVERING THAT MESSAGE, WE HAVE PEOPLE IN THE COMMUNITY WHO ARE RE-ENFORCING THAT MESSAGE. SO THERE'S A COMMON THEME THAT GOES FROM THE BILL BOARD TO THE PREVENTION WORKING WORKING WITH SENIOR CITIZENS AND HIGH RISK GROUPS DELIVERING A MESSAGE THAT IS CONSISTENT. YOU IS HAVE THOSE PEOPLE AT YOUR DISPOSAL. YOU HAVE IS THOSE PEOPLE IN ALL THREE REGIONS THAT WE ARE LOOKING TO PUT A CASINO, AND IT'S NO JUST ADEQUATE TO DEAL WITH THOSE THREE REGIONS WE NEED TO MAKE SURE WE HAVE A INFRASTRUCTURE IN EVERY SINGLE COUNTY AND AGAIN, WE HAVE THE INFRASTRUCTURE THAT CAN MAKE THAT HAPPEN.

I GUESS I WANT TO CONCLUDE WITH -- I WANT TO CONCLUDE BY SAYING WE WANT TO WORK WITH YOU AND THE INDUSTRY. WE WANT TO GET IT RIGHT AND I WOULD SAY THAT TEST FOR SUCCESS WOULD BE IF WE CAN GET TOGETHER A YEAR FROM NOW, THAT RELATIVE AND THINKING ABOUT IT AS WE WERE TALKING ABOUT IT, A COUPLE BEING HERE FOR 19 YEARS AND HOW MUCH OF A DIFFERENCE YOU HAVE SEEN. AND JIM SAID I HAVE BEEN IN THE BUSINESS FOR X NUMBER OF YEARS, I WOULD LIKE TO THINK WE TAKE A HUGE STEP FORWARD BETWEEN NOW AND NEXT YEAR. YOU HAVE THE RESOURCES AVAILABLE TO YOU TO MAKE IT HAPPEN AND I APPRECIATE THE OPPORTUNITY TO BE HERE. >> JUST ONE QUESTION ON SOMETHING YOU TOUCHED UPON. YOU TALKED ABOUT A COLLABORATIVE EFFORT BETWEEN THE AGENCIES. HOW BEST DO YOU THINK IT SHOULD BE STRUCTURED? >> GREAT OUESTION. I THINKING YOU KNOW, AGAIN, IT'S MY THOUGHT ABOUT STRATEGIC, RIGHT? SO, YOU DON'T WANT TO HAVE THE SAME CONVERSATIONS 15 TIMES. YOU DON'T WANT TO IS HAVE THE SAME CONVERSATION THREE TIMES OR FOUR TIMES. THE INDUSTRY SHOULD BE CAPABLE OF GOING TO ONE OR TWO OR THREE FOLKS WHO GOT SOME PENETRATION STATEWIDE AND WHO CAN CONVENE THE PEOPLE THAT NEED TO BE AT THE TABLE, YOU KNOW, WITH NO SORT OF POLITICAL, YOU KNOW, THINGS BLOWING UP IN EVERYBODY'S FACE, BUT WHY WASN'T I INCLUDED? PEOPLE HAVE TO DEMONSTRATE THAT. SO MY THOUGHT IS, YOU KNOW, AN ORGANIZATION LIKE THIS, WE HAVE ALL OF THE SIZES, SHAPES AND FLAVORS OF SERVICE PROVIDERS THAT ARE PART OF OUR FAMILY, RIGHT.

AND IF YOU IS SAID I WANT ONE PERSON TO REPRESENT THE FIELD ON THIS CONVERSATION, WE HAVE TO HAVE THE TRUST OF THE FIELD TO PUT THAT PERSON FORWARD AND THEN YOU HAVE TO BE ABLE TO RELY ON THE CALIBER OF THAT PERSON, SO, I GUESS MY THOUGHT IS, YOU KNOW -- IT WOULD BE IMPORTANT TO WORK WITH STATEWIDE ENTITIES THAT HAVE REPRESENTATION IN EACH OF THE REGIONS THAT HAVE THE TRUST OF THE FOLKS THAT THEY ARE REPRESENTING, RIGHT? AND THAT THEN THEY HAVE YOUR TRUST AS WELL. AND THEY CAN PLAY IN THE SANDBOX TOGETHER WITH THE, YOU KNOW, THE OTHER TWO PARTIES. SO, YOU KNOW, ONE POSSIBILITY IS AT THE TOP LEVEL, WHERE DECISIONS ARE BEING MADE. THERE'S AN ABILITY. YOU KNOW, THE MRT WORK GROUP, WHICH IS LIKE, THE MEDICAID REDESIGN TEAM. IT'S A FANTASTIC EXAMPLE. YOU KNOW, YOU GET THE LEADERSHIP PEOPLE, YOU THINK YOU NEED TO HAVITY THE TABLE AND AGAIN --YOU NEED TO HAVE AT THE TABLE. AND THE STAFF AND GOVERNOR MADE THE DECISIONS OF WHO THOSE PEOPLE NEEDED TO BE. AND THOSE THAT WERE EXCLUDED MADE IT KNOWN AND PEOPLE WERE ADDED TO THE TABLE. A LOT OF IT WAS PRESENTED IN A PUBLIC FORM, SO IT HAS TO BE A GROUP OF PEOPLE THAT ARE CAPABLE OF GETTING THE JOB DONE, AND FRANKLY, THE INDUSTRY IS GOING TO HAVE TO BE HAPPY WITH IT AND I SUGGEST TO YOU THAT WE HAVE TO BE ABLE TO DELIVER A PRODUCT THAT PEOPLE AT THE LOCAL LEVEL WILL BE PAEP WITH. AND I HAVE A LOT OF CONFIDENCE THAT WE CAN DO THAT. >> LET ME BUILD ON THAT, SO MUCH OF THE DISCUSSION ON PROBLEM GAMBLING TREATMENT AND

EDUCATION, UNDERSTANDABLY, FOCUSES ON THE SHEAR DOLLAR, RIGHT? WHICH IS IMPORTANT. BUT WE ALL RUN NONPROFIT INSTITUTIONS. SO WE FACE THESE QUESTIONS OURSELVES. IN OUR LITTLE PIECE OF THE WORLD. I'M INTERESTED IN THE EFFICIENCY OF THE AGENCIES. WHAT IS THE GREATEST UTILITIES FOR THE EXPENDITURES THAT COME IN TO US. BE IT A PROBLEM AWARENESS PROGRAMS, IS IT TREATMENT? >> IT'S A COMPREHENSIVE CONTINUUM, IS WHAT IT IS. YOU HAVE A POTENTIAL OF DECREASING PROBLEM GAMBLING. IF WE CAN PREVENT THE PROBLEM, WE WILL DO IT AND WE WILL DO IT SUCCESSFULLY TO SOME EXTENT AND WE WANT TO IDENTIFY IT WHEN WE CAN. AND AGAIN, THIS IS WHERE THE TRAINING COMES IN. AND WE WANT TO IDENTIFY IT AS EARLY ON IN THE PROCESS AS WE CAN. THE GENTLEMAN WAS SITTING UP HERE EARLIER WHO TALKED ABOUT HIS TRANSITION FROM A YOUNG CHILD TO ALL THE WAY THROUGH, AT SOME POINT, YOU KNOW, WE WOULD LIKE TO HAVE A SITUATION WHERE SOMEBODY IS ABLE TO SEE THAT ADOLESENT WHO IS DOING WHATEVER THEY ARE DOING AND IDENTIFY THE RISK BEHAVIORS HERE AND TO INTERVENE SUCCESSFULLY, RIGHT? IT'S NOT AN EITHER OR, IT'S AN AND. AND YOU HAVE TO BE ABLE TO COUNT ON US, WHO EVER US IS, RIGHT? YOU HAVE TO COUNT ON US TO PUT TOGETHER A COMPREHENSIVE CONTINUUM FOR YOU, AND B, THAT IS A, WHO IS EVER PUTTING THE MONEY ON THE TABLE, HOW ABOUT SOME MEASURABLE OUTCOMES?

SOME CONNECTION OF WHAT WE ARE PRODUCING HERE, LET'S TEACH THE REST OF THE COUNTRY BY VIRTUE OF WHAT WE ARE DOING. BECAUSE ON SOME LEVEL, I THINK WHAT YOU HEARD FROM A LOT OF PEOPLE HERE, THERE'S A NEED FOR MORE RESEARCH. WHAT WE ARE NOT GOING TO DO IS BUILD KA SEE MOWS AND DO RESEARCH FOR THE NEXT TEN YEARS TO FIGURE OUT WHAT WE NEED IN ORDER TO DEAL WITH THE PROBLEM GAMBLING. WE WILL PUT THINGS IF PLACE AND HOPEFULLY BE WELL INFORMED IN SO DOING. I WOULD STRONGLY SUGGEST OF HOW TO EVALUATE WHETHER IT'S A GOOD SYSTEM OR NOT, AND LET'S MEASURE IT. LET'S PAY ATTENTION TO THE WHAT THE OUTCOMES ARE. LET'S LOOK AT THE DIFFERENT AREAS OF THE STATE, LET GET TOGETHER EVERY ONCE IN A WHILE AND TALK ABOUT WHAT IS WORKING AND WHAT IS NOT WORKING. AND YOU KNOW, WE COULD BE HELD TO SOME RESPONSIBILITY. >> LET ME JUST ADD IN MENTAL HEALTH, PERHAPS ONE OF THE INNOVATIVE APPROACHES HAD HAS BEEN PEER SUPPORT. PEOPLE WHO ARE IN RECOVERY HELPING EACH OTHER. WE SUPPORT PROGRAMS LIKE AND OFFER PROGRAMS LIKE THAT. THEY ARE RELATIVELY AFFORDABLE AND THEY USE THE POWER OF PEER SUPPORT. SO OF COURSE I THINK TAKING ADVANTAGE OF PEOPLE WHO ARE IN RECOVERY AND DEPLOYING THEM IN ALL THE SETTINGS, EMERGENCY ROOMS OR THE CASINOS, MENTAL HEALTH COURTS, I THINK IT'S THE MOST POWERFUL AND AFFORDABLE WAY TO DO THAT. >> AND YOU HEARD FROM THE GENTLEMAN FROM THE NATIONAL COUNCIL WHO SAID THAT THIS WHOLE

IDEA OF RECOVERY ORIENTED SYSTEMS OF CARE IS THE EMERGING MOLD OASIS IS FULLY ESPECIALLY EMBRACING THAT AS WELL. RECOVERY COACHES AND PEER ADVOCATES ARE INCREASINGLY BECOMING IMPORTANT PARTS OF OUR WORKFORCE. GREAT IDEA. >> WE THANK YOU BOTH FOR YOUR TESTIMONY, IT'S BEEN VERY HELPFUL TO US. >> THANK YOU. >> THANK YOU VERY MUCH. >> WE WILL TAKE A 2-MINUTE BREAK, COMMISSIONERS, AND THEN WE WILL BE UP WITH CHRISTINE REILLY. WE ARE FORTUNATE TO RETURN WITH CHRISTINE REILLY, SHE ADMINISTERS GRANT PROPOSALS AND COORDINATORS A WIDE VARIETY OF EDUCATIONAL ACTIVITY, SHE SERVED AS THE EXECUTIVE DIRECTOR ON THE INSTITUTE OF RESEARCH ON GAMBLING AND RELATED DISORDERS AND SERVED AS THE EXECUTIVE DIRECTOR OF THE MISSOURI HUMANITIES COUNCIL. SO WE WELCOME YOU HERE, MS. REILLY, AND LOOK FORWARD TO YOUR TESTIMONY. >> THANK YOU, I WANT TO THANK THE COMMISSION FOR INVITING US TO TESTIFY. I'M CHRISTINE REILLY, DIRECTOR AND SENIOR DIRECTOR OF NCRG, WE ARE THE ONLY ORGANIZATION DEDICATED TO PROVIDING PEER REVIEWED RESEARCH AND INFORMATION ON GAMBLING DISORDERS AND YOUTH GAMBLING. I WILL PROBABLY GO BY A COUPLE OF THINGS THAT WE ALREADY DISCUSSED SO WE DO NOT WASTE OUR TIME. WE HAVE FUNDED A LOT OF PERHAPS, AND I WAS GOING TO TALK ABOUT THAT, BUT I'M HAPPY TO RETOLL AS WE GO ALONG. IT'S PORN TO KNOW THOUGH THAT

THE STATE OF THE FIELD OF RESEARCH IS IMPORTANT TO KNOW ABOUT BECAUSE YOU WILL FIND THAT A LOT OF YOUR QUESTIONS CANNOT YET BE ANSWERED. AND IT IS A VERY YOUNG FIELD, AND FOR A LONG TIME, THERE WAS NO FUNDING REALLY UNTIL THE NCRG WAS FORMED IN 1996. SO THE NCRG HAS COMMITTED ITSELF TO REVERSING THE TREND OF NO RESEARCH OR POOR RESEARCH IN THE AREA AND WE PRIDE OURSELVES ON ARE HAVING HELPED LAUNCHED THE FIELD IN THE UNITED STATES IN THE SPIRIT OF FULL DISCLOSURE, WE ARE FUNDED BY THE COMMERCIAL CASINO INDUSTRY AND RELATED MANUFACTURERS AND THEREFORE WE HAVE TO BE VERY CAREFUL ABOUT HOW WE DO THINGS. WE HAVE A VERY STRINGENT FIRE WALL SET UP TO MAKE SURE THAT THE \$25 MILLION THAT HAS BEEN DONATED BY THE INDUSTRY DOES NOT INFLUENCE, BIAS OR INTERFERE IN ANY WAY WITH THE PROGRAMS WE FUND. WE MODELED OURSELVES ON THE NATIONAL INSTITUTES OF HEALTH IN TERMS OF THEIR PEER REVIEW PROCEDURES. AND THE FACT THAT WE HAVE RIGOROUS PEER REVIEW PROCEDURES HAS GIVEN PEOPLE CONFIDENCE THIS WE ARE AND INTERESTED ONLY IN SCIENTIFIC MERIT AND THEREFORE WE HAVE BEEN ABLE TO GET GREAT APPLICATIONS FROM HARVARD, MASSACHUSETTS GENERAL HOSPITAL AND SO SO ON. AND HERE'S THE FIRE WALL. WE USE PEER REVIEW --INDEPENDENT PEER REVIEW EXPERTS TO LOOK AT PROPOSALS AND WE HAVE A SCIENTIFIC ADVISORY BOARD, AGAIN, IT'S AN INDEPENDENT GROUP OF SCIENTISTS. THEY ARE THE ONES THAT HAVE BEEN DELEGATED THE AUTHORITY TO SELECT RESEARCH PROJECTS FOR FUNDING.

SO EVEN THE BOARD, MUCH LESS THE DONORS HAVE NOTHING TO DO WITH WHAT IS FUNDED. AND THEN YOUR FINAL PART OF THE FIREWALL, WE EXPECT OUR GRANTEES TO PUBLISH IN COMPETITIVE PEER REVIEW JOURNALS. I THINK IF WE WERE FUNDING MEDIOCRE RESEARCH OR BIASSED RESEARCH, IT WOULD GET CAUGHT AT THAT LEVEL, YET, WE HAVE OVER 200 PEER REVIEWED PUBLICATIONS. WE HAVE NCRG RESEARCH IS CITED IN MORE THAN 15,000 PEER REVIEWED ARTICLES. SO WE FEEL THAT WE HAVE A GOOD SYSTEM IN PLACE TO PROTECT THE INTEGRITY OF THE RESEARCH. SO, LET'S TURN TO NEW YORK. WILL GAMBLING PROBLEMS INCREASE IN NEW YORK? THE CONVENTIONAL WISDOM IS YES, THE EXPOSURE GAMBLING EQUALS FOR PROBLEMS. BUT DOES THE RESEARCH PROVE THAT? THE WAY TO LOOK AT IT IS LOOKING AT THE NATIONAL PREVALENCE RATE. THEY CAME UP WITH A RATE OF ROUGHLY 1%. AND IN 1999, SARAH NELSON'S BOSS, HOWARD SCHAFER PUBLISHED AN ESTIMATE OF 1.5% IN THE GENERAL ADULT POPULATION AND THAT WAS THEN -- THEN SUBSEQUENTLY VERIFIED BY THE NATIONAL RESEARCH COUNCILS OF THE NATIONAL ACADEMIES OF SCIENCE. AND THEN FINALLY, WE FUNDED THE ANALYSIS, AND THAT IS MIMHS LAND MARK STUDY MENTAL HEALTH IN AMERICA AND THEY CAME UP WITH A RATE OF ROUGHLY 1% WITH AN 00:34:32: ADDITIONAL 2 TO 3% WHO ARE HAVING PROBLEMS. IT'S IMPORTANT TO KNOW ABOUT THOSE PEOPLE. WE DON'T KNOW A LOT ABOUT THE TWO OR 3% THAT ARE CONSIDERED LEVEL TWO GAMBLERS.

AND THE REASON IS THEY ARE A HARD POPULATION TO STUDY BECAUSE HOW DO YOU EVEN FIND THEM AND ALSO -- SO, WE ALSO TEND TO BELIEVE THAT IT'S A SLIP SLOPE AND THAT THE 2 TO 3% WILL EVENTUALLY BECOME PATHOLOGICAL GAMBLERS OR DISORDERED GAMBLERS AND YET, THAT IS REALLY NOT THE CASE. RESEARCH FROM THE UNIVERSITY OF MISSOURI SHOWS THAT PEOPLE GO IN AND OUT, MOVE TOWARDS HEALTH AND TOWARDS DISORDER AND A LOT OF THE PEOPLE IN THAT GROUP DO GET WELL AND DON'T PROCEED TO THE MOST SEVERE LEVEL OF DISORDER. NONETHELESS, AS YOU CAN SEE, THE RATES THAT STABILIZED EVEN WITH ALL THE NEW GAMBLING OPPORTUNITIES THAT HAPPENED IN THE '90s. THE EVIDENCE SUGGESTS THAT OVER TIME, THESE POPULATIONS HAVE ADAPTED TO THE PRESENCE OF GAMBLING VENUES. SO, THE QUESTION IS, WHAT CAN WE EXPECT FOR NEW YORK? THERE ARE FEW DIFFERENCES IN PREVALENCE ESTIMATES FROM STATE TO STATE. BUT ALTHOUGH NEW YORK IS CLEARLY A VERY MATURE GAMING STATE. THERE MAY BE A SLIGHT INCREASE DUE TO THE NOVELTY EFFECT. THAT IS WHY THERE WAS A SLIGHT INCREASE IN THE '90s. THAT ADDITIONAL COULD HAVE BEEN ABOUT BECAUSE OF THE NOVELTY EFFECT, IN OTHER WORD, PEOPLE THAT WERE NOT EXPOSED TO GOOD MORNING -- EXPOSED TO GAMBLING. >> AND THAT GOES DOWN? >> IT DOES. AND OF COURSE, THAT IS NEW CASES COMING IN AND THEN RESOLVING. PEOPLE DO GET BETTER, BUT OVERALL, THE PREVALENCE RATE SEEMS TO HAVE STABILIZED AT 1% AND THEY JUST DID A STUDY IN IOWA, WHERE THEY HAD AN INCREDIBLE INFLUX OF GAMBLING

BECAUSE THERE'S RIVER BOATS ALL OVER THE STATE AND THEY HAVE FOUND THAT IT PRETTY MUCH STABILIZED OVER -- OVER THE YEARS EXCEPT FOR A BRIEF BLIP IN SOME PROBLEMS IN THE VERY BEGINNING. AND THEN IT KIND OF EVENED OUT. SO WE ARE SEEING THAT -- SO, I -- WE PERSONALLY, WE'VE DISCUSSED THIS WITH DR. SCHAFER AND OTHERS, WE DON'T THINK THERE'S A NEED FOR ANOTHER STATE PREVALENCE STUDY BECAUSE IT LOOKS TO US LIKE THERE'S A LOT OF, THERE'S JUST SO MUCH COMMONALITY BETWEEN THE STATES. IT LOOKS LIKE JUST ABOUT EVERYBODY IS AT THE NATIONAL ESTIMATE, EVEN IF NEVADA, WHICH IS THE MOST -- EVEN IN NEVADA, WHICH IS AT THE MOST EXPOSED STATE MIRRORS THE NATIONAL ESTIMATE. >> YOU WANT TO CONMEND NEW YORK TO DO A STUDY? >> WE FEEL A COHORT STUDY WOULD BE MORE EFFECTIVE. THE PROBLEM IS, IT'S VERY EXPENSIVE, BECAUSE YOU ARE TRYING TO RETAIN, YOU KNOW, THOUSANDS OF PEOPLE IN THE STUDY WHERE YOU HAVE TO GO BACK TO THEM AT DIFFERENT WAVES AND THAT IS EXPENSIVE. MASSACHUSETTS IS GOING TO BE DOING IT IN THE NEXT FEW YEARS AND WE ARE TALKING ABOUT SEVERAL MILLION DOLLARS. SO, THAT MIGHT TELL YOU SOMETHING, BUT IT'S NOT CLEAR TO US THAT THAT IS A WORTHWHILE EXPENDITURE. IT'S A PEER REVIEW, IT'S NOT OUR CALL. AND THE OTHER THING IS, THE OTHER IMPLICATION FOR POSTPONE HEALTH IN TERMS OF ADAPTING AND NOVELTY EFFECT. IS THAT ONLY 15% OF PEOPLE WITH THE DISORDER SEEK TREATMENT. THE NEW HEALTH REFORM AS WELL AS

THE NEW LAW ON MENTAL HEALTH PARITY, WHICH ENSURES, AND REQUIRES THE HEALTH PROVIDERS TO PROVIDE THE SAME LEVEL OF MENTAL HEALTH ALL OF THOSE THINGS SHOULD RESULT IN THERE BEING COVERAGE FOR GAMBLING DISORDERERS. BUT AGAIN, WE DON'T KNOW, THERE'S SO MANY FACTORS THAT GO IN TO PLAY AS TO WHY PEOPLE DON'T COME FOR TREATMENT, IT'S CHARACTERISTIC OF THE ADDICTION A'S POPULATION IN GENERAL. AND FRANKLY, IF I HAD AN ADDICTION AND I WAS LOOKING AT TREATMENT FROM THE PERSPECTIVE OF WHAT I SEE ON TV AND IN THE MOVIES, I WOULD NOT GO EITHER. SO, I THINK THERE'S A LOT OF SOUL SEARCHING GOING ON IN THE ADDICTION COMMUNITY, SAYING WHAT ARE WE DOING WRONG AND WHY ARE PEOPLE SO RESISTANT? THERE'S RESEARCH GOING ON AS TO WHERE PEOPLE DO NOT COME IN FOR TREATMENT AND WHAT THEIR MOTIVATIONS ARE WHAT THEY DO. SINCE A LOT OF PEOPLE DO NOT COME IN FOR TREATMENT, WE HAVE TO GET CREATIVE FOR THE INTERVENTION AND SELF HELP MATERIALS. THE COUNCIL ON GAMBLING THAT IS A GREAT GUIDE THAT WAS DONE BY HARVARD AND IT'S CALLED YOUR FIRST STEP TO CHANGE AND IT TRIES TO GIVE PEOPLE A SENSE OF, WELL, IF YOU ARE THINKING ABOUT CHANGING YOUR BEHAVIOR, HERE ARE THINGS YOU CAN DO. BECAUSE PEOPLE, EVERYONE WANTS TO TALK ABOUT DENIAL. BUT AMBIVOLENCE IS VERY STRONG AMONG PEOPLE WHO HAVE THE DISORDER. SO, THIS GUIDE, WHICH IS ALSO AVAILABLE ONLINE. IS EASY AND CONFIDENTIAL WAY FOR SOMEONE TO AT LEAST FIGURE OUT WHETHER THEY MIGHT HAVE A PROBLEM AND WHAT THEY CAN DO TO

CHANGE THEIR BEHAVIOR. SO, THOSE KINDS OF RESOURCES I THINK ARE REALLY IMPORTANT. AND I THINK IT WOULD BE GREAT IF YOU COULD SET, WHEN YOU SET THINGS UP LIKE THAT, TO SET THEM UP APPROPRIATELY SO THEY CAN BE STUDIED EVENTUALLY. SO YOU CAN HAVE A SENSE OF WHETHER OR NOT THOSE INTERVEPG -- INTERVENTIONS ARE HELPFUL OR NOT. WE THINK THAT EVERYTHING SHOULD BE STUDIED. AS SARAH SAID, THEY CAN HELP OR NOT DO ANYTHING, OR BE HURTFUL. SO BASICALLY IN TERMS OF BEST PRACTICES, WE DO OBVIOUSLY, ENCOURAGE YOU TO LET EVIDENCE BASED RESEARCH GUIDE YOUR DECISIONS, AND ALONG THOSE LINES, I THINK THAT WHEN THERE'S NO RESEARCH TO SUPPORT SOMETHING, WE DON'T BELIEVE THAT THERE'S -- THAT SOMETHING IS BETTER THAN NOTHING. FIRST DO NO HARM PROBABLY SHOULD BE. I HEAR IT A LOT. SOMETHING IS BETTER THAN NOTHING. NO, THAT'S NOT TRUE. THE LITERATURE IS FILLED WITH STORIES ABOUT UNINTENDED CONSEQUENCES. FOR EXAMPLE, THERE WAS AN EATING DISORDERS PROJECT FUNDED BY NIH. AND THE RESULTS WERE THEY FOUND OUT THAT THE GIRLS WERE USING THE PROGRAM TO LEARN HOW TO BE ANOREXIC OR TO BE BULEMIC, AND THAT IS NOT THE INTENTION OF THE PROJECT. THEN YOU ALSO HAVE A LOT OF TALK ABOUT CHANGING THE MACHINES, THE GAMBLING MACHINES. ONE IDEA THAT WAS DISCUSSED IN MASSACHUSETTS RECENTLY WAS WELL, SHOULD WE CONSTANTLY FLASH ON THE MACHINE HOW MUCH MONEY PEOPLE ARE LOSING? AND ONE OF THE BEST PEOPLE IN

THE FIELD ON THIS ISSUE, SAID, I WORRY THAT THAT IS GOING TO TRIGGER CHASING LOSSES. YOU KNOW, BECAUSE CHASING LOSSES IS A HALLMARK OF THIS ADDICTION. SO UNTIL YOU TEST SOMETHING, YOU DON'T KNOW. THERE'S A LOT OF GOOD INTENTIONS AND WE THINK IT'S REALLY IMPORTANT TO TEST THINGS AND TO BE AWARE THAT THE UNINTENDED CONSEQUENCES CAN BE SEVERE. WE DO THINK YOU SHOULD BE AWARE OF THE GRAY LITERATURE AS SARAH DISCUSSED. BECAUSE OF THE INTERNET, THERE'S SO MUCH OUT THERE. BUT, IF IT'S NOT IN A PEER REVIEWED JOURNAL, YOU KNOW, IT'S REALLY -- IT'S NO MORE THAN OPINION REALLY. AND IT DOESN'T EXIST IN TERMS OF THE SCIENTIFIC COMMUNITY. THEY WANT TO KNOW ARE YOU IN A PEER REVIEWED JOURNAL AND HOW HIGH IMPACT IS THE JOURNAL. BECAUSE THAT'S THE ONLY WAY THAT THE LAY PERSON CAN KNOW THAT SOMETHING IS -- HAD HAS BEEN AT LEAST REVIEWED AND AT LEAST THEY HAVE CHECKED THE METHODOLOGY AND YOU KNOW, IF SOMETHING IS NOT UP TO SNUF, IT WON'T GET PUBLISHED. SO, WE THINK THAT'S AN IMPORTANT MESSAGE, AND UNJUSTIFIED INTRUSION IS REALLY INTERESTING. LIKE THE RENO MODEL SAYS, IT NOT LIKELY TO HELP AND IT MAY SIMPLY INTERFERE WITH CUSTOMERS WHO DON'T HAVE A PROBLEM AND THEN HAVE UNINTENDED CONSEQUENCES FOR THOSE WHO DO HAVE A PROBLEM. OH, AND LET ME JUST BACK UP A LITTLE BIT ON CASINO EMPLOYEE EDUCATION IS VERY IMPORTANT. IT'S A REQUIREMENT IN MOST JURISDICTIONS. WE HAVE DONE SOME PROGRAMMING IN THAT AREA. AND WE DO THINK IT'S IMPORTANT THAT IT BE SCIENCE BASED. SARAH'S COLLEAGUES DID A STUDY

IN LAS VEGAS, WHERE THEY LOOKED AT THE AFFECTS OF A CASINO EMPLOYEE PROGRAM, AND THEY DID FIND THAT THE PEOPLE BENEFITTED AND LEARNED NEW INFORMATION. AND IT'S IMPORTANT, BECAUSE THEY SEEM TO HAVE A SLIGHTLY HIGHER RATE OF PROBLEMS. >> EMPLOYEES? >> CASINO EMPLOYEES. THEY DID A STUDY IN THREE STATES THAT HAD A HIGHER RATE OF GAMBLING PROBLEMS AND DEFINITELY A HIGHER RATE OF SMOKING AND SUBSTANCE USE. BUT THE INTERESTING THING ABOUT THAT STUDY WAS, BECAUSE IT WAS LONGITUDINAL, THEY WERE ABLE TO UCH WITH A THEM OVER TIME --THEY WERE ABLE THE TO WATCH THEM OVER TIME AND LEARNED THAT MOST OF THE PEOPLE GOT BETTER OVER TIME. IT'S A ALWAYS A MOVING TARGET. IT'S A DYNAMIC THING. SO, THE FEELING WAS, THAT THEY SHOULD PROBABLY BE EXTRA SPECIAL CARE SHOULD BE TAKEN WITH CASINO EMPLOYEES. WHEN WE DID OUR PROGRAM, ER -- WE MADE SURE THERE WERE SLIDES ABOUT EMPLOYEE ASSISTANCE PROGRAMS. YOUR INSURANCE COVERAGE. YOU KNOW, IT'S OKAY, IT WILL BE CONFIDENTIAL, JUST TO LET THEM KNOW. I THINK SOMETIMES THEY ARE VERY EMBARRASSED TO ADMIT THEY HAVE THAT KIND OF A PROBLEM. MAKING INFORMED DECISIONS IS REALLY IMPORTANT FOR GAMBLING CUSTOMERS. THERE'S GREAT MATERIALS AVAILABLE FROM DIFFERENT STATE COUNCILS AS WELL AS THE AMERICAN GAMING ORGANIZATION. ONE IS UNDERSTANDING THE ODDS. A LOT OF PEOPLE WHO SEE DISORDERED GAMBLERS AND TREATMENT SAY THEY DO NOT ALWAYS GET HOW THE ODDS ARE WITH THE

HOUSE OR SO ON. THEY THINK THEY CAN OUTSMART THE SYSTEM, WHEREAS YOU REALLY CAN'T. AND THEN THERE'S A GREAT BROCHURE ABOUT DEMYSTIFYING SLOT MACHINES AND ONCE YOU READ THAT, YOU CAN SEE, YOU ARE HAVE NO CONTROL OVER IT. AGAIN, EDUCATING EMPLOYEES AND ENCOURAGE RESEARCHERS TO -- IT WOULD BE GREAT ON SELF EXCLUSION, IT WOULD BE GREAT IF THEY CAN BE INFORMED THAT THEY MAY BE CONTACTED DOWN THE ROAD TO BE IN A RESEARCH PROJECT, THEY DON'T HAVE TO DO IT. THEY CAN SAY NO. BUT IT WILL BE EASY FOR THE RESEARCHERS THAT COME IN, WHO WANT TO LOOK AT THE DATA OVER TIME, WHETHER IT'S IDENTIFYING OR FOLLOWING UP WITH PEOPLE. SO, MAKE IT EASIER, BECAUSE I THINK A LOT OF RESEARCHERS DON'T REALLY KNOW THAT THEY ARE WELCOME TO DO THAT IN SOME CASES AND WE WERE JUST LUCKY THAT IN MISSOURI, AND KEVIN IS HERE. HE WILL BE TALKING ABOUT THAT. HE WAS OPEN TO TALKING WITH RESEARCH WERES AND STUDYING THE DATA OVER TIME. AND AGAIN, 15%, ONLY 15% OF PEOPLE ACTUALLY SEEK HELP. THAT HAS TO BE REMEMBERED AS A ISSUE. WE FEEL THAT IT SHOULD BE A THERAPUTIC PROGRAM. IN SOME STATES YOU SHOULD NOT ARRESTED FOR TRESSPASSING. THE PEOPLE THAT RECEIVE TREATMENT OR SELF HELP INTERVENTIONS WERE THE MOST SUCCESSFUL IN REDUCING OR ELIMINATING THEIR GAMBLING. AND LIKE SARAH A SAID, THE LIFETIME BAN IS PROBABLY NOT A GOOD IDEA BECAUSE AGAIN, THE AMBIVOLENCE KICKS IN. IF YOU ARE NOT INTERESTED IN CHANGING YOUR BEHAVIOR, AND YOU

ARE TOLD YOU CAN NEVER GO THERE AGAIN, IT WILL SCARE PEOPLE OFF. SOME PEOPLE TAKE IT A DAY AND STEP AT A TIME. TO MISSOURI'S CREDIT, THEY LIFTED THEIR LIFETIME BAN BECAUSE HE THEY LISTENED TO THE RESEARCH. WANT TO QUICKLY OVER THE RESOURCES WE HAVE AVAILABLE. WE HAVE BROCHURES TO TALKING TO KIDS AT AN EARLY AGE. THIS IS GEARED TOWARDS PARENTS AND TEACHERS. THEY ARE NOT AWARE THAT KIDS GAMBLE, THEY GAMBLE A LOT, AND MOST OF IT IS HARMLESS, BUT YOU DO WORRY ABOUT THE SMALL PERCENTAGE THAT WILL DEVELOP A PROBLEM. THE BRIEF BIO-SOCIAL GAMBLING SCREEN, WHICH IS ON THE LEFT, IT'S A MAGNET. IT ASKS THREE QUESTIONS AND IF YOU ANSWER YES TO ONE OF THEM, YOU PROBABLY SHOULD BE EVALUATED FOR A GAMBLING DISORDER. THEY LOOKED AT THE MOST ENDORSED ITEMS IN THE SURVEY AND THEN THEY -- THE PEOPLE AT HARVARD DECIDED THAT THOSE WOULD BE THE THREE KEY OUESTIONS THAT COULD CAPTURE SOMEBODY WHO MAY HAVE A PROBLEM. IT'S IN A MAGNET FORM, BECAUSE INCH THIS IS A FILE CABINET AND YOU STICK IT ON THERE. OKAY. COLLEGE STUDENTS ARE AT VERY HIGH RISK. 6% OF STUDENTS HAVE A GAMBLING PROBLEM. WE HAVE A WEBSITE AND ONLINE INTERVENTION AGAIN. WE HAD TOLD THE COLLEGES HAD THAT ARE IN AREAS WITH CASINOS, THAT THEY NEED TO REACH OUT TO CASINOS AS THEY DO TO LOCAL BARS AND RESTAURANTS ABOUT DRINKING. THEY SHOULD FEEL FREE TO REACHING OUT TO THEM AND COME TO AN AGREEMENT OF NOT DOING

SPECIFIC PROMOTIONS ON COLLEGE CAMPUSES. OR WHATEVER THINGS YOU ARE CONCERNED ABOUT. WE HAVE FREE WEBINARS, AND WE DOE REGULAR TREATMENT PROVIDER WORK SHOPS AROUND THE COUNTRY AND WE TRY TO KEEP EVERYTHING FREE. WE HAVE ANNUAL CONFERENCE IN LAS VEGAS. AND THERE'S A REASON FOR THAT. DOCTOR LINDA COTLER ONCE SAID, IF YOU ARE GOING TO STUDY THIS OR TREAT THIS, YOU SHOULD NOT LOOK DOWN YOUR NOSE AT IT, YOU SHOULD GO SEE WHAT IT'S ALL ABOUT. PLUS, CHEAP HOTEL ROOMS DOESN'T HURT. AND WE HAVE PUBLICATIONS AND I THINK I INCLUDED ONE IN YOUR PACKET FOR CRIMINAL JUSTICE PROFESSIONALS. BECAUSE WE DON'T THINK THAT THERE'S GOING TO BE ANY MONEY OR RESOURCES TO HAVE SEPARATE COURTS FOR GAMBLING. THERE'S ONE COURT OF COURSE, YOU MOW, IN NEW YORK STATE FOR GAMBLING. SO, THE FEELING WAS, WELL, MAYBE WE CAN AT LEAST EDUCATE THE PEOPLE IN THE JUDICIAL SYSTEM TO BE MORE SENSITIVE, THIS MAY NOT BE THAT SOMEBODY COMMITTED A CRIME, THEY ALSO HAVE A MENTAL HEALTH DISORDER. AND WE HAVE VIDEOS THAT ARE BRIEF AND ENTERTAINING TO GO OVER THE ISSUES THAT ARE LIKE, WHAT IS PROBLEM GAMBLING. AND WE ARE ON SOCIAL MEDIA, SO I ENCOURAGE YOU TO FOLLOW US AND CALL ON US FOR HELP, WE ARE HAPPY TO PROVIDE ARTICLES OR ANY KIND OF RESOURCES YOU MAY NEED. >> THAT'S GREAT, THAT WAS EXCELLENT, CHRISTINE. LET ME JUST START, I HAVE SEEN THE TERMS PROBLEM GAMBLING AND PATHOLOGICAL GAMBLING USING

INTERCHANGEABLY. AND THERE'S DIVERGENT RESULTS IN SOME OF THE RESEARCH DEPENDING ON THE USE OF DEFINITIONS OF THE TERMS. IF YOU COULD ADDRESS THE DISTINCTIONS AND THE ISSUES THAT ARE RAISED AS A MATTER OF RESEARCH, IT WOULD BE HELPFUL TO ME. >> IT USED TO BE PATHOLOGICAL GAMBLING IN THE MANUAL. AND NOW IT'S PROBLEM. I THINK PATHOLOGICAL IS A DERROGATORY TERM. YOU HAVE ANOTHER GROUP THIS IS -- A GROUP THAT IS CALLED LEVEL TWO GAMBLERS AND I'M NOT SURE WHAT THE OTHER IS, POTENTIAL PATHOLOGICAL GAMBLERS AND THE PEOPLE AT HARVARD TRIED TO INSTITUTE A LEVEL SYSTEM TO TALK ABOUT IT IN TERMS OF LEVEL, BUT IT HAS NOT CAUGHT ON. WHEN WE TALK ABOUT IT, WE TEND TO TALK ABOUT LEVEL TWO BECAUSE I THINK THE ASSUMPTION IS, BY SOME PEOPLE THAT THOSE PEOPLE WILL DEFINITELY DEVELOP A DISORDER, BUT THERE'S NO EVIDENCE THAT THAT IS THE CASE. SO, GAMBLING DISORDER AND THEN PROBLEM GAMBLING OR LEVEL TWO. >> SO THERE IS OR THERE ARE IS NOT A PROGRESSION FROM A LEVEL TWO? >> NOT NECESSARILY. IT CAN BE. BUT IT'S NO WE FOUND IN STUDIES THAT PEOPLE CAN MOVE BACK TOWARDS HEALTH AND OVER TIME, AND SO, WHERE THEY WERE FIVE YEARS A AGO IS NOT WHERE THEY ARE NOW. IT'S A VERY DYNAMIC DISORDER AND I THINK THEY FIND IT IN THE ADDICTIONS AS WELL IN GENERAL. BUT THERE ARE -- IT'S A TOUGH POPULATION BECAUSE HOW DO YOU REACH THEM? AND THAT IS WHY WE ARE SO INTERESTED IN SELF HELP THINGS

AND BRIEF INTERVENTIONS. THINGS THAT THEY MAY NOT BE SO SCARED OF. WHEN THEY TESTED THE FIRST STEP TO CHANGE IN NEVADA, WHICH IS A VERY MEDICALLY UNDER SERVED STATE, PEOPLE WERE THRILLED, THEY SIGNED UP. THEY WERE RECRUITED VERY EASILY BECAUSE THEY WERE TOLD THAT THEY DID NOT HAVE TO GO TO FORMAL TREATMENT. OH, I COULD READ THE GUIDE AND TALK TO SOMEBODY ON THE PHONE. AND MOST OF MY TREATMENT OUTCOME PROJECTS HAVE A REALLY HARD TIME RECRUITING SUBJECTS. IT'S A LOW-BASE RATE DISORDER AND MOST OF THE PEOPLE DON'T WANT TO COME FOR TREATMENT. IT'S A BIG BARRIER TO DOING MORE TREATMENT OUTCOME STUDIES THAT WE HAVE TO DEAL WITH. >> YOU GAVE THE IMPRESSION THAT THERE WAS FLUCUATION AT THE GROUPS? >> YES. THERE'S A LOT. >> WE CAN EXEXPECT A DYNAMIC IN THE CATEGORY? >> YOU MAY HAVE A NOVELTY EFFECT AND THERE COULD BE A SLIGHT INCREASE IN THE DISORDER, AND THERE MAY BE A INCREASE IN PEOPLE WHO ARE HAVING PROBLEMS ABOUT US NOT SUFFICIENT TO MEET DIAGNOSIS. BUT OVER TIME, THE EVIDENCE INDICATES THAT WILL EVEN OUT. >> BUT THAT STILL MAY BE A PROBLEM. >> YOU STILL HAVE PEOPLE WITH PROBLEMS. >> THAT IS STILL AN ISSUE FOR US. >> VERY HELPFUL TO US. THANK YOU FOR YOU'RE MATERIALS AS WELL. TO ACCOMMODATE THE TRAVEL SCHEDULE OF KEVIN MA MULLALLY, KARIN HAS GRACIOUSLY ALLOWED HIM TO TALK NOW SO HIS TRAVEL

SCHEDULE CAN BE ACCOMMODATED AND THEN WE WILL GET TO THEM. SO, LET ME WELCOME KEVIN MULLALLY, WHO IS THE VICE PRESIDENT OF GOVERNMENT RELATIONS AND GENERAL COUNSEL FOR GAMING LABORATORIES INTERNATIONAL. HE BEGAN AS THE DEPUTY DIRECTOR OF THE MISSOURI GAMING COMMISSION FOR SEVEN YEARS AND THEN AS EXECUTIVE DIRECTOR IN GC FOR SIX YEARS, WHERE HE HELPED TO DEVELOP THE REGULATORY STRUCTURE FOR MISSOURI'S GAMING INDUSTRY AND HE CONCEIVED AND DRAFTED THE FIRST SELF EXCLUSION PROGRAM FOR PROBLEM GAMBLERS. WITH WE THANK YOU FOR COMING AND HOPE YOU ARE KEPT ON SCHEDULE FOR YOUR TRAVEL DEMANDS AND APPRECIATE YOUR TESTIMONY. >> THANK YOU, MR. CHAIRMAN, AND I APPRECIATE YOUR ACOMMENDATION. THIS IS A SITUATION WHERE I'M GLAD I DID NOT SEND MY POWERPOINT AHEAD OF TIME. I WILL TRY TO NOT REPEAT INFORMATION. I HAVE A LONG HISTORY IN PUBLIC POLICY DEVELOPMENT AND STUDYING PUBLIC POLICY INITIATIVES, STARTING WITH THE LEGISLATIVE BACTERIA AND THEN A REGULATORY ONE AND NOW WORKING WITH GLI WHERE WE WORK WITH 450 REGULATORS AROUND THE WORLD. IF THERE'S ANYTHING THAT I WOULD LIKE YOU TO LEAVE WITH HERE TODAY, BASED ON A LOT OF THE THINGS THAT HAVE BEEN SAID AND I KNOW THAT SOMETIMES THIS ISSUE BECOMES DIFFICULT BECAUSE YOU HER A LOT OF ANECDOTAL STORIES, YOU HEAR A LOT OF POLICY OPTIONS, YOU HEAR A LOT OF VARIED RESEARCH AND SOMETIMES IT SEEMS LIKE YOU ARE TRYING TO NAIL JELLO TO A WALL. AND WHAT I HAVE SEEN A LOT OF AGENCIES DO, EITHER WHEN THEY ARE NEW AGENCIES, THAT ARE

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INTRODUCING GAMBLING OR IN YOUR
CASE, WHERE YOU HAVE BEEN
UNDERGOING A REFORM EFFORT AND
AN EXPANSION EFFORT, IS A HABIT
TO KIND OF DEVELOP A CHECK THE
BOX MENTALITY, WITH REGARD TO
THE FUNDAMENTALS AND FOCUS MORE
OF THEIR EFFORTS ON TRYING TO
COME UP WITH THE NEXT NEW
INNOVATIVE THING THAT NOBODY HAS
EVER THOUGHT OF.
AND WHAT I WOULD SUGGEST TO YOU,
THAT BASED ON MY EXPERIENCE IS
THIS IS ALL ABOUT THE
FUNDAMENTALS.
AND YOU KNOW, WHEN I STARTED
THIS, IN -- DOING THIS IN 1993,
WE DIDN'T KNOW HARDLY ANYTHING
ABOUT GAMBLING.
THERE WAS ALMOST NO RESEARCH.
AND IT WAS DIFFICULT.
IT WAS HARD.
>> IN '99?
>> PARDON?
'93.
I WROTE THE FIRST SELF EXCLUSION
PROGRAM IN 1995, BASED ON
NOTHING MORE THAN A HUNCH.
MUCH OF MY ASSUMPTIONS THAT
PROVED TO BE WRONG AND OTHER
ORGANIZATIONS THAT HELPED, WE
WERE ABLE TO AVOID WHAT REALLY
WOULD HAVE PROBABLY BEEN KIND OF
A DISASTER IN THE INITIAL
PROGRAM.
AND AND -- BUT, YOU KNOW, WHAT I
SEE IS A FOCUS ON KIND OF A
CHECK THE BOX.
WHERE THEY SAY, WELL, WE NEED A
HELP LINE.
GOT THAT, CHECK.
TRAINING FOR COUNSELORS, CHECK.
WE NEED A PRECOUNCILING PROGRAM,
CHECK.
WE NEED AN EDUCATION OUTREACH
PROGRAM.
WE NEED A SELF EXCLUSION
PROGRAM.
OKAY, WE -- AND WE PULL, CUT AND
PASTE FROM OTHER STATES WHAT
THEY HAVE DONE, AND WHAT WE
THINK ARE THEIR BEST PRACTICES.
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WE GET SOMETHING ON PAPER AND NOW LET'S CONCENTRATE ON EFFORTS ON COMING UP WITH THE NEW AND INNOVATIVE THING. WHAT I SUGGEST TO YOU IS WHERE WE SEE THE MOST SUCCESS IS WHERE ATTENTION IS PAID TO THE MENTALS TO THE ADMINISTRATIVE DETAILS TO OPERATING THE PROGRAMS AND PERHAPS MORE IMPORTANTLY STAFFING THIS EFFORT PROPERLY. I THINK THAT MORE MILEAGE CAN BE GAINED BY FINDING THE MOST ORGANIZED, THE MOST INTELLECT WILL BUILD A COLLABORATIVE NETWORK AND HAS INTENSELY DEVOTED TO THIS EFFORT. I THINK THAT TYPE OF INDIVIDUAL IS SOMEBODY WHO CAN, I REALLY LIKE WHAT JOHN COPPOLA SAID, IT'S VERY IMPORTANT THAT YOU UNDERSTAND WHAT YOUR POLICY OBJECTIVES ARE, THAT YOU CREATE ADMINISTRATIVE PROCEDURES THAT ARE DESIGNED TO CARRY OUT THOSE OBJECTIVES, AND YOU HAVE PERFORMANCE METRICS TO LEARN FROM YOUR SUCCESSES AND YOUR FAILURES. AND FROM THAT EFFORT, FROM THAT COLLABORATIVE EFFORT, FROM BUILDING THAT NETWORK OF PEOPLE WHO ALSO ENGAGED IN THIS AREA, WHO HAVE A DIVERSE SET OF TOOLS. PEOPLE WHO ARE RESEARCHERS, PEOPLE WHO ARE COUNSELORS, PEOPLE FROM GA, PEOPLE WHO HAVE HAD SUCCESS IN RECOVERING FROM THIS. FROM THAT NETWORK, YOUR INNOVATIONS WILL COME ORGANICALLY, BUT PAYING ATTENTION TO THE FUNDAMENTALS IS IMPORTANT. I WILL TALK ABOUT WHAT IS SO MANY SELF EXCLUSION PROGRAMS IN MY OBSERVATION HAVE BECOME. ONE THING IS REGULATORY ENFORCEMENT AGENCIES, THEY NATURALLY IS ENFORCEMENT. THAT IS THE TOOL THAT THEY KNOW

THE BEST. THAT IS SOMETHING THAT, IF YOU LOOK IN THE DEFINITION OF REGULATION, THERE ARE ALWAYS VARIOUS DESCRIPTIONS OF AN ENFORCER TYPE ACTIVITY. AND YOU KNOW, A PHILOSOPHER SAID IF YOU ONLY HAVE A HAMMER AS A TOOL, YOU SEE EVERY PROBLEM AS A NAIL. I HAVE OFTEN SEEN AND I AGREE WITH CHRIS, SELF EXCLUSION SHOULD BE A THERAPUTIC TOOL. THE RESEARCH TELLS US THIS THE SINGLE MOST IMPORTANT ACT OF SELF EXCLUSION IS THE ACT OF SELF EXCLUDING ITSELF. THAT IS THE ONE THING THAT WE GOT RIGHT IN 1995 IN MISSOURI, WHICH HAS BECOME BY FAR THE LARGEST IN THE WORLD. OVER 17,000 PEOPLE ARE -- HAVE SELF EXCLUDED IN MISSOURI. I THINK THAT IS MORE THAN FIVE TIMES, THREE OR FOUR TIMES LARNLER THAN THE NEXT CLOSEST IN THE WORLD. AREAS WITH MUCH LARGER POPULATIONS. IS THAT IT WAS ORIGINALLY DESIGNED AS A PLATFORM FOR THE GAMBLER TO STEP FORWARD, ACKNOWLEDGE THAT THEY HAVE A GAMBLING PROBLEM AND AGREE TO TAKE PERSONAL RESPONSIBILITY FOR IT. THAT HAS CHANGED TO AN ENFORCEMENT MENTALITY AND THE THING THAT WE ARE TRYING TO AVOID, WHERE IT BECOMES THE GOVERNMENT, WE ARE GOING TO ACTIVELY KEEP YOU OUT OF THE CASINO, AND WE ARE GOING TO PUNISH YOU IF YOU VIOLATE YOUR AGREEMENT TO SELF EXCLUDE. AND THAT -- IN THAT WAY, IT DOES TWO THINGS. ONE, IT'S NONTHERAPUTIC. AS CHRIS SAID, MANY OF THE PEOPLE WILL HAVE MULTIPLE HEALTH ISSUES. MORBIDITY AMONG PROBLEM GAMBLERS

IS VERY HIGH. AND TWO, IT REALLY ALLOWS THEM, WHICH GAMBLERS ARE VERY PRONE TO DO ANYWAY, TO PUSH THEIR PROBLEM OFF ON SOMEBODY ELSE. IT'S NOT MY FAULT THAT I GAMBLED, YOU DIDN'T STOP ME. MOST SELF EXCLUDERS WANT TO GET IN A CASINO WILL SUCCEED. 74% WERE ABLE TO ON -- TO GAMBLE IN OTHER STATES. WHAT IS OUR OBJECTIVE? WITH SELF EXCLUSION PERHAPS OR WITH ANY OF OUR RESPONSIBLE GAMING EFFORTS? IS IT TO STOP THE PERSON FROM GAMBLING? PERHAPS AN UNACHIEVABLE GOAL. OR IS IT TO GAIN BETTER MENTAL HEALTH? BECAUSE, I HAVE NOT SEEN ANY EXTERNAL CONTROL MECHANISM, WHERE YOU USE SOME TYPE OF THIRD PARTY OR OUTSIDE ENTITY TO TRY TO CONTROL THE GAMBLE, THAT WAS EFFECTIVE. RECOVERY, WHAT ONE THING THAT WE KNOW ABOUT RECOVERY FROM ANY ADDICTION IS THAT MOST PEOPLE QUIT ON THEIR OWN. OFTEN THROUGH -- MOST OFTEN THROUGH A PATTERN OF ATTEMPTING TO ABSTAIN AND RELAPSE. AND ATTEMPTING TO ABSTAIN AND RELAPSE AND OVER A COURSE OF TIME, THEY ACHIEVE SUSTAINED ABSTINANCE. >> DOES ANYONE HAVE A THIRD PARTY EXCLUSION? >> IN SINGAPORE AND OTHER ASIAN COUNTRIES, SOMEBODY OTHER THAN THE EXCLUDER CAN DO IT. YES, KEITH WOULD KNOW. >> OH, I SEE. YEP NO, THANK YOU. THANK YOU. >> SO, SOME OF THE THINGS THAT I THINK ARE FUNDAMENTAL DESIGN ELEMENTS TO A SELF EXCLUSION PROGRAM FOR EXAMPLE, AND I'M JUST GOING TO USE THAT AS AN EXAMPLE, I'M NOT GOING TO GO IN

TO A LOT OF THINGS, FRANKLY IT IS STAFF WORK. I JUST WANT TO STRESS THE IMPORTANCE OF IT. AS THE RESEARCH POINTS OUT, THE SELF EXCLUDING IS THE MOST IMPORTANT ASPECT OF PEOPLE WHO HAVE ACHIEVED SUCCESS IS THROUGH SELF EXCLUSION. SO, I THINK IT REQUIRES HIGHLY TRAINED PERSONNEL. WHERE THEY ARE CLEARLY COMMUNITIED EXPECTATIONS AND RESPONSIBILITIES DURING THE APPLICATION PROCESS. THAT THERE'S AN EXPLANATION OF THE TREATMENT OPTIONS THAT ARE AVAILABLE TO THE GAMBLERS SO SELF EXCLUSION RECEIVE SERVES A AS A PIPELINE TO TREATMENT. I DON'T THINK THAT THERE'S ANY ONE SIZE FITS A ALL GAMBLING TREATMENT METHODOLOGY. WE KNOW THAT, SO THE GOOD MORNING BELLER NEEDS TO BE PRESENTED WITH ALL OF THEIR OPTIONS. COUNCILING, GA, THE MINISTERS THAT HAVE TAKEN THE TRAINING. PEOPLE IN THEIR -- NOT NONGA-SELF HELP GROUPS, ALL THOSE THINGS NEED TO BE MADE AVAILABLE TO THEM. AND THEN THE OPPORTUNITY TO BE ABLE TO SCHEDULE AN POINT WITH A COUNSELOR AT THE TIME OF SELF EXCLUSION HAS BEEN SHOWN IN SOME OF THE CANADIAN STUDIES TO BE AN EFFECTIVE INTERVENTION. THE PROTECTIONS FOR THE GAMBLERS ARE IMPORTANT. SO, IF THIS PERSON IS WILLING TO ACCEPT RESPONSIBILITY FOR THEIR PROBLEM, LET'S MAKE SURE WE HAVE ADEQUATE PROTECTIONS THOUGH MAKE SURE THAT THE CASINOS OR THE LOTTERY OR WHOEVER ELSE IS NOT DIRECTLY MARKETING TO THAT PERSON. DON'T INVITE THEM TO THE KA SEE NO ON THEIR BIRTHDAY WITH A TREE DINNER VOUCHER, OR YOU KNOW,

MATCH PLAY COUPONS. I THINK THAT ALTHOUGH I WOULD ADVISE AWAY FROM IT AN ENFORCEMENT MENTALITY, THAT SOME CONSEQUENCES ARE APPROPRIATE. SO SO THE DENIAL OF JACKPOT WINNINGS. MY RECOMMENDATION HAS ALWAYS BEEN TO TREAT THE SELF INCLUDED GAMBLER LIKE A MINOR. THEIR PRESENCE IS UNAUTHORIZED AND ILLEGAL, SO THEREFORE THEIR WAGER IS VOID FROM THE BEGINNING. SO THEY ARE NOT ENTITLED TO COLLECT JACKPOT WINNINGS AND VERY -- HAVE AS MUCH ATTENTION AS YOU CAN TO COLLECTING RELEVANT DATA AND PARTNERING WITH RESEARCHERS SO WE CAN LEARN FROM THE EXPERIENCES OF THE PEOPLE WHO SELF EXCLUDE AND WE CAN IMPROVE THE PROGRAM OVER TIME, NOT ONLY IMPROVING SELF EXCLUSION, BUT MAYBE DEVELOPING NEW INSIGHT AS TO HOW WE CAN HELP NONSELF EXCLUDERS. AND THEN, ANOTHER ASPECT THAT IS RELATIVELY NEW, THAT I CAME UP, WHEN I WAS ADVISING KANSAS. WHEN THEY WERE FIRST IMPLEMENTING THEIR SELF EXCLUSION PERHAPS AND IT'S AN IDEA THAT WAS TRIED IN CANADA AS WELL. ON TIME LIMITED SELF EXCLUSION. SOMEBODY EXCLUDES FOR A TWO OR FOUR YEAR PERIOD, RATHER THAN HAVE THEIR SELF EXCLUSION EXPIRE AND THEY ARE THROWN BACK IN TO A GAMBLING ACTIVITY, HAVE THEM ELIGIBLE FOR REINSTATEMENT WHERE THEY HAVE TO ACTIVELY APPLY TO THE COMMISSION TO BE REINSTATED AND AS PART OF THAT PROCESS THEY GO THROUGH WHAT WE CALL A HEALTHY LIFESTYLES SESSION. WHERE THEY WOULD BE GIVEN A SELF AIS SESMENT TEST. THEY WOULD BE GIVEN VARIOUS THERAPUTIC CLASSES ON COGNITIVE THAT I REMEMBER.

THE ODDS ON HOW THE GAMES WORK. TECHNIQUES FOR HOW TO MANAGE YOUR BEHAVIOR AND HOW TO BEHAVE RESPONSIBLY AND MANAGE THE URGE TO NOT ONLY GAMBLE BUT OTHER FORMS OF ADDICTIVE BEHAVIORS AND OTHER TRAINING IN HEALTHY LIFE TTLES. SO THAT AT LEAST THEY REENTER THE -- THEY REENTER THE WORLD OF GAMBLING AGAIN IN AN INFORMED STATE, AND WITH THE TOOLS NECESSARY TO BE ABLE TO PROTECT THEMSELVES AND THEN THE OTHER SUGGESTION THIS THAT I HAVE IS TO MAKE SURE THAT IN PROMOTING SELF EXCLUSION AND THE OTHER THINGS THAT YOU DO, THAT YOU TRY TO HAVE A UNIFIED VOICE. THAT YOU GATHER ALL THE STAKEHOLDERS IN ALLIANCE, TO BUILD A BRAND, TO BUILD A COHERENT SINGLE MESSAGE, IN ONE POINT OF CONTACT, WHERE PEOPLE CAN GO TO COLLECT ALL THEIR INFORMATION. AND YOU HAVE DONE THAT STRUCTURELY IN MANY RESPECTS BY HOUSING ALL OF YOUR GAMBLING ACTIVITIES UNDER ONE AGENCY, BUT THERE'S OTHER OUTSIDE STAKEHOLDERS. THERE'S THE LOCAL COUNCILS, THERE'S THE COUNCILING AND TREATMENT COMMUNITY. THERE'S THE GAMBLERS ANONYMOUS GROUP, THERE'S THE INDUSTRY, BOTH THE MANUFACTURERS AND THE -- AND THE CASINO OPERATORS. YOU HAVE LOCAL AND TRIBAL GOVERNMENTS THAT HAVE A STAKE IN THIS. AND I ALWAYS SUGGEST THAT YOU EVEN INVOLVE SOME REPUTATION FROM THE CORRECTIONS INSTITUTIONS, BECAUSE A LOT OF THESE PEOPLE END UP IN PRISON AND HAVING A COORDINATED EFFORT TO MAKE SURE THAT THEY HAVE RESOURCES AVAILABLE TO THEM WHILE THEY ARE INCARCERATED PERHAPS INCREASES THE CHANCES

THAT THEY WILL NOT HAVE A PROBLEM UPON THEIR RELEASE. AND THEN THE FINAL POINT THAT I WILL MAKE, IS NOT TO BE AFRAID OF TECHNOLOGY. YOU KNOW, I SPEND A LOT OF MY VOLUNTEER TIME, I HAVE BEEN A BOARD MEMBER FOR THE NATIONAL CENTER FOR RESPONSIBLE GAMING THAT CHRIS JUST SPOKE TO SINCE 2001. I HAVE BEEN INVOLVED WITH KEITH'S GROUP. YOU KNOW, SINCE THE MID 90s. MY DAY JOB IS TECHNOLOGY. AND SO, I UNDERSTAND THE IMPLICATIONS OF THAT. AND I THINK THERE'S CERTAIN WAYS THAT TECHNOLOGY CAN BE USED THAT HAVE RISKS. AND WE SHOULD MAKE SURE THAT WE DO THE BEST THINGS THAT WE CAN DO TO CONTROL THAT RISK. BUT THERE ARE ALSO CERTAIN IS ADVANTAGES TO GAMBLING IN A TECHNICAL WORLD. THE EASIEST EXAMPLE FOR ME TO EXPLAIN AND SOMETIMES I'M REALLY CURIOUS TO HOW PEOPLE CAN LOOK AT SOMETHING AS SO DANGEROUS AND TO ME, IT'S A SAFER PRODUCT. INTERNET GAMBLING IS ONE OF THOSE TOPICS. AND I WILL TAKE THE EXAMPLE OF A SCRATCHER TICKET TODAY. SO, WHAT HAPPENS WITH A LOTTERY SCRATCHER TICKET? YOU WALK IN TO A STORE, THE FIR LINE OF DEFENSE FOR ANY RESPONSIBLE BEHAVIOR IS PROBABLY SOME 17, 18, 19-YEAR-OLD CLERK THAT IS NOT PARTICULARLY WELL EDUCATED OR HAS NO TRAINING ON RESPONSIBLE GAMING ISSUES. THEY DON'T KNOW WHO YOU ARE, THEY DON'T KNOW HOW OLD YOU ARE, OR WHAT TYPES OF GAMES YOU LIKE TO PLAY, THEY DON'T KNOW HOW MANY LOTTERY TICKETS I BOUGHT THIS WEEK, THIS MONTH, THIS YEAR. AND TAKE THAT EXACT SAME

EXPERIENCE AND PUT IT ONLINE. NOW, YOU KNOW EXACTLY WHO I AM. YOU KNOW WHERE I AM, YOU KNOW HOW OLD I AM, YOU KNOW WHAT GAMES I LIKE TO PLAY. YOU CAN NOW MAKE THAT GAME, INSTEAD OF OF A FLAT PLAY IN A SINGLE SNAP SHOT IN TIME, YOU CAN MAKE IT MORE SOCIALLY ENGAGING. AND YOU CAN MAKE SURE IT DOES NOT STOP WITH A TICKET. IT CAN BE A FARMVILLE OF SCRATCHERS WHERE I CAN BUILD OFF ON OF THE EXPERIENCE. YOU CAN ALLOW ME TO SET LIMITS FOR HOW MANY TICKETS I WANT TO BUY. YOU HAVE GIVEN ME DATA THAT I HAVE NOT HAD BEFORE. HOW MANY PEOPLE KNOW HOW MANY SCRATCHER TICKES YOU BOUGHT IN THE LAST YEAR? NOW YOU KNOW HOW MANY YOU BOUGHT IN THE LAST YEAR. IN MANY, MANY RESPECTS YOU TAKE THE SAME GAME AND PUT IT ONLINE, TO ME, IT'S A SAFER PRODUCT. NOW, I'M NOT GOING TO SUGGEST THAT IS ALWAYS GOING TO BE THE CASE. BUT I THINK DISMISSING TECHNOLOGY AS BEING DANGEROUS JUST BECAUSE IT'S MORE CONVENIENT IS A SLIPPERY SLOPE AND SOMETIMES NOT A VERY THOROUGH ANALYSIS. WHAT I HAVE GIVEN YOU IS ONE OF THE NCRGS SERIES. SO, ONE OF THE STRUGGLES THAT WE NONRESEARCHERS OFTEN HAVE IS THERE'S ALL THIS WONDERFUL RESEARCH, AND YOU PICK IT UP TO READ IT AND IT IS LIKE READING, YOU KNOW, THAT THING THEY GIVE YOU WITH YOUR PRESCRIPTION. YOU HAVE NO IDEA HOW TO MAKE ANY SENSE OF IT. THE NCRG HIRED TALENTED WRITERS AND WERE ABLE TO TAKE A RESEARCH TOPIC AND IN THIS CASE, IT'S SELF EXCLUSION, AND HAVE PEOPLE

WRITE UP THE MAIN BODY OF RESEARCH LIKE "TIME" MAGAZINE ARTICLE. I HAPPENED TO WRITE THE INTRODUCTION OF THAT TO GIVE YOU A HISTORY OF SELF EXCLUSION AND THE REST IS LAY PERSON SUMMARIES FOR SOME OF THE RESEARCH. I HOPE YOU FIND IT HELPFUL AND WILL ANSWER ANY QUESTIONS YOU HAVE. >> DO ANY OF THE INSTITUTIONS FEEL LIABLE IF SELF EXCLUDERS GAIN ACCESS? >> IT'S ANOTHER PART OF THE PROBLEM THAT NEEDS ATTENTION. I WAS TALKING DURING THE BREAK AND ONE OF THE THINGS THAT THEY ARE TRYING TO WORK ON IN CANADA, IS THE SENSE THAT SOME JURISDICTIONS THE PROCESS OF SELF EXCLUDING IS SO INTIMIDATING AND COMPLICATED AND PAPERWORK RIDDEN THAT IT MAY BE NOT THE GREATEST EXPERIENCE FOR GAMBLERS BUT YOU HAVE ISSUES OF LIABILITY AND -->> WE SEE IT AS AN ENFORCEMENT ISSUE MORE THAN ANYTHING ELSE TO PROTECT THE INSTITUTION FROM BEING LIABLE. >> I THINK THERE'S A DEFINITE BALANCE THERE. YOU HAVE TO LET THE GAMBLER KNOW THAT IT'S SERIOUS BUSINESS AND IT IS A PLATFORM FOR THEM TO GET HELP, NOT A PLATFORM FOR THEM TO SUE THE STATE OR THE CASINOS OR ANYTHING ELSE. >> WERE THERE INSTANCES WHERE THAT HAPPENED? >> THERE'S BEEN ANY NUMBER OF LAWSUITS BUT NONE SUCCESSFUL. YEAH, ANYBODY CAN FILE A LAWSUIT. >> SO IT'S LARGELY A THERAPUTIC TOOL. WHAT ARE SOME OF THE PROTOCOLS THAT SHOULD BE OBSERVED BY THE CASINOS, BOTH WITH THE SPACE THAT IT HAPPENS OR THE TRIAGING OF ACTIVITIES WHAT ARE THE

SYSTEMS HERE? >> IT STARTS WITH HIGHLY TRAINED PERSONNEL THAT ARE TRAINED BASED ON RESEARCH, BASED ON PAST EXPERIENCE. I THINK IT NEEDS TO BE A PROCESS WHERE IT'S NOT LIKE YOU ARE BEING ARRESTED. YOU KNOW, SOME OF THE STATES LITERALLY IT'S A LAW ENFORCEMENT AGENT WHO SHOWS YOU A BADGE, IDENTIFIES HIMSELF WITH A A BADGE AND SAYS YOU TO A ROOM, AND PUTS A CAMERA IN YOUR FACE AND SITS DOWN AND INTERVIEWS YOU IN A WAY THAT ONLY LAW ENFORCEMENT PEOPLE KNOW HOW TO DO. MY DAD WAS ONE, SO I KNOW. YOU KNOW, AND I'M NOT SAYING THAT LAW ENFORCEMENT PEOPLE ARE NOT CAPABLE OF DOING THIS. I DON'T WANT TO SUGGEST THAT. BUT I WOULD SUGGEST THAT IT'S A DIFFERENT MINDSET, THE ENVIRONMENT IS IMPORTANT. I DO THINK THAT SOMETIMES FOR LIABILITY PURPOSES IT'S IMPORTANT TO FILM THE THINGS AND IT'S IMPORTANT FOR QUALITY CONTROL. AND FOR RESEARCH. HOW DO YOU KNOW HOW THE INTERVIEW PROCESS IS GOING, UNLESS YOU ARE GOING, ONE OF THE THINGS I SUGGEST TO PEOPLE, THEY TAKE THE THINGS AND THE ADMINISTRATOR OF THE PROGRAM OR SOME HIGH LEVEL PERSON WITHIN THE COMMISSION TAKE, YOU KNOW, TAKE A DAY, A MONTH AND LOOK AT 8 OR 10 OF THESE THINGS AND MAKE SURE THAT PARTICULARLY IN A STATE THIS LARGE. TO MAKE SURE YOU HAVE CONSISTENT HIGH QUALITY ADMINISTRATION OF YOURSELF EXCLUSION PROGRAM. BUT, THAT DOESN'T MEAN THAT THE CAMERA NEEDS TO BE RIGHT THERE IN MY FACE. WE CAN DO IT MORE DISCREETLY SO THE WAY THAT THE ROOM IS SET UP,

I THINK THE PERSON NEEDS TO BE INFORMED THAT THEY ARE BEING FILMED, BUT IT SHOULD NOT LOOK LIKE AN INTERROGATION. AND THE WAY THAT THE INTERVIEW IS CONDUCTED SHOULD BE DESIGNED AS THERAPUTIC AS POSSIBLE AND NOT PENAL AND IN THE WAY THEY ARE TAKE ENTO THE ROOM, EVERYTHING. >> VOCABULARY. >> YES. AND NOT EVERYONE IS GOING TO BE WELL EQUIPPED TO DO THIS. IT'S, YOU KNOW, IT'S -- I COACHED BASKETBALL FOR 20 SOME ODD YEARS AT THE CLUB LEVEL AND I ALWAYS SAID, I CAN MAKE A PLAYER FASTER, BUT IF YOU ARE SLOW, I CAN'T MAKE YOU FAST. IF IF YOU DON'T HAVE THE PERSONALITY SKILLS OR COMMUNICATION SKILLS TO DO THIS, YOU SHOULD NOT BE DOING THAT. >> IT STARTS WITH THE MIND-SET THAT IT'S A THERAPUTIC TOOL, NOT A CRIMINAL JUSTICE MATTER. VERY HELPFUL. THANK YOU, THANK YOU VERY MUCH FOR YOUR TIME. WE REALLY APPRECIATE IT. OKAY, WE NOW TURN TO KARIN CARREAU. AND YOU WILL HAVE TO FOR GIVE IN ME, YOUR FIRST NAME IS PRONOUNCED? >> JENNESS. >> MS. CARREAU DEALS WITH SCOPE OF PRACTICE, REIMBURSEMENT STRUCTURES AND SOCIAL JUSTICE CONCERNS WITH THE PROFESSION. MS. CLAIRMONT IS A PSYCHO THERAPIST AND CLINICAL SOCIAL WORKER AND LICENSED MARRIAGE AND FAMILY THERAPISTS. SHE HAS EXPERTISE DEALING WITH PEOPLE STRUGGLING WITH ANXIETY AND MOOD DISORDERS. WE WELCOME BOTH OF YOU, THANK YOU FOR JOINING US TODAY. >> THANK YOU, FOR EASE OF DELIVERY, I DREW THE STRAW FOR

PRESENTING OUR JOINT TESTIMONY. AS YOU NOTE, I'M KARIN CARREAU, AND I'M THE DIRECTOR OF POLICY FOR THE NATIONAL ASSOCIATION OF SOCIAL WORKERS THE NEW YORK STATE CHAPTER, ACCOMPANIED BY JENNESS CLAIRMON AND TOGETHER, WE REPRESENT OVER 11,000 LICENSED MENTAL HEALTH PROVIDERS. SPANNING A GREAT DEAL OF ISSUE GIVEN THE SCOPE OF WORK THAT OUR COLLECTIVE MEMBERSHIPS PARTICIPATE IN, WE HAVE BEEN WATCHING THE EVOLUTION OF CASINO GAMBLING IN NEW YORK STATE AND WE HAVE BEEN EXAMINING THE RELATED DATA THAT SUGGESTS THAT ONE COULD GET WHIPLASH IN TRYING TO KEEP TRACK OF ALL OF THE RESEARCH THAT HAS BEEN PRESENTED, THAT NOTES A RELATIONSHIP BETWEEN CASINO ACCESSIBILITY AND PROBLEM GAMBLING. BUT WE HAVE SEEN A HIGH LEVEL OF DAMAGE. WE HAVE LOOKED AT A NUMBER OF STUDIES THAT I HAVE NOTED A STRONG RELATIONSHIP BETWEEN CASINO ACCESSIBILITY AND PROBLEM GAMBLING. RESEARCH SURROUNDING THE PROBLEM HAVE FOUND THAT NEVADA, WHICH LEADS THE COUNTRY IN GAMBLING OPPORTUNIIES ALSO HAS THE HIGHEST RATES OF ADULT PROBLEM GAMBLING IN THE UNITED STATES. THE DATA A FOUND THAT THE AVAILABILITY OF A CASINO IN 50 MILES TO BE ASSOCIATED WITH ABOUT DOUBLE PREVALENCE OF PROBLEM IN PROBLEM AND PATHOLOGICAL GAMBLERS AND RESULTS FROM NEIGHBORHOOD STUDIES SHOWED THAT THOSE THAT LIVED IN TEN MILES OF THE CASINO HAD TWICE THE STATES AS THOSE THAT DID NOT. IT FOUND GAMBLING LAWS TO BE POSITIVELY RELATED. SURVEY PARTICIPANTS HAVING

ENGAGED IN GAMBLING IN THE PAST YEAR AS WELL AS FREQUENT GAMBLING. GIVEN THE FINDINGS IT'S NOT SURPRISING THAT IN THE YEARS FOLLOWING THE LEGALIZATION OF CASINOS IN THE STATES OF IOWA, LOUISIANA, MINNESOTA, EVEN IF IT WAS JUST A TEMPORARY SPIKE, EVIDENCE INDICATING AN UP SWING IN THE RATES OF PROBLEM GAMBLING BEGAN TO SURFACE. AT A TIME WHEN NEW YORK IS MOVING TO EXPAND GAMBLING OPPORTUNITIES ACROSS THE STATE IT'S IMPORTANT TO ACKNOWLEDGE THE POTENTIAL FOR THE PROBLEMS TO EMERGE IN OUR OWN STATE AND ADOPT MEASURES THAT WILL ADDRESS AND MITIGATE PROBLEMS OF PATHOLOGICAL AND PROBLEM GAMBLING. THE PROBLEMS WITH PROBLEM GAMBLING ON THE PUBLIC IS A ABUNDANT. THEY HAVE SIGNIFICANT RATES OF ALCOHOL, AND DRUG DEPENDENCE. A STUDY INDICATES THAT BETWEEN 20% AND 50% OF SPOUSES OF PATHOLOGICAL GAMBLERS HAVE BEEN ABUSED. WHICH IS A STATISTIC THAT IS A REMINDER THAT THE PROBLEMS EXTEND BEYOND THAT OF THE INDIVIDUAL. ADDITIONALLY RECENT REPORTS HAVE REVEALED THAT PROBLEM GAMBLERS ARE MORE LIKELY TO HAVE BEEN INCARCERATED OR ARRESTED, MORE LIKELY TO COME FROM MINORITY GROUPS AND MORE LIKELY TO EXPERIENCE A VARIETY OF MENTAL HEALTH AND SUBSTANCE ABUSE PROBLEMS. GIVEN THE PROJECTED INCREASE OF CASINO ACCESSIBILITY IN NEW YORK, AS WELL AS THE ESTABLISH ED THE LINK BETWEEN GAMBLING AND SUBSTANCE ABUSE PROBLEMS, IT'S IMPORTANT TO PREPARE FOR THE GROWTH OF PROBLEM GAMBLING AMONG OUR STATE RESIDENTS.

DATA INDICATES THAT SIMILAR TO SUBSTANCE ABUSE DISORDERERS, IT CAN BE ADDRESSED THROUGH TREATMENT. IF PROVIDERS ARE TRAINED TO DEAL WITH THE AREA. PREVIOUSLY MY COLLEAGUES NOTED THAT I THOUGHT WAS HARVEY SAID WAS STRIKING IN THAT, HE SAID, A AS A REPRESENTATIVE OF THE MENTAL HEALTH FIELD, WE DON'T KNOW. WE ARE NOT SCREENING FOR IT. WE ARE NOT THINKING BIT. WE ARE NOT TRAINED TO BE THINKING ABOUT IT BECAUSE IT NOT BEEN AS PREVALENT AND THE ACT -- AND IT HAS NOT BEEN AS ACCESSIBLE IN NEW YORK STATE. THE NEW YORK STATE CHAPTER OF NASW AND OTHERS, PROPOSED A COLLABORATIVE WITH THE OF OF ALCOHOL AND SUBSTANCE ABUSE DEPARTMENT TO HAVE A CURRICULUM DEVELOPED TO READY THE STATE'S MENTAL HEALTH WORKFORCE. IT WOULD USE DATA FOCUSED ON THE MULTI-RANGE RISK FACTORS OF PROBLEMS OF PATHOLOGICAL GAMBLING. CURRICULUM WOULD BE DELIVERED THROUGH PRINT MATERIALS AND WEBINARS AND FOLLOW-UP SUPPORT. A CERTIFICATION WOULD BE LAYERED, NOT THE CERTIFICATION THAT IS BEING USED NOW THAT IS UNDER UTILIZED BUT WOULD BE LAYERED ON TOP OF ANOTHER CERTIFICATE. IN 2000 AND SEVEN, NEW YORK FOUND ITSELF WOEFULLY UNPREPARED TO TREAT THE NEEDS OF OUR VETERANS RETURNING FROM IRAQ AND AFGHANISTAN. THE NATIONAL ASSOCIATION OF SOCIAL WORKERS PARTNERED WITH EXPERTS IN THE FIELD OF PTSD, TRAUMATIC BRAIN INJURIES, STATE AGENCIES AND SOME OF THE VERY SAME STATE AGENCIES THAT WILL BE INVOLVED IN THIS. TO DEVELOP A COMPREHENSIVE

TRAINING CURRICULUM THAT IS NOW BEING DELIVERED TO THOUSANDS OF MENTAL HEALTH PROVIDERS ACROSS NEW YORK STATE AND NOW EXTENDING TO PRIMARY CARE PHYSICIANS AS WELL. IT'S NOW USING AS A MODEL NATIONALLY. IN 2013, THE NEW YORK STATE OF MARRIAGE AND FAMILY THERAPISTS, AND THE NEW YORK MENTAL HEALTH COUNSELOR ASSOCIATION SUPPORTED LEGISLATION TO ESTABLISH CONTINUING EDUCATION REQUIREMENTS FOR THEIR MEMBERSHIP EFFECTIVE JANUARY 1st, AND THE NASW BACKED A SIMILAR LEGISLATION THAT WILL BE AVAILABLE 2015. GOOD TIMING AS THEY WILL BE PARTICIPATING IN CONTINUING EDUCATION PROGRAMS THAT WILL HELP THEM ADAPT TO THE LANDSCAPE IN NEW YORK STATE. IT WILL PRO ACTIVELY PREPARE THE WORKFORCE AND STEM ANY ANTICIPATED IMPACTS OF CASINO EXPANSION. NEW YORK STATE DOESN'T HAVE TO BE BEHIND THE CURVE IN THIS ONE AS WE WERE IN ADDRESSING THE NEED OF OUR RETURNING VETERANS. WE HAVE THE PREDICTING DATA. AND WE KNOW THAT A LARGE MAJORITY OF INDIVIDUALS EXPERIENING PROBLEM GAMBLING SEEK TREATMENT WITH PRIVATE DOCTORS. WHAT WE ARE BEING TOLD, WE BUILT IT AND THEY DIDN'T COME. THEY DO NOT SEE THEMSELVES AS THE SAME AS HAVING A SUBSTANCE ABUSE ADDICTION. THEY TOLD US THAT THEY KNOW THAT, THAT PEOPLE THAT ARE SEEKING TREATMENT ARE SEEKING IT WITH OUR MEMBERS. HOW DO WE MAKE SURE OUR MEMBERSHIP IS ADEQUATELY TRAINED. IN CLOSING, WE HAVE A SOLID TRACK RECORD IN THE DELIVERY OF

EVIDENCE BASED TRAINING. WE HAVE THE CAPACITY TO REACH THE PROVIDERS. WE STAND READY TO ASSIST YOU. >> THANK YOU. WELL, THANK YOU FOR YOUR TESTIMONY. AND THANK YOU FOR ALL YOU ARE DOING, ADMIRE SOCIAL WORKERS AND THE IMPORTANT WORK YOU DO. THANK YOU FOR THAT, IT SEEMED TO ME THAT IN YOUR TESTIMONY, THE TERMS PROBLEM GAMBLING AND PATH LOGICAL GAMBLING INTERCHANGEABLY DO YOU FIND THEM THE SAME? >> I REFER TO MY CLINICIAN. >> THAT IS INTERESTING, AS I WAS LISTENING TO THIS, SO WHAT I WAS HEARING IS THAT I'M NOT REALLY SURE IF PROBLEM GAMBLING HAS BEEN DEFINED AND I THINK IN TERMS OF TRAINING WE HAVE TO DEFINE WHAT A PROBLEM MEANS, WHAT DOES ADDICTION MEAN. WE MOW WHAT THEY LOOK FOR LIKE ALCOHOL. WE KNOW WHAT THEY LOOK LIKE FOR SUBSTANCE ABUSE. WE KNOW WHAT THEY LOOK LIKE BECAUSE THEY ARE CLEARLY FINED AND AND THERE'S -->> THE FIRST IS A MEDICAL TERM, RIGHT? PATHOLOGICAL? >> IT WOULD IMPLY MENTAL ISSUE. AND PROBLEM GAMBLING? I WOULD DEFINE IT AS A PROBLEM THAT HAS MULTIPLE FACTORS THAT ARE INVOLVED. I THINK IT'S IMPORTANT FOR RIGHT NOW THAT WE HAVE AN OPPORTUNITY, I THINK TO BE ABLE TO DEFINE THE DIFFERENCES BETWEEN THESE AND MAINLY BECAUSE WITH PROBLEM GAMBLING, IT'S A -- THE SIGNS AND SYMPTOMS ARE MORE PREVALENT IF SOMEBODY WERE ADDICTED TO A SUBSTANCE OR ALCOHOL, YOU WOULD SEE INTOXICATION, THIS IS SOMETHING THAT SOMEBODY CAN

HIDE. HOW DO WE MAKE SURE THAT SOMEBODY IS TRAINED AND AT INTAKE THEY ARE ASKING THE RIGHT AND APPROPRIATE QUESTIONING TO SEE IF SOMEBODY HAS A PROBLEM. I KNOW ON MOST INTAKE FORMS THAT I READ FOR ANY NUMBER OF AGENCIES THAT I HELPED TO DESIGN THESE THINGS, THEY ASK WITH ABOUT ALCOHOL. THEY ASK ABOUT DRUGS. THEY ASK ABOUT RECREATIONAL USE OF NICOTINE EVEN IN SOME INSTANCES. THEY ARE NOT ASKING ABOUT GAMBLING. AND I THINK WE HAVE AN OPPORTUNITY RIGHT NOW AS MENTAL HEALTH PROFESSIONALS TO START TO EDUCATE PEOPLE AS ASKING ABOUT THESE THINGS AS AN UNDERLYING PROBLEM THAT IS FUELLING ANY NUMBER OF SYMPTOMS THAT WE ARE TREATING. >> AS A CLINICIAN, IF IT'S NOT IN THE INTAKE FORM, HOW DO YOU ENCOUNTER IT? >> MORE OFTEN THAN NOT, WHAT WE WOULD SEE IS SOMETHING ALONG THE LINES ON OF A MARITAL PROBLEM OR A FAMILY PROBLEM, WHERE THERE'S A FINANCIAL ISSUE, SO I OFTEN THINK IT -->> IT COMES WITH SOMETHING THAT IS UNDERLYING BUT IT'S SOMETHING THAT REALLY IS DRIVING A LOT OF OTHER THINGS? >> OR THE OTHER WAY AROUND. SO, YOU MAY ARE HAVE PEOPLE COMING IN AND COMPLAINING THAT THERE'S A GAMBLING PROBLEM, BUT WHAT IS NOT BEING ASSESSED FOR IS THAT THERE WAS ACTUALLY AN ADDICTION PRIOR TO, WHICH WAS ALCOHOLISM AND NOW THAT THAT SYMPTOM HAS MOVED TO GAMBLING, MAYBE THE UNDERLYING ADDICTION HAS NOT BEEN ADDRESSED BECAUSE IT MOVED TO GAMBING BECAUSE IT'S EASIER TO HIDE. THAT COULD BE HOW IT PRESENTS.

>> I TAKE IT YOU ARE DISAGREEING WITH THE HARVARD RESEARCH? NO, I MEAN -->> I'M NOT -->> I'M JUST TRYING TO VET OUT THE ISSUE HERE. >> YEAH. I'M NOT IN A POSITION TO DISAGREE WITH HARVARD. HOWEVER, THERE'S A LOT OF THE STATISTICAL INFORMATION THAT WE WERE LOOKING AT AND LOOKING AT THROUGH A LENS OF, YOU KNOW, IS THERE -- IS THERE A ROLE FOR US TO PLAY? IS THERE AN ANTICIPATED ISSUE HERE? WHAT IS THE RESEARCH SAY? WHEN THE NEW YORK STATE REFERENDUM WAS PASSED TO ALLOW FOR CASINO GAMBLING WE DID START LOOKING AT AND TALKING ABOUT OUR COLLECTIVE MEMBERSHIPS, STARTED TO LOOK AT IT AND TALK ABOUT IT IS IT GOING TO BE ANOTHER VETERANS ISSUE, WHERE FIVE YEARS DOWN THE ROAD, WE LOOK BACK AND SAY, WE ARE NOT PREPARED TO MEET THESE NEEDS SO WHAT DOES THE DATA LOOK LIKE? AND WING LOOKED AT THE DATA AND THIS IS -->> IT'S PART AND PARCEL OF PROGRAMMING AS WELL. I TEACH, I'M A FACULTY MEMBER AT SAGE AND THEY REQUIRE THAT I ADD SOMETHING IN TO MY COURSE AROUND WHAT AN ALCOHOLIC FAMILY SYSTEM LOOKS LIKE. WHAT A FAMILY THAT IS STRUGGLING WITH DRUG ABUSE LOOKED LIKE AND HOW WE TREAT IT BUT WE ARE NOT BEING REQUIRED TO ASK OR INFORM PEOPLE WHAT GAMBLING LOOKS LIKE OR ASSESS FOR IT, OR FIND OUT WHETHER IT'S SIGNS OR SYMPTOMS THAT PEOPLE SHOULD LOOK FOR. IT'S A GOOD OPPORTUNITY TO BE PRO ACTIVE IN THAT REGARD AS WELL. >> AND I WANT TO FOLLOW-UP, DR. NELSON DID SAY THIS MORNING THEY DO SEE AN UP-TICK INITIALLY AND THAT MAY BE A SMALL PERCENTAGE, HOWEVER, THAT IS -- YOU ARE STILL TALKING ABOUT THOUSANDS AND THOUSANDS OF PEOPLE THAT SMALL PERCENTAGE. IF YOU MOVE TO THE CLINICIAN PERSPECTIVE, EVEN IF IT'S A SHORTTERM UPTICK, IT'S IMPACTING WHAT EARLIER SOMEONE SAID, IT'S EXACTING AT LEAST 12 PEOPLE IN THEIR SYSTEM. SO IT'S STILL A MAJOR PROBLEM THAT NEEDS TO BE ADDRESSED. IF OUR MENTAL HEALTH WORKFORCE IS NOT ASSESSING FOR IT, THEN I WOULD ASSUME WE WILL HAVE A PROBLEM. >> IF YOU DON'T MIND, I WOULD LIKE TO ADD. KARIN IS CUEING ME UP TO, I HAD AN INTERESTING TELEPHONE CALL, IT MUST HAVE BEEN MAYBE A WEEK OR TWO, PEOPLE IN THE ROOM PROBABLY KNOW BETTER THAN ME. I DID NOT SEE HOW THE NEWS STORY PLAYED. SOMEONE HAD EXACTED ME FROM THE MEDIA, AND -- HAD CONTACTED ME FROM THE MEDIA AND A MINOR HAD CREATED A MARCH MADNESS BRACKET. THE OUESTION TO ME FROM THE MEDIA WAS THAT SHE WANTED A STATEMENT FROM ME ABOUT HOW TEENS ARE USING SOCIAL MEDIA AS A MEANS OF ACTING OUT. THE QUESTION WAS NOT ABOUT GAMBLING. AND SO, I CONTACTED -->> ACTING OUT. >> IT WAS ACTING OUT. RIGHT, THIS IS HOW TEENS ARE ACTING OUT NOW. I THOUGHT IT WAS INTERESTING BECAUSE CULTURALLY, THERE'S A DEGREE OF ACCEPTANCE. I CALLED THE COLLEAGUE BEFORE, AND I SAID, WHAT DO YOU FIND FUNNY ABOUT THIS QUESTION? AND HE SAID, I DON'T KNOW, I'M LOOKING AT MY MARCH MADNESS BRACKET RIGHT NOW, DO YOU ME TO

ANSWER THAT? IT CAN BE A FUN THING FOR PEOPLE TO DO RECREATION AALLY, BUT THE IDEA OF ACTING OUT WAS NOT AROUND GAMBLING, IT'S AROUND SOCIAL MEDIA, AND I THINK IT'S AN ISSUE. >> AND OBVIOUSLY, THE NUMBERS ARE ONE PERSON IS TOO MANY FROM YOUR POINT OF VIEW. YOU KNOW FAR BETTER THAN I. I DON'T WANT TO QUIBBLE OVER THE HUMAN TOLL, BUT AS A MATTER OF PUBLIC POLICY, WE HAVE BEEN URGED. THAT IS WHY I QUERY THE OUESTION. THEY NEED TO KNOW THE DIRECTION. >> EVEN THOUGH BIOLOGICALLY WHAT WOULD HAVE BEEN AN INTERESTING TOOL IS TO ASSESS HOW MANY CHILDREN WERE ACCESSING THIS, HAD CERTAIN PARTS OF THEIR BRAIN THAT LIGHTS UP, WHERE OTHER PEOPLE'S DON'T. THERE'S A NEURO BIOLOGICAL THING THAT HAPPENS WHEN PEOPLE ARE ADDICTED TO GAMBLING GAMBLE. >> THANK YOU BOTH VERY MUCH. APPRECIATE IT. WELL, WE CONCLUDE TODAY WITH A TESTIMONY FROM JENNIFER SHATLEY, WHO IS THE VICE PRESIDENT OF RESPONSIBLE GAMING POLICIES AND COMPLIANCE, HER DUTIES ARE THE IMPLEMENTATION AND DEVELOPMENT OF EMPLOYEE TRAINING AND TECHNOLOGY TO SUPPORT RESPONSIBLE GAMING POLICY. SHE SERVES ON THE BOARD OF DIRECTORS OF THE NATIONAL CENTER FOR RESPONSIBLE GAMING AND IS TREASURER FOR THE NEVADA COUNCIL. THANK YOU. >> THANK YOU, I'M APPROXIMATE -- I'M THE PRESIDENT OF THE NEVADA COUNCIL. THAT RESUME IS A LITTLE OLD. WHEN I SPEAK ABOUT GAMBLING I WILL BRING IN ALL OF MY EXPERIENCES AND EXPOUND ON IT

FROM A CAESAR'S APPROXIMATE PERSPECTIVE TOO. WITHIN THE CASINO ENVIRONMENT, WHAT WE ARE DOING AS A COMPANY AND PUTTING THE THINGS WE HAVE BEEN HEARING IN TO A PERSPECTIVE OF HOW THIS IS ACTUALLY HOW IT PLAYS OUT ON A CASINO FLOOR. THANK YOU. SO AS AN OVER VIEW, FIRST, I WILL GIVE OUR PHILOSOPHY OF THE COMPANY. COMMUNICATIONS CAMPAIGN THAT WE USED TO DRIVER RESPONSIBLE GAMING. THE EMPLOYEE TRAINING COMPONENT, THE POLICIES AND PROGRAMS AROUND SELF EXCLUSION AND THE I.T. APPLICATION TO SUPPORT SELF EXCLUSION. SO, FIRST AND FOREMOST, WE WANT OUR CUSTOMERS TO HAVE FUN, IT'S AN ENTERTAINMENT VENUE AND THEY SHOULD BE USING DISCRETIONARY FUNDS TO GAMBLE. AND WE DO NOT WANT IRRESPONSIBLE PEOPLE TO BE GAMBLING IN OUR CASTNO. THAT IS THE DRIVING FORCE WE PUT BEHIND OUR ISSUES. FROM A FRAME WORK AND PUBLIC POLICY PERSPECTIVE, I WOULD REITERATE WHAT WE WERE TALKING ABOUT. IT'S A SHARED RESPONSIBILITY OF GOVERNMENT, SERVICE PROVIDERS AND COMMUNITY GROUPS. TO ADDRESS PROBLEM GAMBLING AND RAISE AWARENESS ABOUT IT. AND TO ALSO PROMOTE RESPONSIBLE GAMING, WHICH IS REALLY A SEPARATE THING OUTSIDE OF OF PROBLEM GAMBLING, IT'S TRYING TO PROMOTE RESPONSIBLE GAMING AND KEEP PEOPLE FROM BECOMING PROBLEM GAMBLERS. SO, SOME FIRST -- SOME OF THE LEADERSHIP IN RESPONSIBLE GAMING, OUR PROGRAM IS INFORMED BY THE LATEST SCIENCE IS, AND IT WAS EVALUATED OBJECTIVELY. WE HAVE DEVELOPED THE PROGRAMS

AND WE HAD THE UNIVERSITY OF --A DOCTOR WHO WAS TALKED ABOUT TODAY AS WELL, HE CAME IN AND DID AN EVALUATION OF OUR PROGRAM TO MAKE SURE WE WERE MEETING THE PRINCIPALS WE WANTED TO MEET. WE DID EVALUATE THE COMPONENTS OF RESPONSIBLE GAMING POLICY. WE WERE THE FIRST COMPANY TO CREATE A RESPONSIBLE GAMING PROGRAM BACK IN THE 1980s. IT HAS SINCE EVOLVED AND I'M PROUD TO HAVE BEEN INVOLVED IN A LOT OF THAT EVOLUTION, I HAVE BEEN WITH THE COMPANY 17 YEARS SO I HAVE SEEN THE EVOLUTION OF THIS AS THE RESEARCH HAS BECOME AVAILABLE AND AS MORE KNOWLEDGE HAS BECOME AVAILABLE STRUCTURING MORE PROGRAMS. THE BROADCAST TELEVISION CAMPAIGN, WE WILL SHOW ONE OF THE ADS AND IT IS A GENERAL AD ON TELEVISION AND IT'S NOT A PSA, SO IT'S NOT 4:00 IN THE MORNING WHEN IT PLAYS, IT PLAYS DURING PRIME TIME. >> AND YOU PAY FOR IT? >> WE PAY FOR IT. CORRECT. ONE THING I DO NOT HAVE HERE THAT I WOULD LIKE TO POINT OUT, OUR WINDSOR CASINO IN CANADA WAS THE FIRST TO RECEIVE THE ACCREDITING THAT WAS SPOKE OF AND WE HAVE THE MOST RESTRICTED ADVERTISING CODE IN THE INDUSTRY. WE RESTRICT THINGS LIKE IMAGINARY, THEMES, THE MEDIUM THAT YOU CAN PUT IT IN, BASED ON DEMOGRAPHIC CRITERIA, WE DON'T ADVERTISE GAMBLING ON COLLEGE CAMPUSES. THERE'S A LOT OF RESTRICTIVE THINGS IN OUR ADVERTISING CAMPAIGN. I HAVE A CODE THAT SPELLS OUT WHAT WE DO FROM OUR OWN PERSPECTIVE. THAT I WILL HAND OUT TO YOU. END OF THE DAY.

>> RIGHT. >> AND I DO JUST WANT TO SOME ACKNOWLEDGMENTS, WE WORK WITH A LOT PROFESSIONALS AND RESEARCHERS IN THIS AREA TO MAKE SURE THAT WHAT WE ARE DOING IS WELL VETTED AND WE ARE NOT DOING THINGS THAT ARE NOT RESEARCHED AND TESTED SO WE ARE GETTING UNINTENDED CONSEQUENCES. SO, THE FIRST FOREMOST IS TO PROVIDE MEANINGFUL ALTERNATIVES FOR THOSE THAT DO NOT GAMBLE RESPONSIBLY. WE DO IT -- BUT THEY ARE -- THEY DON'T WANT TO STOP GAMBLING, IF THEY CAN RESTRICT THEIR ABILITY TO GET THE THINGS THEY DON'T HAVE A PROBLEM, THEY SPEND THE MONEY THEY BRING AND THAT IS ALL. WE RUN INTERNAL PROGRAMS. WE AN EAP FOR EMPLOYEES AND AS MENTIONED BEFORE, CHRIS BROUGHT IT UP, PATH LOGICAL GAMBLING OR GAMBLING DISORDER IS HIGHER AMONG GAMBLING EMPLOYEES, WE DON'T KNOW WHETHER THEY ARE DRAWN TO THE ENVIRONMENT BECAUSE HEAVY THE ISSUE OR IT'S BECAUSE THEY WORK IN THE ENVIRONMENT, WE DON'T KNOW. WE HAVE PROGRAMS THAT COVER PROBLEM GAMBLING AND MEDICAL PROGRAMS THAT COVER COUNCILING BECAUSE OF THAT ISSUE. AND WE HAVE SEVERAL AUDIENCES WHERE WE ARE COMMUNICATING RESPONSIBLE GAMING, WE HAVE OUR EMPLOYEES, WE HAVE THE CUSTOMERS THAT ACTUALLY COME TO OUR VENUE. YOU MAY NOT ENTER ONE OF OUR PROPERTIES, WITH -- WE THINK IT'S IMPORTANT TO HELP PEOPLE, AND TAKE THE STIGMA AWAY. STIGMA WAS ANOTHER THING THAT WAS TALKED ABOUT TODAY, SO, GETTING INFORMATION OUT THERE THAT IT IS A PROBLEM AND THERE ARE RESOURCES AVAILABLE FOR ASSISTANCE. NOW I'M GOING TO TALK ABOUT THE

CAMPAIGN. OUR COLLATERAL DOES TALK ABOUT SELF EXCLUSION, SO PEOPLE ARE AWARE THAT SELF EXCLUSION DOES EXIST. WE INCLUDE INFORMATION ON OUR DIRECT MAIL PIECES, AND WE HAVE A TV AD THAT IS SPECIFIC WITH RESPONSIBLE GAMING MESSAGES, ALL OF OUR CASINO PLASMA SCREENS IS RUNNING IN REGULAR ROTATION WITH ADS AND HAVE RESPONSIBLE GAMING MESSAGES. MORE THAN A PHONE NUMBER, IT HAS INFORMATION ABOUT EXCLUSION AND WE HAVE THE PHONE NUMBER ON EVERYTHING RELATED TO GAMBLING, OUR CARDS AND WEBSITES AND OUR TV AD CAMP AN. THIS IS AN EXAMPLE OF WHAT THE COMMUNICATION ON THE PROPERTY LOOKS LIKE. IT COVERS THE MAINTAIN COMPONENTS OF THE RESPONSIBLE GAMING PROGRAM, WHICH IS THE RESPONSIBLE GAMBLING PROGRAM. UNDER AGE GAMBLING IS ANOTHER IMPORTANT COMPONENT OF GAMBLING AND LEAVING CHILDREN UNINTENDED, THAT CAN UNFORTUNATELY CAN HAPPEN IN A VENUE AND THEY HAVE TO HAVE POLICIES AND PROCEDURES TO DEAL WITH IT. THE AD CAMPAIGN WE TALKED ABOUT, WE CREATED IT MANY YEARS AGO, IT HAS CHANGED A LOT, AND WE HAVE FIRST RAN IT IN A FEW TEST LOCATIONS. AND WE DID SEE ANECDOTALLY, THAT THE WEBSITE, PARDON ME, THE HELPLINE CALLS DID INCREASE WHEN WE AIRED IT IN SPECIFIC MARKETS. SO IT DID HELP TO AWARENESS AND PUSHED PEOPLE TO START USING THE NUMBER BUT WE DON'T HAVE REAL SCIENTIFIC DATA SUPPORT IT, WE SPENT MORE THAN \$5 MILLION ON THE CAMPAIGN AND IT RUNS DURING WORLD SERIES OF POKER ON ESPN SO IT'S RUNNING NATIONALLY AND WE RUN IT IN THE MARKETS WE ARE

ADVERTISING IN LOCALLY. >> THE TECHNOLOGY, DO HELPLINES STILL WORK? >> PEOPLE DO STILL CALL HELP-LINES, THEY DO. THE IMPORTANT THING TO UNDERSTAND ABOUT THE HELP LINE, IT'S NOT AUTOMATED. SOMEONE ANSWERS YOUR CALL AND REFER YOU TO PHYSICIANS IN YOUR AREA, AND THEY CAN GIVE YOU INFORMATION ON SUICIDE COUNCILING OR DEBT COUNCILING OR ANY ISSUE THAT YOU ARE FACING THAT THEY CAN HELP WITH. >> THE VOLUME IS MAINTAINED THROUGHOUT? >> I AM NOT SURE ON VOLUME OF HELP LINE CALLS. I CAN TELL YOU A LOT OF THEM ARE ABOUT WHAT IS ON THE BUFFET, WHAT WERE THE WINNING LOTTERY NUMBERS. BECAUSE THE NUMBER IS EVERYWHERE. SO, BOUGHT, THERE ARE -- PEOPLE STILL DO USE IT FOR REFERRALS TO TREATMENT. AND I'M GOING TO TRY TO SHOW THE AD HERE. >> OKAY. >> GREAT, ALL OF US AT CAESARS HAVE SOMETHING WE WANT TO SAY, PLAY RESPONSIBLY. >> PLAY RESPONSIBLY. >> DON'T GAMBLE IF YOU HAD TOO MUCH TO DRINK. IF YOU ARE UNDER 21, YOU ARE NOT ALLOWED TO PLAY. >> NO, NO, NO. >> OUR MESSAGE IS ALWAYS THE SAME. >> PLAY RESPONSIBLY. >> PLAY RESPONSIBLY. >> PLAY RESPONSIBLY. >> WE KNOW YOU ARE COMING TO THE CASINO TO HAVE A GOOD TIME, AND WE ALWAYS WANT YOU TO LEAVE FEELING LIKE YOU DID. >> TURN IT UP EXTRA LOUD. THAT IS A MESSAGE THAT WE THINK

IS IMPORTANT AND THAT IS SOMETHING THAT WE RUN NOT ONLY IN THE 13 STATES THAT WE OPERATE IN THE MARKETS WE OPERATE, BUT WE RUN IT NATIONALLY AS I MENTIONED. NOW PESK TO EMPLOYEE COMMUNICATION, WE DO TRAINING RESPONSIBLE GAMING TRAINING WITH EMPLOYEES AT ORIENTATION WITHIN THEIR FIRST 30 DAYS OF EMPLOYMENT AND THEN DO A REFRESHER TRAINING, AND HAVE BACK OF HOUSE SIGNAGE FOR EMPLOYEES AND PUT IT ON PAYCHECK STUBS AND PUT IT ON NEWS ARTICLES, THE EAPs SO WE REALLY TRY TO GET INFORMATION IN THEIR HANDS NOT ONLY ON HOW TO HELP CUSTOMER BUT HOW TO HELP THEMSELVES IF THEY HAVE ISSUES. TRAINING SPECIFICALLY, WE HAVE THREE MODULES, ALL OF OUR EMPLOYEES, EVEN NONCUSTOMER CONCRETE EMPLOYEES RECEIVE RESPONSIBLE GAMING TRAINING. THEY UNDERSTAND SIGNS, SYMPTOMS, THEY UNDERSTAND RESOURCES THAT ARE AVAILABLE FOR ASSISTANCE AND THEY UNDERSTAND THE COMPANY A'S POSITION ON THIS ISSUE AND HOW WE DEAL WITH IT. NOW, OUR FRONT LINE CUSTOMER CONTACT EMPLOYEES THEY MOVE ON TO A SECOND MODULE AFTER THAT AND IT'S CALLED ROLES AND RESPONSIBLE GAMING. AND IT'S REALLY ABOUT THEIR ROLE AND WHAT THEY ARE EXPECTED TO DO IN TERMS OF RESPONSIBLE GAMING PROGRAMS. AND WHAT WE TRAIN THEM IS BASICALLY, ANY COMMENT THAT A CUSTOMER MAKES THAT CAUSES YOU CONCERN, YOU ARE EXPECTED TO REPORT IT TO A SUPERVISOR. AND IT COULD BE, AND I WILL GET IN TO IT IN ANOTHER SLIDE, IT CAN BE A DIRECT STATEMENT OF I HAVE A PROBLEM. OR LESS DIRECT, I JUST SPENT ALL MY RENT MONEY, I DON'T KNOW WHAT

I'M GOING TO DO. AND IT COULD BE VAGUE, IT COULD BE I DON'T HAVE FUN HERE ANYMORE, I DON'T KNOW WHY I COME BACK. WHICH COULD MEAN ANYTHING, IF IT CAUSES CONCERN FOR THE EMPLOYEES, THEY ARE RESPONSIBLE TO REPORT IT TO A SUPERVISOR. WHAT HAPPENS THEN, ALL THE REPORTS FUNNEL UP TO RESPONSIBLE GAMING AMBASSADORS THAT IS THE THIRD MODUEL OF TRAINING. WE HAVE SPECIFIC INDIVIDUALS ON PROPERTY THAT A TAKE THE CONCERNS AND HAVE CONVERSATIONS WITH THE GUESTS, THEY ARE NOT INTERVENTIONS, THEY ARE EXPRESSING A CONCERN. YOU SAID THIS, WE ARE CONCERNED, LETTING THEM RESPOND AND GIVING THEM INFORMATION ABOUT RESOURCES THAT ARE AVAILABLE FOR THEIR ASSISTANCE. SUCH AS HELP LINE NUMBERS AND SELF EXCLUSION, SELF RESTRICTION OPTIONS. REALLY LETTING THEM KNOW THERE'S OPTIONS TO AVAIL THEMSELVES. AND SO SO THEY RECEIVE SPECIALIZED TRAINING OF HOW TO HAVE THE CONVERSATIONS. OBVIOUSLY THEY ARE DELL -- THEY ARE SENSITIVE CONVERSATIONS, WHERE TO HAVE THE CONVERSATIONS. AND TO KEVIN'S POINT, NOT MAKING IT AN INTERROGATION, NOT MAKING IT A CONFRONTATION, IT'S MORE OF WHAT WE -- WE ARE VERY BIG ON CUSTOMER SERVICE AT CAESAR'S, WE LOOK AT IT AS A CUSTOMER SERVICE TYPE PROGRAM. THERE'S SOMETHING THEY NEED HELP WITH AND WE WILL HELP THEM WITH TT. SAME THING IF THEY DO NOT GET A DRINK IN TIME, OR ANYTHING ELSE, IT'S A CUSTOMER SERVICE ISSUE AND WE TREAT IT THE SAME WAY. WE HAVE A RESPONSIBLE GAMING I.T. APPLICATION THAT WE TERMED RG-2, IT HELPS US PREVENT

TRANSACTIONS WITH SELF EXCLUDED PATRONS. WE HAVE SPECIALIZED TRAINING FOR OUR EMPLOYEES THAT HAVE ANY ACCESS OR INTERACTION WITH THIS APPLICATION. THIS IS JUST TO GIVE YOU AN IDEA, IT'S A COMPLEX POLICY. THE RESPONSIBLE GAMING IS NOT SOMETHING TO EASY JUST SLAP IN A CASINO AND SAY, WE ARE DONE. SO CHECK THAT BOX. IT'S SOMETHING THAT HAS TO BE WELL THOUGHT OUT. IT'S COMPLEX, YOU NEED YOUR EMPLOYEES TO UNDERSTAND WHAT THEY NEED TO DO AND HOW THEY NEED TO DO IT AND WHAT THE EXPECTATIONS ARE. WE DID DO A TEST, WE DID A LOT OF TESTING AS WE WERE DEVELOPING THIS. WE DID FOCUS GROUP TESTING WITH EMPLOYEES DURING THE DEVELOPMENT. ONCE WE HAVE THE TRAINING CREATED, WE IMPLEMENTED IT IN NEW ORLEANS IN OUR CASINO THERE IN HARRAH'S IN NEW ORLEANS AND EVALUATED AND FOLLOWED UP AND AFTER THAT, IS WHEN WE ROLLED IT OUT AT MULTIPLE PROPERTIES AND WE HAD A DOCTOR DO A STUDY, HE DID THREE PROPERTIES THAT ACTUALLY DID RECEIVE THE TRAINING AND THREE PROPERTIES THAT DID NOT. SO HE HAD CONTROL PROPERTIES IN THERE. HE SPOKE TO 3500 EMPLOYEES. THEY WERE ABLE TO RATE IT IN THE TRAINING. WE SAW IMPROVEMENT AFTER THE TRAINING AND WE USED A LOT OF THE FINDINGS TO REFINE THE TRAINING AND MAKE IT BETTER. HE DID A STUDY FROM A GUEST PERSPECTIVE, THE GUESTS THAT WE HAD CONVERSATIONS WITH, AND WHAT THEIR THOUGHTS WERE ABOUT, WAS IT HELPFUL, YOU KNOW, DID THEY FIND IT MEANINGFUL FOR THEM.

IT WAS A VERY SMALL SAMPLE SIZE, BUT THEY DID SEE THAT MOST OF THE CONVERSATIONS WERE HELPFUL, AND AND ANECDOTALLY, THE VAST MAJORITY OF PEOPLE THAT WE SPOKE TO SELF EXCLUDED DURING THE CONVERSATION. SO TO US, WE ARE HAVING THE RIGHT DISCUSSIONS WITH THE RIGHT PEOPLE AND HAVING THEM AT THE RIGHT TIME. OKAY. POLICIES AND PROGRAMS. THE RESTRICTION AND EXCLUSION, I WILL TALK ABOUT SPECIFICALLY NOW, IT'S COMPANY WIDE FOR US, SO, IF SOMEBODY RESTRICTS OR EXCLUDES AT ONE OF OUR PROPERTIES OR THROUGH A STATE PROGRAM, THEY ARE EXCLUDED THROUGH THE ENTIRE NETWORK OF CASINOS. 50 PLUS CASINOS. WE BELIEVE THAT'S THE RIGHT THING TO DO. IF YOU EXPRESS IT'S A PROBLEM, IT'S NOT VENUE SPECIFIC. WE EXCLUDE AND RESTRICT, WE EXCLUDE FROM THE ENTIRE FACILITY. SO, THE PERSON SHOULD NOT BE ON PROPERTY AT ALL. IF THEY ARE WITHIN THE AREA OF A GAMING FLOOR, CHANCES ARE THEY WILL GAMBLE. SO THEY SHOULD NOT BE ON THE PROPERTY. WE OFFER A ONE YEAR, TWO YEAR AND FIVE YEAR AND LIFETIME PROGRAM. WHATEVER THE STATE OFFERS IN THEIR STATE PROGRAM, WE DO THAT, BUT FROM AN INTERNAL PERSPECTIVE, OURS IS ONE YEAR, FIVE YEAR AND LIFETIME. OKAY. AND I SPOKE TO THIS ALREADY, SO, BASICALLY WE HAVE TRIGGERING EVENS THAT WILL LEAD TO OUR RESPONSIBLE GAMING PROGRAM GOING IN TO A PROCESS BASICALLY. SO THE SELF REPORTING OR THEY

HEAR A COMMENT THAT CAUSES A CONCERN. WE DEAL WITH THIRD PARTY REPORTS. THOSE ARE THE HARDEST. I KNOW THOSE WERE ASKED ABOUT EARLIER. THOSE ARE VERY DIFFICULT TO DEAL WITH. YOU KNOW, IT -- IT'S HARD TO IMPOSE AN EXCLUSION BASED ON SOMEONE WANTING IT. WILL NOT MAKE THE SELF EXCLUDED PERSON DO ANYTHING. WE HAD INSTANCES OF PEOPLE GETTING DIVORCED. AND PEOPLE WORRIED ABOUT THEIR INHERITANCE OR PEOPLE THOUGHT IT WAS A FUNNY JOKE. THERE'S OTHER MOTIVATIONS OR REASONS THAT PEOPLE DO IT. ONE OF THE THINGS THAT ARE IMPORTANT, IF YOU GET A THIRD PARTY REPORT. GIVE THEM THAT INFORMATION ABOUT THE SELF EXCLUSION, SO THEY HAVE THE INFORMATION TO PROVIDE TO THEIR LOVED ONE IF THEY WANT. IT GIVES THEM A A HELP LINE SO THEY CAN CALL IN AND GET IN TO OTHER SOURCES FOR FAMILY MEMBERS. BUT WE WILL TALK TO A GUEST BASED ON A THIRD PARTY CONCERN IF THAT PARTY GIVES US PERMISSION. WE HAVE TO GET FROM LIABILITY REASONS A WRITTEN PERMISSION TO SAY, THIS PERSON IS CONCERNED BECAUSE OF THIS. WE WILL FOLLOW-UP ON THIRD PARTY REPORTS. IT'S STILL THAT PERSON'S RESPONSIBILITY TO SELF EXCLUDE. NOW, WITH THAT SAID, WE DO HAVE THE ABILITY TO EXCLUDE AT COMPANY DISCRETION. SO, IF THERE'S A CUSTOMER THAT WE FEEL THERE'S A REASONABLE RISK THAT THEY ARE NOT GAMBLING RESPONSIBLY, WE CAN EXCLUDE THEM AT COMPANY DISCRETION AND THAT

WOULD BE A PERMANENT EXCLUSION, IT GOES TO THE SENIOR EXECUTIVE LEVEL THAT MAKES THAT DECISION. >> WHAT TYPES OF THINGS WOULD TRIGGER THAT? >> DEFINITELY ANY -->> OVER EXTENDING THEIR CREDIT? >> NO, IT DEPENDS, IF WE CITY A PATTERN OF COMMENTS OR A PERSON COMES IN AND THEY HAVE BANKRUPTCY ISSUES AND THEY HAVE THINGS THAT ARE TANGIBLE THAT WE CAN SEE, THEN WE WOULD DO THAT. ANY TIME THERE'S A THREAT OF SUICIDE DEFINITELY WOULD BE ONE. SO, IT VARIES FROM CASE TO CASE. ALL RIGHT. SO, OUR PROGRAM AGAIN VERBAL STATEMENTS ARE THE MOST COMMON TRIGGER, BUT WE DON'T IGNORE BEHAVIORS. IT'S VERY HARD TO TRY TO TRAIN 01:58:57: RED FLAGS. THUN OF THE EXPERTS -- NONE OF THE EXPERTS CAN REALLY AGREE ON WHAT THEY ARE. IT'S ABOUT THE CONSEQUENCES, IT'S NOT IN THE ACTION. THEY ARE HAPPY WHEN THEY ARE IN THE ACTION. IT'S WHEN THEY LEAVE OR GO HOME. WE FOCUS OURS ON STATEMENTS. BUT OTHER BEHAVIORS THAT COULD LEAD TO OTHER INTERACTIONS, SO BANGING ON A MACHINE, CRYING, THAT WOULD INITIATE A CUSTOMER IS SERVICE TYPE INTERACTION AND IF DURING THAT CONVERSATION THEY ARE MAKING STATEMENTS THAT ARE CONCERNING THEN WE WILL DEAL WITH IT FROM RESPONSIBLE GAMING. AND FINALLY, SURE EVERYONE IS HAPPY TO HEAR THE WORDS. FINALLY THE I.T. APPLICATION. WHEN WE DO SELF RESTRICT OR SELF EXCLUDE, WE HAVE TO HAVE AN ABILITY TO STOP TRANSACTIONS FROM THE GUESTS, TO IDENTIFY THEM AND POINTS WHERE WE SHOULD BE ABLE TO THE IDENTIFY THEM AND TO STOP MARKETING TO THESE

PEOPLE. SO WE BUILT A STAND ALONE I.T. SYSTEM THAT WE CALLED RG-2 AND IT AUTOMATES THE EXCLUSION OR RESTRICTION, IF SOMEONE DOES NOT EXIST IN THE DATABASE, IT WILL CREATE AN ACCOUNT FOR THEM AND EXCLUDE THEM SO IF THEY COME IN THE CASINO ANY TIME AFTER THAT, THEY WOULD BE IDENTIFIED AS AN EXCLUSION. IT IS USED TO TRACK THE COMMENTS THAT ARE BEING RECORDED THAT CAUSE CONCERN. AND THAT CAN BE SEEN ACROSS THE ENTIRE BRAND BY THE AMBASSADORS, THAT WAY THEY CAN SEE IF THERE'S A CONVERSATION WITH THIS GUEST. IS SO WE HAVE A RUNNING AUDIT TRAIL OF WHAT IS GOING ON WITH THE GUEST. WE DO -- WE JUST BUILT THE ABILITY, YOU KNOW, IT WILL STOP THINGS LIKE CHECK CASHING, CREDIT EXTENSION, MAILINGS, JACKPOT, PAY OUTS OF COMPS, SO THEY CANNOT PRINT A COMP OR PLAYER CARD. IT STOPS THE SYSTEM AUTOMATED THINGS. WE JUST LAST LAST YEAR PUT IN LACE THE A ABILITY WHEN A -- PUT IN PLACE THE ABILITY FOR THE SLOT MACHINE WHEN THE CUSTOMER'S CARD IS PUT IN THE MACHINE TO ALERT SECURITY AND WE CAN GET THEM OFF THE FLOOR. AGAIN, IT'S A REALLY COMPLICATED SYSTEM. THIS IS AGAIN TO SHOW YOU, THERE'S A LOT OF DIFFERENT SYSTEMS THROUGHOUT THE CASINOS THAT DEAL WITH DIFFERENT ASPECTS OF CASINOS, IF PEOPLE RECEIVE A MAILING. IT'S NOT TYPICALLY A NEFARIOUS REASON, BUT IT JUST THAT IS. WE STILL HAVE A RESPONSIBILITY TO STOP TRANSACTIONS. OKAY. AGAIN, TO SHOW YOU, IT TAKES A LOT OF PEOPLE TO BRING THE

POLICIES IN PLACE. WE HAVE A LOT OF DEPARTMENTS TO DEAL WITH THE ISSUE AND THEN AT THE PROPERTY LEVEL, WE HAVE RG COMMITTEE ON EVERY PROPERTY. THE AMBASSADORS AND I.T. APPLICATION USERS AND ANYONE ON THE FLOOR INTERACTS WITH THE GUEST, BRINGS IT TO LIFE. >> WE TALKED ABOUT SELF 02:02:27:EXCLUDER S AND SOME SUGGESTED A SOCIAL WORKER APPROACH AND OTHERS SAY IT'S A ENFORCEMENT APPROACH. WHAT DO YOU THINK SOME. >> IT'S A THERAPUTIC TOOL. YOU ARE GOING TO BE EXCLUDED AT EVERY PART OF THE COUNTRY CAN. AND IF YOU WIN A JACKPOT, IT WILL BE FORFEITED, AND WHAT WE DO AS A KWP, WE DONATE THE MONEY TO THE JACKPOT, IF IT WAS A STATE EXCLUSION, YOU WANT TO MAKE SURE THAT THE PEOPLE ADMINISTERING IT KNOWS WHAT THE POLICIES ARE AT THE CASINOS, SO IF THERE ARE CASINOS THAT SAY THEY ARE INCLUDED THEY NEED TO KNOW THAT ACROSS THE COUNTRY. THEY NEED TO KNOW THAT, THEY NEED TO KNOW ABOUT THE RESOURCES THAT ARE AVAILABLE FOR ASSISTANCE. THEY NEED TO BE GIVEN A PACKET THAT HAS HELP LINE NUMBERS AND BROCHURES IN IT AND WHATEVER CLINICIANS IN THE AREA, IT'S ABOUT THAT AS WELL, IT DOES NOT NEED TO BE AGGRESSIVE AND IT DOES NOT NEED TO BE LAW ENFORCEMENT TYPE. I KNOW A LOT OF LAW ENFORCEMENT, BUT IF POSSIBLE, IF THEY NEED AN AMBASSADOR OR SOMEONE FROM THE CASINO TO BE WITH THEM AND HELP SHEPPARD THROUGH THE PROCESS WOULD HELP A AS WELL INSTEAD OF THEM BEING CARTED OFF TO A TINY ROOM WITH AN AGENT. >> YOU TALKED ABOUT A NUMBER OF SUPPORT ABOUT PROBLEM GAMBLERS AND ADDRESSING THE ISSUE, EVEN

THROUGH EMPLOYEES, FROM AN INDUSTRY STANDPOINT, DOES THE PROBLEM GAMBLER POSE A PROBLEM FOR THE PROBLEM GAMBLER? >> WE DON'T WANT THEM IN OUR VENUES AND I THINK SOMETIMES THERE'S A PERCEPTION THAT WE MAKE MONEY OFF OF PROBLEM GAMBLERS AND THAT'S NOT TRUE. THEY ARE NOT GOOD FOR BUSINESS. WE DON'T WANT THEM THERE. THEY CAUSE PROBLEMS. THEY ARE PROBLEM GAMBLERS. SO I THINK THAT IS ONE THING. BUT I WOULD RESTATE THAT -->> WHEN YOU SAY THEY CAUSE PROBLEMS, YOU MEAN? >> THE PROBLEM GAMBLER. IN THE VENUE. >> WHAT TYPES OF THINGS? >> THEY CAN BE DISRUPTIVE, THEY CAUSE ISSUES WITH OTHER GUESTS, THEY ARE TRYING TO BORROW MONEY. THEY ARE JUST NOT GOOD FOR THE ENVIRONMENT. >> IT'S A PROBLEM CUSTOMER. >> CORRECT. >> THEY ARE NOT GOOD CUSTOMERS. SO WE DON'T WANT THEM IN THE VENUE. BUT I ALSO THINK THAT ONE IMPORTANT THING THAT I WOULD SAY YOU NEED AND I THINK IT'S BEEN TALKED ABOUT A LOT THOUGH, IS YOU NEED THE INFRASTRUCTURE WITHIN THE STATE FOR US TO SEND THEM TO SOMEONE. >> HM-MM. >> IF YOU DON'T HAVE THE RESOURCES AVAILABLE TO SEND THEM TO TREATMENT, OR TO GA, IF WE DON'T HAVE ANYWHERE TO SEND THEM, WE ARE NOT REALLY OFFERING THEM ANYTHING. >> AND IF THEY ARE DISRUPTIVE THEY WILL BE DEALT WITH AS A LAW ENFORCEMENT ISSUE. >> RIGHT. >> I DON'T THINK THAT FLAVOR WAS UNDERSTOOD TODAY, YOU KNOW? >> I WOULD REITERATE IS THIS A THERAPUTIC TOOL OR ENFORCEMENT

TOOL? IS IT THE CUSTOMER SAID I HAVE AN ISSUE AND I WANT TO THE DEAL WITH IT AND PART OF IT IS I'M NOT COMING BACK TO THE CASINO, IF YOU IDENTIFY ME HERE, HAVE ME REMOVED. WHATEVER THE MECHANISM IS. AS OPPOSED TO I SIGNED THIS PAPER, NOW IT'S THE CASINO'S RESPONSIBILITY TO KEEP ME OUT. SO, I WALKED IN THE DOOR AND THEY LET ME, THEY LET ME GAMBLE, IT'S THEIR FAULT. I THINK, AND THEN BEING FINED FOR THAT, FOR THEM JUST BEING IN A VENUE I THINK IS PROBLEMATIC. >> JENNIFER, THANK YOU. IT'S PROBABLY AN UNFAIR QUESTION TO ASK YOU, WHAT OTHER COMPANIES HAVE SUCH A HIGHLY DEVELOPED APPROACH TO PROBLEM GAMBLING? >> YOU KNOW, I'M NOT AS FAMILIAR WITH OTHER COMPANIES, SO IT'S HARD TO SPEAK TO THAT. I WILL SAY WE ARE THE MOST COMPREHENSIVE, WE ARE THE ONLY ONES THAT ARE DOING SOMETHING LIKE THIS IN THE U.S., CANADA IS PROBABLY AN AREA THAT PROBABLY HAS A LOT OF THINGS, THEY ARE DOING A LOT AS WE ARE. YOU KNOW, I THINK IT VARIES, WE ARE ALL DOING SOMETHING. WE ARE REGULATED TO DO IT. BUT I DO THINK THAT CAESAR'S IS THE MOST PRO ACTIVE AND OUR PROGRAM IS STRUCTURED, WE ARE IN 13 STATES AND LIKE, FOUR OR FIVE OTHER COUNTRIES, OUR PROGRAM IS DESIGNED THAT IT MEETS THE MOST STRINGENT REGULATORY BURDEN. SO THAT WAY, NO MATTER WHAT MARKET WE GO IN TO, WE ARE AHEAD OF THE GAME. AND WE ARE DOING MORE THAN WHAT IS EVEN REQUIRED OF US TO DO FROM A REGULATORY PERSPECTIVE. >> THE ADVERTISING, BOTH ALL THAT YOU ARE DOING AND TO ME, WE ARE HEARING ABOUT THE ADVERTISING, I'M WONDERING, IF

YOU HAD ANY REACTION TO THAT AND DOES THAT TRIGGER SOMETHING IN YOUR OWN MIND AS YOU THINK ABOUT DIRECTING RESPONSIBLE GAMBLING PRACTICES? >> IT DOES. >> AND THE WHOLE SUITE OF APPROACHES THAT YOU HAVE FROM INTERNAL TO EXTERNAL ADVERTISING? >> WE DO HAVE A STRICT ADVERTISING CODE. WE HAVE A PANEL AT THE CORPORATE LEVEL AND WE DO EVALUATE QUESTIONABLE MARK ETING PRACTICES OR SPONSOR SHIPS OR ALLIANCES THAT ARE RELATED TO MASHING COMPONENTS AND WE MAKE A DECISION IF IT'S A RESPONSIBLE THING TO DO OR NOT, OR IF WE THINK THE PEOPLE THAT WE ARE ALIGNED WITH ARE THE CORRECT PEOPLE WE SHOULD ALIGN WITH. AND WE WILL DENY MARKETING OF DOING THINGS THAT THEY REALLY WANT TO DO BECAUSE WE DO NOT THINK IT'S RESPONSIBLE. AND WE ALSO DO AN AUDIT ON ANNUAL BASES OF THE MARKETING TO MAKE SURE THEY ARE FOLLOWING THE MARKETING CODE. THERE ARE RESTRICTIONS THAT YOU CAN PUT IN PLACE ABOUT THE DEMOGRAPHICS, SO, FOR INSTANCE, WE WILL NOT MARKET ADVERTISING IF THE AUDIENCE OF A PUBLICATION IS NOT 70% OVER 21. SO, FOR THAT, THAT IS ONE THING. >> INTERESTING. >> WE WILL NOT PUT ANYTHING IN A VENUE, WHERE AT LEAST THE MAJORITY ARE OVER 21. SO, THAT WOULD BE LIKE A STADIUM OR THINGS LIKE THAT. SO, THERE ARE THINGS THAT YOU CAN DO. SIGNS WITHIN A AREA OF A SCHOOL OR PLAY OF WORSHIP. >> SO YOU TRY TO INTERNALLY CURB THE EXPEXPOSURE? >> AND THEN RUNNING THE MARKETING CAMPAIGN, SOME STATES

RUN THEIR OWN MESSAGES, RESPONSIBLE GAMING MESSAGES FROM A PUBLIC POLICY PERSPECTIVE. BUT WE FELT IT WAS APPROPRIATE FOR US AS THE CASINO TO DO IT AS WELL. >> THANK YOU. >> THANK YOU. >> THANK YOU VERY MUCH, AND I THINK THIS BRINGS ALL OF OUR WITNESSES TO A CONCLUSION HERE. THIS HAS BEEN A MOST PRODUCTIVE DAY, AND SOMETHING LIKE THIS GIVEN THE TIMELINE FROM WHEN WE FIRST TALKED ABOUT IT TODAY TO COMING TOGETHER IS A COMPLIMENT TO THE GAMING COMMISSION A STAFF THAT REALLY WORKED TIRELESSLY TO PUT TOGETHER THE WHOLE EFFORT AND I WANT TO PARTICULARLY THANK ROB WILLIAMS AND LEE PARK FOR THEIR LEADERSHIP IN HELPING US THINK THROUGH THIS AND BRINGING TOGETHER, WHAT I THINK WE WOULD ALL AGREE WAS A DAZZLING ARRAY OF EXPERTISE, FOR EVERYONE, THANK YOU ALL FOR ALL THE EFFORTS THAT YOU BROUGHT TO YOU TO MAKE SURE IT WAS SUCH A PRODUCTIVE SESSION. I THINK FROM HERE WE HAVE WORK TO DO AS A COMMISSION. AS WE BEGIN THIS WHOLE PROCESS, BUT THE WHOLE EFFORT WILL BE ADVANCED AND GREATLY SUPPORTED BY ALL OF THE DATA POINTS AND GUIDANCE AND PERSPECTIVE THAT WE HE RECEIVED HERE TODAY. WITH ANY OTHER CLOSING COMMENTS OR ANYTHING HERE? I THINK WE CAN COME TO A CLOSE AND I THANK YOU ALL SINCERELY FOR A VERY PRODUCTIVE DAY. >> THANK YOU.