

REPORT TO THE LEGISLATURE OF THE STATE OF LOUISIANA



**By The Louisiana Compulsive Gambling
Study Committee - 1996**

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MEMBERS OF THE COMMITTEE

Dr. James Westphal (Co-Chair)

Department of Psychiatry
Louisiana State University
Medical School - Shreveport

Dr. Kenneth Millar (Co-Chair)

School of Social Work
Louisiana State University
Baton Rouge

Dr. Lawrence Braud

Louisiana State Medical Society

***Ray Beyer Louisiana Economic Development
and Gaming Corporation***

Dr. Robert Brantley

Louisiana Association of Licensed Professional Counselors

Dr. Millie Charles

School of Social Work
Southern University of New Orleans

Dr. Jimmie Cole

Louisiana Psychological Association

Dr. Mark Coleman

Louisiana State University Medical Center
New Orleans

Dr. Birdex Copeland

School of Social Work
Grambling State University

Senator Jay Dardenne

Author of Concurrent Resolution 149
Louisiana State Legislature

Dr. Sarah Deland

Department of Psychiatry
School of Medicine Tulane University

Martha Forbes

Louisiana Chapter
National Association of Social Workers

Julie Fusilier

River Boat Casino Association of Louisiana

Dr. Johnny Gibson

Louisiana State Medical Association

Delores Jones

Department of Health and Hospitals
State of Louisiana

Donald Ray Kennard

House of Representatives
Louisiana State Legislature

Claudeidra M. Minor

Attorney General's Office
State of Louisiana

R. N.

Consumer of Treatment Services
for Problem Gambling

Dr. Walter W. Shervington

Office of Mental Health
Department of Health and Hospitals
State of Louisiana

Joseph Williams, Jr.

Office of Alcohol and Drug Abuse
Department of Health and Hospitals
State of Louisiana

The Louisiana Compulsive Gambling Study Committee was created by Senate Resolution #149, introduced by Senator Jay Dardenne in the 1995 Regular Session of the Louisiana Legislature. Its charge was to study:

- the problem of compulsive gambling;
- the best practice approaches to preventing and addressing the problem of compulsive gambling;
- the most effective, responsible, and equitable way to support the infrastructure necessary to prevent the problem; and,
- the steps that should be taken by the legislature to accomplish the establishment of the recommended infrastructure.



EXECUTIVE SUMMARY

The following represent the recommendations of the Louisiana Compulsive Gambling Study Committee:

1. That regular prevalence studies of pathological gambling be conducted, with extension of the age groups surveyed to middle school and adolescents.
2. That such prevalence studies include the following measures: lost productivity, health effects, financial, social, and criminal justice costs of pathological gambling.
3. That pilot studies on the effectiveness of pathological gambling prevention programs be funded once such programs have been established.
4. That pilot studies on the effectiveness of pathological gambling treatment programs be funded once such programs have been established.
5. That a school-based pathological gambling prevention model for adolescents be designed and developed as a collaborative effort between the Department of Health and Hospitals: Offices of Alcohol and Substance Abuse (OADA), Mental Health (OMH), and Public Health (OPH), and the Department of Education. The present infrastructure of OADA's regional prevention program and OPH school-based units should be used to coordinate and house this program.
6. That a portion (e.g. ½ %) of the direct tax payments made to the state by gaming organizations be dedicated to funding pathological gambling prevention and treatment programs.
7. That the Department of Health and Hospitals carry out all responsibilities for implementing standards for the establishment of prevention and treatment programs to address pathological gambling. This responsibility shall include the development of liaisons with research, educational, prevention, treatment, and evaluation institutions and agencies. Other duties of the Department shall include: coordinating with other states on evaluation and research components; to seek grants to implement pilot projects; and, to develop Requests for Proposals in accordance with legislatively approved goals and objectives.
8. The Department of Health and Hospitals shall designate the appropriate program office with the authority to carry out the program for the agency.
9. That every program utilizing public funding for the prevention or treatment of pathological gambling shall have an evaluation component. This component will consist of systematic and routine data collection and reporting to the Department of Health and Hospitals.
10. That **STANDARDS** for service providers shall be adopted to assure that the individual professional and/or service provider has the necessary competence to recognize and assess the problems of pathological gambling. The **STANDARDS** suggested include:
 - a) The individual independent professional shall:
 - Hold a minimum of a master's degree in a mental health profession and be licensed by the state Board which governs the practice of that profession (psychiatry, psychology, social work, etc.).

- Meet standards for basic training and continuing education as set by each licensing board. The criteria will include proof of basic knowledge on compulsive disorders, addictive disorders, and use of the DSM-IV.

b) The program provider shall show evidence that individuals who provide services to persons with gambling problems have received the necessary professional board's credentials, or are under the supervision of a person who is trained in assessment and treatment of pathological gambling.

11. That the minimum legal age to bet or place a wager on any authorized game of chance or other authorized gaming activity in Louisiana be twenty-one (21) for all types of gaming, and that pursuant to this recommendation:

a) the following statute be adopted as follows:

Title 40. Public Health and Safety
Chapter 6. Department of Public Safety
Part VIII. Regulation of Charitable Gambling

No person **under the age of twenty-one** shall participate in any charitable gaming activity. If any such person participates in any charitable gaming activity and otherwise qualifies for a prize or winnings, then the prize or winnings shall not be awarded or paid and the estimated amount wagered during the course of the game shall be returned to the underage person.

b) And, the following statutes be amended as follows:

Title 47. Revenue and Taxation.
Subtitle XI. The Louisiana Lottery Corporation Law

§ 9025. Prizes taxable; withholdings from prize; verification and payment; exceptions; unclaimed prize money; corporation liability; eligibility to purchase tickets and receive prize.

9025(B)(2) No ticket shall knowingly be sold to any person **under the age of twenty-one**, but, this Section does not prohibit the purchase of a ticket by a person twenty-one years of age or older for the purpose of making a gift to any person of any age. In such case, the corporation shall direct payment to an adult member of the person's family or the legal representative of the person on behalf of such person. The person named as custodian shall have the same powers and duties as prescribed for a custodian pursuant to the Uniform Transfers to Minors Act.

Title 4. Amusements and Sports Chapter 4. Racing
Part 1. Horse Racing

§ 157. Race meetings; right to conduct; Sundays; minors

157(C)(1) Any minor age six or above may, with the permission of the racing association, be allowed to attend any race meeting if accompanied by a parent, grandparent, or legal guardian but in no case shall any person **under the age of twenty-one** in attendance be allowed to engage in wagering.

Title 4. Amusements and Sports Chapter 4. Racing
Part 11. Offtrack Wagering

§ 214. Off-track wagering facilities; licensing; criteria; management; appeal of license suspension or revocation

214(H) In no case shall an offtrack wagering facility allow the admission of any person **under the age of twenty-one**. However, the provisions of this Paragraph shall not apply to any offtrack wagering facility located on the premises of a parimutuel facility as defined in R.S. 4:211(5).

Title 33. Municipalities and Parishes
Chapter 14. Exercise of Police Powers
Part V-B Video Draw Poker Devices

§ 4862.19. Allowing minors to play video draw poker devices; penalties; revocation of license

- No person licensed pursuant to the provisions of this Part, or any agent or employee thereof, shall allow a person **under the age of twenty-one** to play or operate a video draw poker device at a licensed establishment.
 - The division shall revoke the license of any person issued pursuant to the provisions of this Part, who is found by the division to have committed or allowed a violation of Subsection A of this Section.
12. That there be one board to regulate the entire legal gaming industry of Louisiana.
 13. That all licensed gaming operators in Louisiana be required to post the Louisiana hotline number.
 14. That there be a central register of all licensed gaming operators in Louisiana to facilitate the distribution of materials.
 15. That the state fund the translation of brochures and other promotional information concerning the Louisiana hotline into minority languages.

ACKNOWLEDGMENTS

The Compulsive Gambling Study Committee would like to thank the following individuals who assisted in the completion of this report: Dr. Jill Rush and Ms. Cynthia Henry of the Department of Psychiatry, LSU Medical Center - Shreveport, Ms. Jan Ray, School of Social Work, LSU - Baton Rouge, and Ms. Delores Jones, Division of Mental Health, Department of Health and Hospitals.

In addition, approximately one year before the Louisiana Legislature created the Compulsive Gambling Study Committee, the Louisiana Economic Development and Gaming Corporation (LEDGC) established the original Compulsive Wagering Advisory Committee. This report would be incomplete without recognizing the progress, and acknowledging the outstanding contributions, which LEDGC made with regards to addressing the societal issues related to responsible gaming, problem wagering and underage gambling.

The LEDGC Advisory Committee consisted of the following:

Mr. George B.
Recovering Compulsive Gambler

Dr. Millie Charles, Dean
*School of Social Work
Southern University at New Orleans*

Mr. Mark Coleman, MA, BCSAC
*Clinical Services Director
Division of Addictive Disorders
Louisiana State University Medical Center - New Orleans*

Dr. Mary Fitzgerald, Associate Professor
*Department of Psychiatry
Louisiana State University Medical Center - Shreveport*

Ms. Selarstean Mitchell, Director
*Human Resources
Louisiana Economic Development and
Gaming Corporation*

Dr. Walter W. Shervington, Assistant Secretary
*Department of Health and Hospitals
Office of Mental Health*

Ms. Delores Jones, BCSW, MPA
*(Designee of
Dr. Walter W. Shervington)*

Ms. Claudeidra Minor
*(Designated legal advisor from
the Attorney General's Office)*

Vito Stellato, Ph.D.
*Vice President, Human Resources,
Harrah's Casino of New Orleans*

Dr. John Thompson, Associate Professor
*Department of Adult Psychiatry
Tulane Medical School*

Dr. James Westphal, Acting Chairman
*Department of Psychiatry
Louisiana State University Medical Center - Shreveport*

Mr. Joseph Williams, Jr., Assistant Secretary
*Department of Health and Hospitals
Office of Alcohol and Drug Abuse*

Mr. Russell Bello
(Designee for Joseph Williams, Jr.)

The diagnostic criteria for pathological gambling are established by the American Psychiatric Association (Diagnostic and Statistical Manual, Version IV) to identify pathological gambling, which is defined as an impulse control disorder. The essential features of pathological gambling are a continuous or periodic loss of control over gambling; a progression, in gambling frequency and amounts wagered, in the preoccupation with gambling and in obtaining moneys with which to gamble; and a continuation of gambling involvement despite adverse consequences. Table one presents the full set of diagnostic criteria.

TABLE 1

DIAGNOSTIC CRITERIA FOR 312.31 PATHOLOGICAL GAMBLING

- A. Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:
- (1) is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
 - (2) needs to gamble with increasing amounts of money in order to achieve the desired excitement
 - (3) has repeated unsuccessful efforts to control, cut back, or stop gambling
 - (4) is restless or irritable when attempting to cut down or stop gambling
 - (5) gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
 - (6) after losing money gambling, often returns another day to get even (“chasing” one’s losses)
 - (7) lies to family members, therapist, or others to conceal the extent of involvement with gambling
 - (8) has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
 - (9) has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
 - (10) relies on others to provide money to relieve a desperate financial situation caused by gambling
- B. The gambling behavior is not better accounted for by a Manic Episode

The prevalence (defined as current number of people experiencing the problem) of pathological gambling has been studied less extensively than other mental health problems. The American Psychiatric Association’s current Diagnostic and Statistical Manual, Version IV, indicates the current national prevalence of pathological gambling falls between 1-3% of the total populations which is lower than other mental health problems of alcohol abuse (13.5%), drug abuse (6.1%), depression (5.6%), and greater than the prevalence of severe mental illness (1.0%). See Table 2.

TABLE 2**NATIONAL PREVALENCE RATES OF MENTAL HEALTH PROBLEMS**

Classification	Prevalence
Alcohol Abuse	13.5%
Drug Abuse	6.1%
Depression	5.6%
Pathological Gambling	1-3%
Severe Mental Illness	1.0%

The prevalence for current pathological gambling in Louisiana is consistent with reported rates in other states. In Louisiana, the current prevalence of pathological gambling, as measured by Volberg in 1995, is 1.4%. See Appendix 4 for a description of the 1995 Louisiana Survey on Wagering Behavior by Dr. Rachel Volberg and funded by the Louisiana Economic Development and Gaming Corporation (LEDGC). A note of caution: This prevalence may not reflect the growing numbers of pathological gamblers, since the lag interval between starting wagering and symptoms of pathological gambling is approximately nine years (Ladouceur, 1991).

The current number of pathological gamblers in Louisiana is estimated to be between 27,000 and 57,000 (see Table 3).

TABLE 3**PREVALENCE OF PATHOLOGICAL GAMBLING IN LOUISIANA**

Category	
Age	older than 18 years
Census	2,992,704
Prevalence of Pathological Gambling	1.4%
Estimated Number of Pathological Gamblers	27,000-57,000

In Louisiana, as in other jurisdictions, pathological gamblers are demographically distinct from non-problem wagerers. **The pathological gamblers in Louisiana** are significantly more likely to be **male, under the age of thirty, non-Caucasian, unmarried and less likely to have graduated from high-school**. These findings are similar to surveys in five other states: Massachusetts, Maryland, New Jersey, California, and Iowa, as reported by Volberg (1994). The Louisiana survey found two clusters of pathological gamblers: First, an **older male population**, average age in the 30's and higher, who primarily wager on horse **racing** and a **younger male population**, average age in the 20's, who primarily wager on video poker (Volberg, 1994).

The severity of the problem can be measured by monthly expenditures on wagering. The Louisiana data demonstrates that pathological Gamblers in Louisiana spend two times more than My other state, with an estimated monthly expenditure of \$660/month. **The average pathologically addicted gambler in Louisiana spends 50% of their total monthly income on wagering (Volberg 1995)**. Non-problem wagering in Louisiana is less than that of Georgia (a similar South-eastern state), however, those with pathological gambling in Louisiana exceeds any other surveyed jurisdiction (see Table 4).

TABLE 4**MONTHLY EXPENDITURES ON WAGERING**

STATE	NON PROBLEM WAGERING	PATHOLOGICAL GAMBLING
Montana, N.Dakota, S. Dakota	\$66/month	\$302/month
Texas, Washington State		
Georgia	\$131/month	\$299/month
Louisiana	\$89/month	\$660/month

Wagering by Louisiana residents can be categorized into three areas: **(50%) for legal gaming within the state of Louisiana, (37%) private wagering activities within the state and (13%) out-of state wagering.** The Northern and Southern regions of Louisiana are different in the types of gaming and wagering participation rates. Wagering rates differ from 87% in Orleans Parish to 63% in the Northeast region. The current prevalence of pathological gambling follows along- these same lines with the highest prevalence in Orleans with lowest in the Northeast region Map (1). However, these differences are not statistically significant and could be caused by chance. Pathological Gamblers are not concentrated to any particular region within the state of Louisiana. Map (2) demonstrates the most prevalent forms of wagering throughout Louisiana by region.

A recent study of adolescent gambling prevalence (Shaffer & Hall, In Press) analyzed the results of nine prevalence studies from five regions of the United States and Canada. Data from more than 7700 young people between the ages of fifteen and twenty concluded that between 77.9% and 83% of them were Gambling at a non-problem level, 9.9 to 14.2% were displaying some signs of gambling problems (problem wagering), and 4.4 to 7.4% meet the diagnostic criteria for pathological gambling.

The Louisiana study found that the prevalence of pathological gambling in the 18-21 year old population was over double the rate in the adult population (see Table 5).

TABLE 5

THE PREVALENCE OF PATHOLOGICAL GAMBLING IN THE 18-21 YEAR OLD AND THE ADULT POPULATION IN LOUISIANA

	ADULTS>21	AGES 18-21
Pathological Gambling	1.4%	3.1%

The scientific literature on pathological gambling (Custer & Milt, 1985; Hollander & Wong, 1995; Lesieur & Rosenthal, 1991) suggest that **most pathological gambling in males starts in adolescence**, and rarely starts after age 35. Pathological gambling as it is currently understood primarily affects adolescent and young adult males. Males less than 21 years of age in Louisiana wager on video poker, private games, card games and sports. **The pathological gamblers in this age range predominantly wager on video poker** (Volberg, 1995).

Comorbidity of Alcohol and Drug Dependence

Alcohol and drug dependence are highly associated with pathological gambling. Studies (Lesieur & Rosenthal, 1991) demonstrate that 50% of pathological gamblers have either drug or alcohol dependence or both. Studies (Lesieur, Blume, & Zoppa, 1986; Lesieur & Heineman, 1988) also demonstrate that a substantial amount (20-30%) of people with alcohol and drug dependence also have pathological gambling disorders.

Pathological gambling is also highly associated with criminal behavior. Twenty to forty percent of the prison population have a pathological gambling disorder (Blaszczynski & McConaghy, 1994). Studies (Blaszczynski, McConaghy, & Frankova, 1989) have demonstrated that pathological gamblers often use crime to obtain money for wagering. The type of crime and the percent involvement depends on whether the study was done with prisoners or pathological gamblers in treatment (see Table 6).

TABLE 6

CRIME AND WAGERING

Study Population	Type of Crime	Percent Committing Crimes to Finance Wagering
Inpatient Treatment & GA	White Collar	67%
Incarcerated	Street Crime and Drugs	97%

A milder, more prevalent form of pathological gambling is **problem wagering**. This group does not meet the full criteria for pathological gambling, but their wagering is causing some family, work or school dysfunction.

Problem Wagering is approximately triple the prevalence of pathological gambling in the adult and aged 18-21 population in Louisiana (see Table 7).

TABLE 7

TOTAL POPULATION WITH WAGERING PROBLEMS		
PATHOLOGICAL GAMBLING	PERCENTAGE	ESTIMATED NUMBER
Adults over 21 years	1.4	25,000-53,000
Age 18 - 21 years	3.1	2,000-4,000
PROBLEM WAGERING		
	PERCENTAGE	ESTIMATED NUMBER
Adults over 21 years	3.0	61,000-106,000
Age 18 - 21 years	11.2	17,000-19,000
TOTALS		
	PERCENTAGE	ESTIMATED NUMBER
Adults over 21 years	4.4	86,000-159,000
Age 18 - 21 years	14.3	19,000-23,000

STUDY OF PATHOLOGICAL GAMBLING

This report cannot answer questions about “best practice approaches” for prevention and treatment of pathological gambling posed in the Joint Legislative Resolution 149 that formed the committee. Scientific knowledge about pathological gambling is limited. **Prevention models for pathological gambling are in the earliest stages of development with minimal data on their effectiveness** (Shaffer, LaBrie, Scanlan, & Cummings, 1994; Minn. Extension Service).

Controlled scientific research on the treatment of pathological-gambling is minimal. In addition, the current published research on treatment of pathological gambling (*both clinical models and Gamblers Anonymous*) may not be applicable to the typical pathological gambler in Louisiana. **There are no established “best practice approaches” in the treatment and prevention of pathological gambling.** These recommendations are based on a thorough review of very limited amount of scientific information and the clinical experience of the committee members.

There is minimal data on the cost to society of pathological gambling, so there is no rational method to balance the social costs of gaming with the economic benefits. The most critical need is the rapid development of research in pathological gambling, especially on the prevention and treatment of pathological gambling in the demographic groups that are most common in Louisiana. (*Adolescent and early adult minority males*).

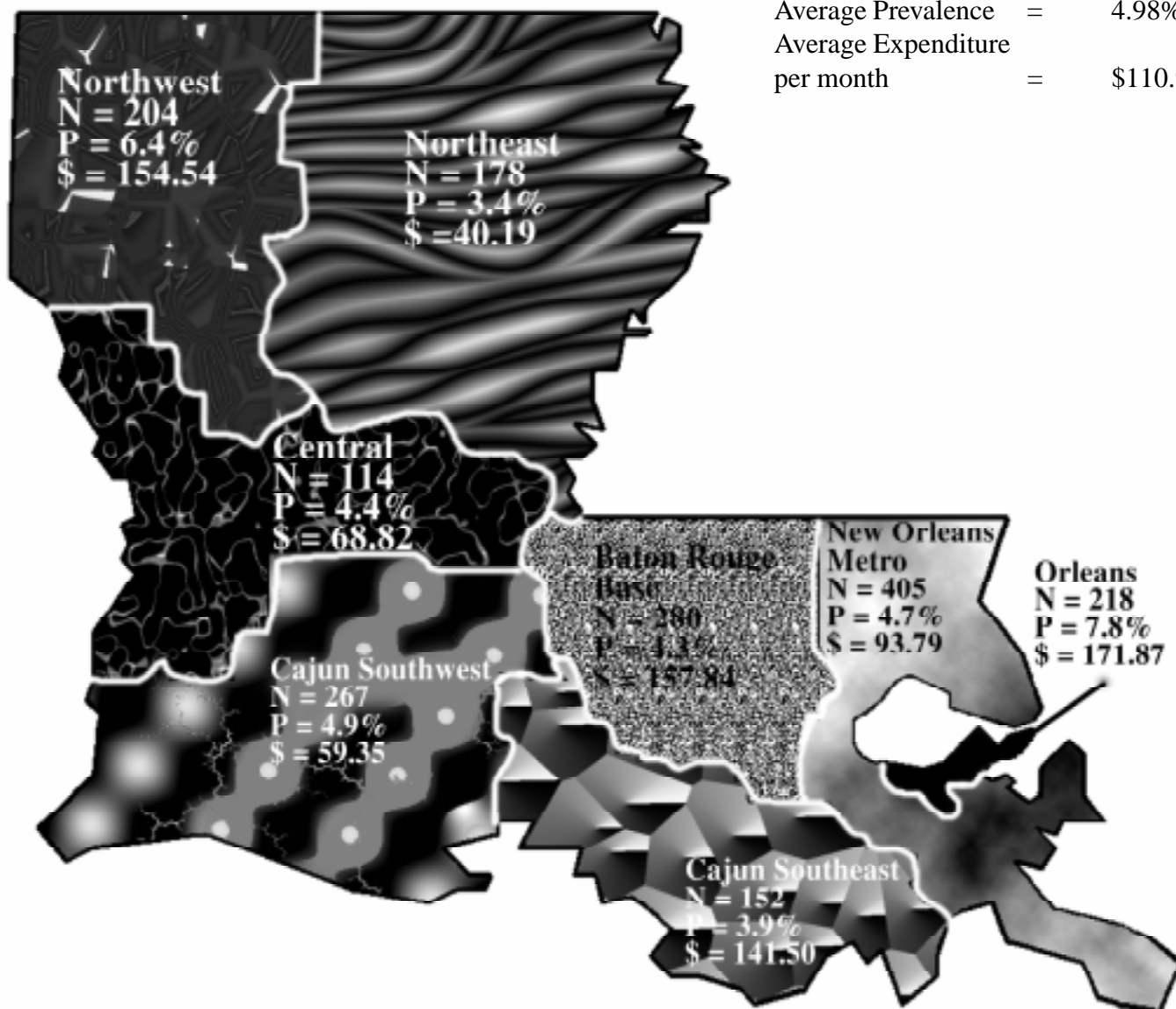
The increase in legalized wagering started in 1993 with video poker and expanded in 1994 with river boat and casino gambling. Scientific research demonstrates that there is a lag (*usually between 5 -10 years*) between exposure to regular wagering and symptoms of pathological gambling (*Ladouceur, 1991*). **The state of Louisiana needs to be prepared to treat a significant increase in pathological gambling within five years.** Only a dedicated funded effort to research prevention and treatment of pathological gambling will prepare Louisiana for the social problems associated with gambling.

RECOMMENDATIONS:

- Regular (*every one to two years*) prevalence studies of pathological gambling, with extension of the age groups surveyed to middle school and adolescents
- Addition of measures in the prevalence studies to measure: lost productivity, health effects, financial, social and criminal justice costs of pathological gambling.
- Studies of the effectiveness of pilot pathological gambling prevention programs in Louisiana
- Scientifically valid cost effectiveness studies of pilot treatment models for Louisiana pathological gamblers.

LOUISIANA DEMOGRAPHICS OF RESPONDENTS

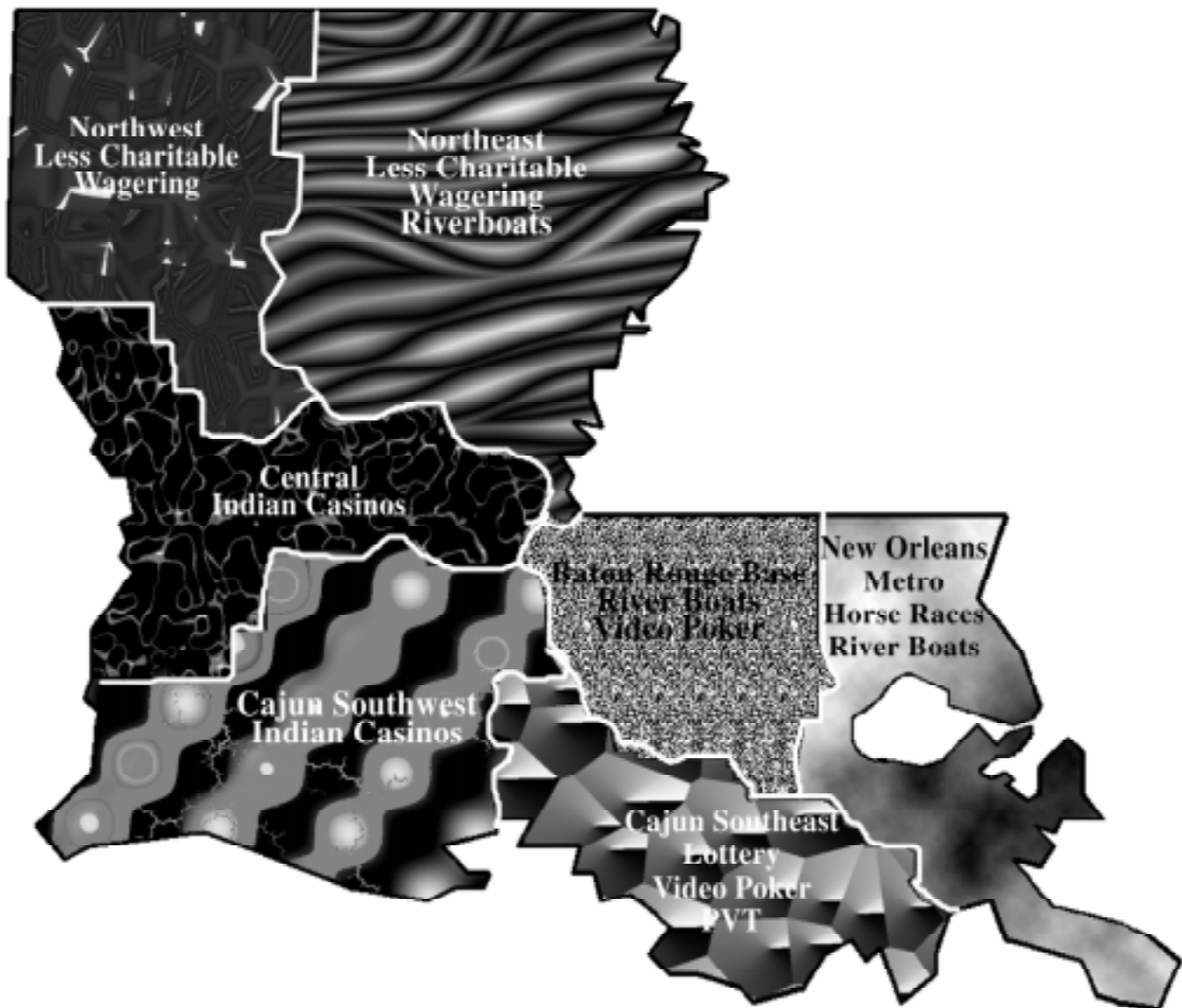
Total Population	=	1818
Average Prevalence	=	4.98%
Average Expenditure per month	=	\$110.99



N = Number
P = Prevalence
\$ = Monthly Expenditures

LOUISIANA DEMOGRAPHICS

TYPES OF WAGERING BY REGION



N = Number

P = Prevalence

\$ = Monthly Expenditures

PREVENTION OF PATHOLOGICAL GAMBLING

The highest rates of pathological gambling and problem wagering occur in the 18-21 age group in Louisiana. Young people, ages 18 to 21, have tripled the rate of gambling problems when compared to adults. There is no published information on the rates of pathological gambling and problem wagering in the middle school and high school age groups in Louisiana, but studies in other states identify high levels of wagering behavior and gambling problems in this age group (Shaffer & Hall, in press).

The committee did not identify any published studies on the effectiveness of pathological gambling prevention programs. Two school-based prevention programs have been developed, one in Minnesota and one in Massachusetts, but their effectiveness has not been evaluated.

Prevention is often a more effective way to manage health problems than treating severe pathology after years of disease. Prevention has been used successfully with alcohol and drug abuse. (Botvin, 1983; Evans, Henderson, Hill & Raines, 1979; Ksir & Ray, 1993; Linney & Wanderman, 1991; USDE, 1987; USDE, 1988). School-based alcohol and drug abuse prevention programs are available in most Louisiana schools.

A cost-effective approach to pathological gambling prevention efforts, would be to integrate pathological gambling prevention into the state's school-based substance abuse programs. The public school system already has coordinators that focus substance abuse prevention efforts. See Appendix 3 for a proposal to include both prevention and treatment of adolescent compulsive gambling by the school-based health centers.

The public school system also has fifteen school-based health centers scattered throughout the state. The health centers are staffed by master's level counselors and social workers. The school health centers could coordinate gaming prevention efforts with the drug-free school coordinators, providing a comprehensive health promotion package. The Office of Alcohol and Drug Abuse developed a model program for preventing adolescent compulsive gambling based on their substance abuse prevention program. Appendix 2 describes this model.

Initially the state of Louisiana would only need to provide additional training and materials specific to pathological gambling. This would decrease the start up costs of the prevention effort by integrating into the school-based substance abuse prevention programs.

TREATMENT OF PATHOLOGICAL GAMBLING

The committee could locate only one controlled study of treatment effectiveness for pathological gambling (McConaghy, Blaszczynski, & Frankova, 1991). Several different types of medications (*lithium carbonate, clomipramine and serotonin reuptake inhibitors*) have been tried or suggested for treating pathological gambling. Several types of counseling (*cognitive behavioral, aversive conditioning, imaginal desensitization, and multi-model inpatients addiction-based treatment*) have been studied.

To have scientific validation, a treatment's effectiveness needs:

- (1) a comparison against a control group (*a similar group of patients with the same disorder who are given a standard treatment or no treatment*);
- (2) safeguards against the placebo effect (*the effect that patients get better because the treating professionals pay attention to them*);

- (3) Random assignment to the treatment or control group;
- (4) Replication of the study at different places and by different clinicians.

In 1989 there were 20 studies reviewed in the world's scientific literature on pathological gambling treatment (*Dickerson, 1989*). The committee reviewed studies published through 1995. No gambling treatment study fulfilled all the above criteria for scientific validity, although the type of treatment that has the most effectiveness is the multi-model inpatient addiction-based treatment approach.

A review of the current literature on treatment of pathological gambling suggests that several significant groups of the population are under-represented in subject samples. Most studies have been on married, white middle-class males. However, as Volberg (*1995*) notes, problem wagers in Louisiana are significantly more likely to be male, under the age of 30, non-caucasian, unmarried, and less likely to have graduated from high school. In addition, given the anecdotal evidence concerning women and video poker and young people involved with many forms of gambling, the dearth of research on females and adolescents is of significant concern.

Pathological gambling occurs in a significant number of the population of Louisiana with such damaging consequences, that attention must be paid to it by the State. The current level of funding will not support full-scale treatment programs. Therefore, funding pilot treatment and prevention programs is recommended.

Funding treatment services for pathological gambling by the State is vital because pathological gambling is classified as an impulse disorder in the DSM-IV and insurance companies do not recognize this as an illness eligible for reimbursement. To make treatment available for pathological gamblers on a statewide basis will require a significant commitment of funds. The state of Minnesota, for example, provided \$2.847 million in 1995-96 for the treatment of gambling related disorders. A source of revenue will need to be found to fund comprehensive treatment services.

Recommendation: That a portion (e.g. ½ %) of the direct tax payments made to the state by gaming organizations be dedicated to funding pathological gambling prevention and treatment programs.

Given the evidence of success of multi-model inpatient addiction-based treatment approaches, we offer the following recommendation:

Recommendation: That the responsibility for the delivery of treatment services for pathological gambling (or oversight and monitoring of service providers) be assigned to the Department of Health and Hospitals.

Given the paucity of evidence on treatment efficacy, we recommend the following:

Recommendation: That the Legislature appropriate sufficient funds to allow the Department of Health and Hospitals to develop a Request for Proposals (RFP) that will allow an **in state** institution of higher learning to inventory and evaluate treatment methods in North America in terms of their clinical efficacy.

Recommendation: Every program that utilizes public funding for the prevention or treatment of pathological gambling shall have an evaluation component. This component will consist of systematic and routine data collection and reporting to the Department of Health and Hospitals. As a result, Louisiana will begin to develop a data base upon which to evaluate cost effectiveness and quality of life issues.

INFRASTRUCTURE SUPPORT

CREDENTIALING

The current literature on the identification, treatment, and prevention of pathological gambling clearly shows that we are dealing with a complex problem. Compulsive gambling is recognized as a mental disorder as defined by the **Diagnostic and Statistical Manual, IV** (APA). The problem of pathological gambling often accompanies other mental problems and, in particular, other addictive disorders. (Abbott, Cramer & Sherrets, 1995; Hollander & Wong, 1995; Lesieur & Blume, 1991; Murray, 1993; Wildman, 1989). Because of its complexity, and the possibility that another compulsive behavior will replace the gambling problem, a comprehensive assessment and treatment approach is necessary.

Recommendation: **Standards** for service providers shall be adopted to assure that the individual professional and/or service provider has the necessary competence to recognize and assess the problems of pathological gambling. The standards suggested include:

1. The independent professional shall:
 - Hold a minimum of a master's degree in a mental health profession and be licensed by the state Board which governs the practice of that profession (psychiatry, psychology, social work, etc.).
 - Meet the standards for basic competence and continuing education as set by each licensing board. This competency-based criteria will include proof of basic knowledge on compulsive disorders, addictive disorders, and use of the DSM-IV.
 - Suggest a minimum of eight hours continuing education each year to maintain certification to treat gambling problems.
2. The program provider shall show evidence that individuals who provide services to persons with gambling problems have received the necessary professional board's credentials, or are under the supervision of a person who is trained in assessment and treatment of pathological gambling.

LAW/POLICY

Recommendation: That the minimum legal age to bet or place a wager on any authorized game of chance or other authorized gaming activity in Louisiana be twenty-one (21) for all types of gaming.

Recommendation: That the following statute be adopted as follows:

Title 40. Public Health and Safety
Chapter 6. Department of Public Safety
Part VIII. Regulation of Charitable Gaming

No person **under the age of twenty-one** shall participate in any charitable gaming activity. If any such person participates in any charitable gaming activity and otherwise qualifies for a prize or winnings, then the prize or winnings shall not be awarded or paid and the estimated amount wagered during the course of the game shall be returned to the under-age person.

Recommendation: That the following statutes be amended as follows:

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Title 4. Amusements and Sports

Chapter 4. Racing

Part 1. Horse Racing

§ 157. Race meetings; right to conduct; Sundays; minors 157(C)(1) Any minor age six or above may, with the permission of the racing association be allowed to attend any race meeting if accompanied by a parent, grandparent, **or** legal guardian but in no case shall any person **under the age of twenty-one** in attendance be allowed to engage in wagering.

Title 4. Amusements and Sports

Chapter 4. Racing

Part II. Offtrack Wagering

§ 214. Off-track wagering facilities; licensing; criteria; management; appeal of license suspension or revocation

214(H) In no case shall an offtrack wagering facility allow the admission of any person **under the age of twenty-one**. However, the provisions of this Paragraph shall not apply to any offtrack wagering facility located on the premises of a parimutuel facility as defined in R.S. 4:211(5).

Title 33. Municipalities and Parishes

Chapter 14. Exercise of Police Powers

Part V-B Video Draw Poker Devices

§ 4862.19. Allowing minors to play video draw poker devices; penalties; revocation of license

- A. No person licensed pursuant to the provisions of this Part, or any agent or employee thereof, shall allow a person **under the age of twenty-one** to play or operate a video draw poker device at a licensed establishment.
- B. The division shall revoke the license of any person issued pursuant to the provisions of this Part, who is found by the division to have committed or allowed a violation of Subsection A of this Section.

Current law pertaining to wagering in Louisiana can be found in Appendix 1.

Recommendation: That one board regulates the entire legal gaming industry of Louisiana.

- Recommendation:** That all licensed gaming operators in the gaming industry in Louisiana be required to post the Louisiana hotline number.
- Recommendation:** That there be a central register of all licensed gaming operators in Louisiana to facilitate the distribution of materials.
- Recommendation:** That all brochures and other promotional information concerning the Louisiana hotline be translated into minority languages.

FURTHER CONSIDERATIONS

There are many areas of possible recommendations that should be considered in future. The committee did not have enough time to explore them fully: A future committee could develop these areas.

- (1) The State of Louisiana should identify a sister state conducting studies on pathological gambling and its treatment and/or prevention; and a grant is pursued to further this collaborative effort.
- (2) The State of Louisiana should identify and develop a repository of information on pathological gambling and its treatment for all educational institutions, prevention and treatment programs, and regulatory agencies in the state.
- (3) Universities should be encouraged to develop courses and training materials, incorporate gambling content in existing courses where appropriate, and enrich library holdings on this topic. University faculty, research students, and practitioners should be encouraged to address the shortage of information.
- (4) Research on the treatment and prevention of pathological gambling in females should be encouraged and supported.
- (5) Research on the treatment and prevention of problem wagering should be encouraged and supported.
- (6) A pilot program to recognize and treat pathological gambling in the prison and probation population should be developed and evaluated.

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1. Current statutes pertaining to the minimum legal age to gamble in Louisiana.
2. A Program Model for Preventing Adolescent Compulsive Gambling, prepared by the Office of Alcohol and Drug Abuse, Department of Health and Hospitals.
3. A Proposal for a Prevention and Treatment Program for Adolescent Compulsive Gamblers Through School-Based Health Centers, prepared by Millie M. Charles, Dean, School of Social Work, Southern University at New Orleans.
4. An Overview of Pathological Gambling in Louisiana prepared by Dr. James Westphal and Dr. Jill Rush, Department of Psychiatry, LSU Medical Center - Shreveport based on Wagering and Problem Wagering in Louisiana, a 1995 report prepared by Dr. Rachel Volberg for The Louisiana Economic Development and Gaming Corporation.

Below are Louisiana statutes which provide the minimum legal age to game in the state:

Indian Gaming Tribal State Gaming, Compact

Section 10: Operation and Management Regulations

10(A)(3)(a) No person who is a minor **under the age of twenty-one (21)** shall participate in any gaming activity. If any such minor does participate in any gaming activity and otherwise qualifies for a prize or winnings, then the prize or winnings shall not be awarded or paid and the estimated amount wagered during the course of the game shall be returned to the minor.

Title 4. Amusements and Sports Chapter 10. The Louisiana Economic Development and Gaming Corporation Law Part IX. Prohibitions, exclusions, and gaming offenses

§660. Gaming or employment in gaming prohibited for persons under twenty-one

- A. A person **under the age of twenty-one** shall not:
 - (1) Play, or be allowed to play, any licensed game or slot machine.
 - (2) Loiter, or be permitted to loiter, in or about any room, premises, or designated gaming area wherein any licensed game is operated or conducted.
 - (3) Be employed as a gaming employee.
- B. Any casino operator, licensee, or other person who intentionally violates or permits the violation of any of the provisions of this Section and any person under twenty-one years of age who violates any of the provisions of this Section may be punished by imprisonment of up to six months or a fine of up to one thousand dollars, or both.
- C. In any prosecution or other proceeding for the violation of any of the provisions of this Section, it shall be a defense that the casino operator, employee, dealer, or other person had a reasonable factual basis to believe and in good faith believed the person was twenty-one years old or over.

Title 47. Revenue and Taxation Subtitle XI. The Louisiana Lottery Corporation Law

§ 9025. Prizes taxable; withholdings from prize; verification and payment; exceptions; unclaimed prize money; corporation liability; eligibility to purchase ticket and receive prize

9025(B)(2) No ticket shall knowingly be sold to any person **under the age of eighteen**, but this Section does not prohibit the purchase of a ticket by a person eighteen years of age or older for the purpose of making a gift to any person of any age. In such case, the corporation shall direct payment to an adult member of the person's family or the legal representative of the person on behalf of such person. The person named as custodian shall have the same powers and duties as prescribed for a custodian pursuant to the Uniform Transfers to Minors Act.

Title 4. Amusements and Sports

Chapter 4. Racing

Part I. Horse Racing

§ 157. Race meetings; right to conduct; Sundays; minors

157(C)(1) Any minor age six or above may, with the permission of the racing association, be allowed to attend any race meeting if accompanied by a parent, grandparent, or legal guardian but in no case shall **any minor** in attendance be allowed to engage in wagering.

Title 4. Amusements and Sports

Chapter 4. Racing

Part II. Offtrack Wagering

§ 214. Off-track wagering facilities; licensing; criteria; management; appeal of license suspension or revocation

214(H) In no case shall an offtrack wagering facility allow the admission of any person **less than eighteen years old**. However, the provisions of this Paragraph shall not apply to any offtrack wagering facility located on the premises of a pari-mutuel facility as defined in R.S. 4:211(5).

Title 4. Amusements and Sports

Chapter 9. The Louisiana Riverboat Economic Development and Gaming Control Act

§ 544. Employment of unpermitted persons; underage persons

- A. A licensee or permittee shall not employ any person in a capacity for which he is required to be issued a permit, if he has been found unsuitable or denied a permit, or if his permit has expired or has been revoked by any type of gaming division or enforcement authority of any other state or any foreign country, or any political subdivision thereof.
- B. A person **under the age of twenty-one** shall not play, or be allowed to play, any licensed gaming device or slot machine, shall not loiter, or be permitted to loiter in or about the designated gaming area, and shall not be employed as a gaming employee.
- C. Any licensee, employee, or other person who violates or permits the violation of any of the provisions of this Section may be imprisoned for not more than six months or fined not more than five hundred dollars, or both.
- D. In any prosecution or other proceeding for the violation of any of the provisions of this Section, it shall be no defense that the licensee, employee, or other person believed the person to be twenty-one years old or over.

Title 33. Municipalities and Parishes

Chapter 14. Exercise of Police Powers

Part V-B Video Draw Poker Devices

§ 4862.19. Allowing minors to play video draw poker devices; penalties; revocation of license

- A. No person licensed pursuant to the provisions of this Part, or any agent or employee thereof, shall allow a person **under the age of eighteen** to play or operate a video draw poker device at a licensed establishment.
- B. The division shall revoke the license of any person issued pursuant to the provisions of this Part, who is found by the division to have committed or allowed a violation of Subsection A of this Section.

A Program Model for Preventing Adolescent Compulsive Gambling

prepared by
Office of Alcohol and Drug Abuse
Department of Health and Hospitals
State of Louisiana

STAFF PER REGION

Travel	\$ 5,000
Office Supplies	2,000
Literature	2,000
Equipment	2,000

TOTAL**\$11,000 per Region***

** This will be duplicated 10 times per the ten regions (\$ 110,000 provided per program year).*

INTRODUCTION

A growing body of research has suggested that young people are becoming involved in gambling behavior in ever-increasing numbers, despite the fact that in most jurisdictions, gambling is illegal for anyone under eighteen and that a significant percentage of these young gamblers are developing problems associated with their gambling. These problems include, at their most severe level, the development of pathological gambling.

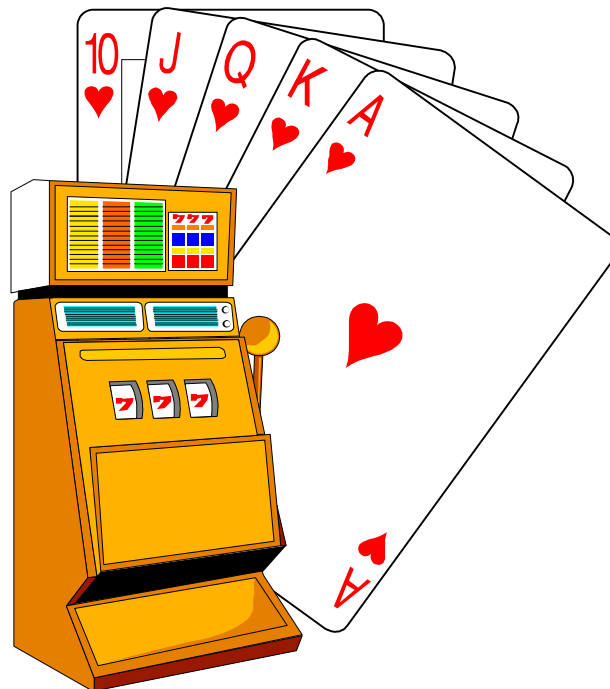
A meta-estimate of adolescent gambling prevalence (Shaffer & Hall, 1994) was undertaken in an attempt to analyze the results of nine prevalence studies from five regions of the United States and Canada. This synthesis, which involved data from over 7700 young people between the ages of fifteen and twenty concluded that between 77.9% and 83% of them were gambling at a non-problem level, 9.9 to 14.2% were displaying signs of gambling problems in their gambling behavior, and 4.4 to 7.4% meet the diagnostic criteria for compulsive or pathological gambling.

Given this kind of information, it becomes clear that the gambling behavior of adolescent children should be an area of concern for parents, educators and others concerned about young people. In response to this growing concern, the Office of Alcohol and Drug Abuse (OADA), Division of Special and Support Services has developed a Compulsive Gambling Prevention and Education Project focusing on middle school age children. This program is designed to be used by teen, adolescent population, educators, parents, counselors, youth workers and the media.

(This curriculum is designed to interface with the present Louisiana Alcohol and Substance Abuse and Prevention Program. It will further provide a user-friendly format and materials for the development of a community-based, youth oriented, compulsive gambling prevention and education program.)

OVERVIEW

This model is written to incorporate two basic areas of concentration: Teen Awareness and Education and Public/Media Awareness and Education. The rationale for this approach is based on the premise that if we as a community and family are cognizant of the potential problem with compulsive gambling and are educationally prepared to effectively confront its pathology; then we can design an ongoing program to help address this problem.



TEEN AWARENESS AND EDUCATION

GOAL: To meet needs of youth problem gamblers potential problem gamblers and youth at risk through comprehensive programs in education, prevention, training and awareness research.

STRATEGY

- A. Develop multi-cultural education awareness and prevention programs targeted to youth.
 - 1. Adopt existing model by US Department of Education “Learning to Live Drug Free” a curriculum model for Prevention. (**See Attachment I**)
 - 2. This model addresses the prevention approach to not only chemical dependency prevention but is a tool to effectively address prevention strategy for all compulsive behavior disorders.
- B. After School Programs together with community programs designed to interact with teens after school. This focus does not necessarily have to be an exclusively drug prevention oriented topic, it can also encompass sports, field trips, etc.
- C. Summer Programs which incorporate retreats, whereby youth can become exposed to positive alternatives to compulsive behavior, as well as, exploring self-actualization processes.

PUBLIC/MEDIA AWARENESS AND EDUCATION

GOAL: To involve the media in public education about the risks associated with excessive or irresponsible gambling.

STRATEGY

- A. Develop public service announcements to educate the public about problems gambling.
 - 1. Ask state television media to air public service announcements on compulsive gambling to augment education advertising purchased by gambling entities.
 - 2. Explore availability of donated creative advertising services through Louisiana Ad Council or similar organization.
 - 3. Explore availability of special grants through the Louisiana Safety Council, Health Department or other agencies which utilize advertising for public health/safety information purposes.
 - 4. Develop supplementary educational materials to be made available upon request.
- B. Seek more frequent news coverage of programs and services available to compulsive gamblers.
- C. Develop presentation designed to inform/educate public officials and other lawmaking entities.
 - 1. Promote legislation designed to advocate and/or fund programs.

Gambling: There are many forms of gambling operated by private or public entities or a combination of both. *For purposes of this report, the words “gambling industry” refer to legal, government-sponsored lotteries; charitable bingo or pulltab games; tribal casinos, bingo halls and card rooms; and privately owned casinos, betting parlors, race tracks or other legally sanctioned establishments.*

Underage gambling: Minimum legal gambling ages vary from jurisdiction to jurisdiction, and from one gambling another within jurisdictions. For example, in most states, the minimum legal age for purchasing lottery tickets is 18, as is the minimum for pulltabs and pari-mutuel betting. In some states, the minimum legal age for casino gambling is 18; in others 21. In some states, 18-year-olds may play the lottery or pulltabs legally, but may not gamble at casinos or place pari-mutuel bets. *For purposes of this report, underage gambling is defined as gambling by youth under the minimum legal age to place a bet in a particular venue.*

Problem gambling: It is estimated that between 9.9% and 14.2% of children and youth may be “problem gamblers.” *For purposes of this report, a “problem gambler’s” is defined as a person who suffers some loss of control over his or her gambling behavior, leading to negative consequences.*

Pathological gambling: According to the American Psychiatric Association and *for purposes of this report, pathological gambling is defined as a chronic and progressive psychological disorder characterized by emotional dependence, loss of control and accompanying negative consequences in the gambler’s school, social or family life.* The distinction between “problem gambling” and “pathological gambling” is similar to the distinction most people recognize between alcohol abuse and alcoholism. As previously cited, between 4.4% and 7.4% of youth meet the criteria for pathological gamblers.

ATTACHMENT I - SUGGESTED CURRICULUM

Part I: Introduction

The Role of Prevention
How to use the Curriculum Model
Identifying Students at Risk For Compulsive Gambling
Integrating Curricula and Materials
Guidelines For Curriculum Presentation
Evaluation

Part II: Kindergarten Through Grade 3

Background For Teachers
Facts About Compulsive Gambling
Working With Parents
Working With the Community
Lesson Plans and Activities

Part III: Grades 4-6

Background For Teachers
Facts About Compulsive Gambling
Working With Parents
Working With the Community
Lesson Plans and Activities

Part IV: Grades 7-8

Background For Teachers
Facts About Compulsive Gambling
Working With Parents
Working With the Community
Lesson Plans and Activities

Part V: Grades 9-12

Background For Teachers
Facts About Compulsive Gambling
Working With Parents
Working With the Community
Lesson Plans and Activities

Part VI: Resources

Parental Consent Requirements
Parent-Child Communication Tips
Facts About Compulsive Gambling
Signs of Compulsive Gambling
School and Community Resources
Sources of Information

NOTE: Although each curriculum teaches the same topic, its content is prepared for the various grade levels.

REFERENCES

“Learning to Live Drug Free” a curriculum model for prevention. National Clearinghouse for Alcohol and Drug Information. Rockville, MD. Department of Education, 1989.

“North American, Think Tank on Youth Gambling Issues.” Harvard Medical School, Division on Addictions. Minnesota Council on Compulsive Gambling, 1995.

“Public Policy Think Tank Report.” Minnesota Council on Compulsive Gambling, 1995.

State of Nevada Plan for Compulsive Gambling 1995. Carson City Nevada.

A Proposal for a Prevention and Treatment Program Through School-based Health Centers

Prepared by

*Millie M. Charles
Dean, School of Social Work
Southern University at New Orleans*

Ms. Sylvia Sterne, Director of Adolescent and School Health, Louisiana DHH Office of Public Health has proposed the use of gaming funds to establish prevention and treatment programs in school-based health centers. There are currently fourteen (14) centers in Louisiana with one additional center to open in Lafayette in January 1996. Plans have been initiated for another center in Caddo parish. The existing centers are located in the areas indicated below:

New Orleans	3	Alexandria (Lena)	1
Baton Rouge	5	Tallulah	1
St. Francisville	1	Cicilia (St. Martin)	1
Lake Charles	1	Bogalusa	1
Lafayette (Opening January)	1	TOTAL	15

With the opening in Caddo parish, there will be centers in all health planning regions of the State.

During the past year, there were over 23,000 visits for services which were 50% physical and 50% mental health. In all of the clinics, there are programs focused on the prevention of high-risk behavior. Absent of any protocol of treatment focused directly on gambling problems, the services deal with all at-risk behavior, inclusive of problem gambling.

Ms. Sterne has contacted centers, statewide to inquire about incidence of gambling problems. She found that there is a high incidence of children and youth seen as victims of neglect and abuse and involved in family problems caused by parents who are problem gamblers. These situations are rampant in Lake Charles. She also indicated that calls related to gambling to the Crisis Line in East Baton Rouge parish have tripled.

All clinic staffs include or other master's level mental health counselors, full-time or part time social workers with BCSW licenses, responsible directly for prevention and treatment. Counseling is provided individually and to groups to promote building self-esteem, setting life goals, promoting healthy behaviors and understanding how to become responsible for one's health. Mental health staff at centers work with teachers, principals and school psychology and social work staff to provide appropriate early intervention and treatment of high risk behaviors. The clinics, if given the responsibility, could provide these services within the scope of services being provided.

THE PREVALENCE OF PATHOLOGICAL GAMBLING IN LOUISIANA (Based on the 1995 Volberg Survey)

By

*James Westphal, M.D.
Department of Psychiatry
LSUMC-SHREVEPORT*

*Jill Rush, M.D., Dr. PH
Department of Psychiatry
LSUMC-SHREVEPORT*

THE GOALS:

In the spring of 1995, the Louisiana Economic Development & Gaming Corporation (LEDGC) funded a study to establish the prevalence of pathological gambling in Louisiana. The goals of this project were to:

- estimate the number of pathological gamblers, to allow rational **financial planning for the legislatively mandated treatment programs**;
- determine the demographic characteristics of the pathological gamblers, to allow evaluation of the effectiveness of the mandated outreach and treatment programs in reaching the people with gambling problems;
- determine if pathological gambling is concentrated in any specific geographic area of the state, to allow rational planning of treatment sites;
- to identify specific demographic groups to target for prevention activities.

This report will summarize the findings of the LEDGC study and the scientific research conducted to date on pathological gambling.

Wagering in the United States has greatly expanded since the 1970's. As of 1993, the reported revenue generation from gambling reached \$35 billion with Americans wagering up to 7% of their personal income (Christiansen, 1994). The explosive expansion of wagering has led to public and political concern about its detrimental effects

(Politzer, et al, 1992). This report summarizes the findings of the LEDGC survey which attempted to define the extent of the problem in the state of Louisiana and describe the demographic groups in Louisiana that are most vulnerable to develop pathological gambling.

THE LOUISIANA SURVEY:

LEDGC funded a prevalence survey, under the direction of Dr. Rachel Volberg of Gemini Research, that was conducted in the spring of 1995. She and her associates used the South Oaks Gambling Screen or SOGS (included in the Appendix) to evaluate the prevalence of pathological gambling in Louisiana. Telephone interviews were completed on a random sample of 1,818 Louisiana residents age 18 years and older. The total sample had a calculated completion rate of 80% with $\pm 2.3\%$ margin of error at the 95% confidence level. The Louisiana survey had an acceptable response rate and margin of error for this type of research.

The SOGS, developed by Henry Lesieur and Sheila Blume (1987) is a 20-item scale based on the diagnostic criteria for pathological gambling established by the American Psychiatric Association (Diagnostic and Statistical Manual, Version III) in 1980 to identify pathological gambling, which was defined as an impulse control disorder. The essential features of pathological gambling as defined by the APA are a continuous or periodic loss of control over gambling; a progression, in gambling frequency and amounts wagered, in the preoccupation with gambling and in obtaining moneys with which to gamble; and a continuation of gambling involvement despite adverse consequences. In reporting results from surveys based on SOGS, individuals scoring 3 or 4 out of 20 possible points are classified as probable problem wagerers (a milder version of pathological gambling) and those scoring 5 or more are classified as probable pathological gamblers.

The current probable problem wagerers and pathological gamblers are individuals who have met the SOGS criteria in the past year, this estimate reflects the current number of individuals who are experiencing the disorder, i.e., the prevalence. This type of survey has certain measurement errors associated with it. The SOGS may give an inflated prevalence rate because of a high rate of false positives (Lesieur, 1994). However, the Louisiana survey population did not include people incarcerated, in an inpatient psychiatric or chemical dependency treatment, or the homeless, all of whom have higher rates of pathological gambling. This type of measurement error leads to lower estimates than the true prevalence (Lesieur, 1994). Although this survey may not precisely measure the prevalence rate, it will give information on relative rates when compared to surveys that were conducted with the same methodology. A follow-up survey using the same methodology will provide the information on changes in prevalence of pathological gambling and problem wagering in Louisiana.

PREVALENCE OF CURRENT PATHOLOGICAL GAMBLERS AND PROBLEM WAGERERS IN LOUISIANA AS COMPARED TO OTHER STATES:

Current U.S. surveys on wagering suggest that most of the respondents acknowledge having participated in some form of wagering activity, with participation ranges between 74% and 91% (Volberg, 1993,1995). Information obtained from the LEDGC survey demonstrated that 81% of the respondents acknowledged participating in one or more forms of wagering. This places Louisiana between Georgia (74%) and Washington State (91%), for self-acknowledged participation.

The prevalence of pathological gambling has been studied less extensively than other mental health problems. In 1988, Volberg and Steadmen estimated the prevalence of pathological gambling to be 1.2-2.3% of the U.S. population. The American Psychiatric Association's current Diagnostic and Statistical Manual, Version IV indicates the current prevalence of pathological gambling falls between 1-3% of the total population which is lower than other mental health

problems of alcohol abuse (13.5%), drug abuse (6.1%) and depression (5.6%) and greater than the prevalence of severe mental illness (1.0%).

TABLE 1

NATIONAL PREVALENCE RATES OF MENTAL HEALTH PROBLEMS

Classification	Prevalence
Alcohol Abuse	13.5%
Drug Abuse	6.1%
Depression	5.6%
Pathological Gambling	1-3%
Severe Mental Illness	1.0%

The prevalence for current pathological gambling in Louisiana exceeds any other state reported in the current literature. In Louisiana, the overall current prevalence of problem wagering and pathological gambling as measured by the LEDGC survey is 4.8%. Washington State (2.8%) and Texas (2.5%) prevalence rates are lower using a similar survey.

TABLE 2

CURRENT PREVALENCE OF PROBLEM WAGERING AND PATHOLOGICAL GAMBLING

Midwest and Central:		South and West:	
Minnesota	1.5%	Texas	2.5%
South Dakota	1.4%	Washington State	2.8%
North Dakota	2.0%	Georgia	2.3%
Montana	2.2%	Louisiana	4.8%

The current number of problem wagerers is estimated to be between 78,000 and 125,000 and the current number of pathological gamblers in Louisiana is estimated to be between 27,000 and 57,000.

TABLE 3

PREVALENCE OF PROBLEM WAGERING AND PATHOLOGICAL GAMBLING IN LOUISIANA

Category	
Age	≥ 18
Census	2,992,704
Overall Prevalence of Problem Wagering and Pathological Gambling	4.8%
Estimated Number of Problem Wagerers	78,000-125,700
Estimated Number of Pathological Gamblers	27,000-57,000

Approximately six percent of the people who wager in Louisiana have a gambling disorder. For comparison, twenty percent of the people who drink alcohol have an alcohol abuse disorder and sixteen percent of people who use illicit drugs have a drug abuse disorder.

TABLE 4**PREVALENCE OF DISORDERS IN LOUISIANA**

DISORDER	PREVALENCE
Alcohol Consumers with Alcohol Abuse Disorder	20%
Illicit Drug Users with Drug Abuse Disorder	16%
Wagerers with Gambling Disorder	6%

Summary Point One: Based on the estimated number of pathological gamblers in the state of Louisiana and the limited funding for treatment services (\$600,000), approximately \$10.00 is available per pathological gambler per year. With the realization that not all pathological gamblers will seek treatment and that \$100.00 (the amount available if only one in ten pathological gamblers seek treatment) covers the cost of just one individual outpatient session, funding for individual treatment is not cost effective. Therefore, in order to use these funds efficiently, the emphasis should be on prevention. If treatment is to be funded the emphasis should be on cost-effective treatments such as, supervised Gamblers Anonymous participation and group outpatient programs.

DEMOGRAPHICS OF THE PATHOLOGICAL GAMBLER IN LOUISIANA:

In Louisiana, as in other jurisdictions, pathological gamblers are demographically distinct from non-problem wagerers. **The pathological gamblers in Louisiana are significantly more likely to be: male, under the age of thirty, non-Caucasian, unmarried and less likely to have graduated from high-school. These findings are similar to surveys in five other states: Massachusetts, Maryland, New Jersey, California, and Iowa, as reported by Volberg (1994).**

As in other jurisdictions, pathological gamblers in Louisiana are significantly more likely than non problem wagerers to wager more frequently. The participation rates for one or more wagering activities on a weekly basis are reported to be 77% for the pathological gambler in Louisiana as compared to 63% in Georgia and 52% in Texas and Washington State.

TABLE 5**PARTICIPATION IN ONE OR MORE WAGERING ACTIVITIES ON A WEEKLY BASIS**

STATE	NON PROBLEM WAGERER	PATHOLOGICAL GAMBLER
Montana, N.Dakota, S.Dakota, Texas	19%	52%
Washington State		
Georgia	35%	63%
Louisiana	44%	77%

When monthly expenditures on wagering are considered, the self-reported data demonstrates that pathological gamblers in Louisiana spend two times more than any other state, with an estimated monthly expenditure of \$660/month. It should be noted that non-problem wagering in Louisiana is less than that of Georgia, however, those with pathological gambling in Louisiana exceed any other surveyed jurisdiction.

TABLE 6**MONTHLY EXPENDITURES ON WAGERING**

STATE	NON PROBLEM WAGERER	PATHOLOGICAL GAMBLER
Montana, N.Dakota, S.Dakota, Texas Washington State	\$66/month	\$302/month
Georgia	\$131/month	\$299/month
Louisiana	\$89/month	\$660/month

The Louisiana survey found two clusters of pathological gamblers: First, an older male population who primarily wagered on horse racing and a younger male population who primarily wagered on video poker.

Review of the literature found that several studies report that typical services for pathological gamblers in other jurisdictions such as hot lines and inpatient treatment units are used predominantly by people who do not fit the demographic profile found in Louisiana. Hot lines may not be used equally by minorities (Sullivan, 1994). Treatment programs may not equally serve women, minorities, the economically disadvantaged, and young adult populations (Rosenthal and Lorenz, 1992, Volberg and Steadman, 1992). Women may have a different and later course of development of the disorder than male pathologic gamblers (Rosenthal and Lorenz, 1992).

Summary Point Two: Any outreach, prevention, or treatment program for pathological gambling in Louisiana needs to collect data and monitor accessibility to the highly vulnerable demographic groups as defined by the LEDGC survey in their initial design. In addition, ongoing data collection and monitoring of effectiveness should be required for accountability of the expenditure of public funds.

LOCATION OF PATHOLOGICAL GAMBLING TREATMENT SITES:

Wagerers tend to utilize the facilities within their home region or city. There are differences in wagering behavior between the Northern and Southern regions of Louisiana. 87% of the respondents in Orleans Parish acknowledged participation in one or more forms of wagering as compared to 63% of the respondents in the Northeast region. The current prevalence of problem wagering and pathological gambling follows along these same lines with the highest prevalence in Orleans with lowest in the Northeast region. (Map 1,2) However, these differences are not statistically significant and could be caused by chance.

Summary Point Three: The LEDGC survey shows that pathological gamblers are not concentrated to any particular region within the state of Louisiana. We note that there is a numerically larger amount of pathological gamblers within Orleans and the Orleans Metro Region. However, this state wide problem must be approached in a statewide manner especially if state funds are used. Prevention programs, should be statewide and addressed to the highly vulnerable groups. Because of limited funding, treatment programs may be required to start as localized pilot programs.

ESTABLISHMENT OF PREVENTION PROGRAMS:

The Louisiana survey found that the prevalence of problem wagering and pathological gambling in the 18-21 year old population was higher than in the adult population.

TABLE 7**THE PREVALENCE OF PROBLEM WAGERING AND PATHOLOGICAL GAMBLING IN THE 18-21 YEAR OLD POPULATION IN LOUISIANA**

	RESPONDENTS >21	RESPONDENTS 18-21
Problem Wagering	3.0%	11.2%
Pathological Gambling	1.4%	3.1%
Current Prevalence	4.3%	14.3%

High prevalence of wagering and gambling disorders in college and high school students is confirmed by research in other jurisdictions (Trott and Griffiths, 1991, Bland, et al., 1993, Ladouceur, et al., 1994, M. Frank, 1988, Ladouceur and Mireault, 1988) The scientific literature on pathological gambling (Hollander and Wong, 1995, Custer and Milt, 1985, Lesieur and Rosenthal, 1991) suggest that most pathological gambling in males starts in adolescents.

Overall, the most popular forms of wagering in Louisiana are the lottery and charitable games. There are demonstrated differences between respondents under and over the age of 21. Those under 21 years of age are significantly more likely to have wagered on video poker, private games, card games and sports. The pathological gamblers in this age range predominantly wager on video poker. A strong commitment to the prevention of gambling problems must be made not only by health professionals but also by the legal, gaming and public communities to address this problem. Two approaches to prevention can be made, the first is statutory, regulating legal wagering in those under age twenty-one, and the second is educational.

In Louisiana, it is legal for individuals 18 years and older to engage in the lottery, horse races and video poker, however, it is illegal for individuals under the age of 21 to wager in the river boat or land-based casinos. **A uniform legal wagering age and enforcement of the wagering age, especially with video poker machines may be starting points for regulatory prevention efforts. Prevention programs for adolescents using the educational approach will be discussed in other parts of the Joint Legislative Committee Report.**

Summary Point Four: Adolescent gambling in Louisiana needs to be studied and an appropriate prevention program for adolescents developed. Regulatory approaches to preventing adolescent wagering should be considered for Louisiana's adolescents.

LIMITATIONS OF BASELINE PREVALENCE STUDIES:

A true baseline prevalence study on wagering should have been initiated prior to the establishment of wagering in Louisiana. The LEDGC survey is not a true baseline study. A second study using similar questions and techniques would be able to detect if gambling problems change or remain stable over time. The LEDGC survey study is descriptive and cannot determine cause and effect relationships. In addition, this survey did not measure the cost to society in terms of health care expenditures, crime, or lowered productivity of pathological gamblers in the state of Louisiana or the prevalence of pathological gambling or problem wagering in the population from age thirteen to eighteen.

Summary Point Five: Additional prevalence studies which include thirteen to eighteen year olds and measures of the cost to society of pathological gambling are necessary to monitor the extent, growth and social costs of pathological gambling in the State of Louisiana.

Appendix 1:
South Oaks Gambling Screen (SOGS)

Name: _____ Date: _____

1. Please indicate which of the following types of gambling you have done in your lifetime. For each type, mark one answer: "not at all", "less than once a week", or "once a week or more".

	Not at all	Less than once a week	Once a week or more	
a.	_____	_____	_____	played cards for money.
b.	_____	_____	_____	bet on horses, dogs, or other animals (at OTB, the track or with a bookie
c.	_____	_____	_____	bet on sports (parlay cards, with bookie at Jai Alai)
d.	_____	_____	_____	played dice games, including craps, over and under or other dice games
e.	_____	_____	_____	went to casinos (legal or otherwise)
f.	_____	_____	_____	played the numbers or bet on lotteries
g.	_____	_____	_____	played bingo
h.	_____	_____	_____	played the stock and/or commodities market
i.	_____	_____	_____	played slot machines, poker machines, or other gambling machines
j.	_____	_____	_____	bowled, shot pool, played golf, or some other game of skill for money
k.	_____	_____	_____	played pull tabs or "paper" games other than lotteries
l.	_____	_____	_____	some form of gambling not listed above (please specify)

2. What is the largest amount of money you have ever gambled with on any one day?

_____ never have gambled

_____ \$1.00 or less

_____ More than \$ 1. 00 up to \$ 1 0. 00

_____ More than \$10.00 up to \$100.00

_____ More than \$100.00 up to \$1,000.00

_____ More than \$ 1,000.00 up to \$1 0,000.00

_____ More than \$10,000.00

3. Check which of the following people in your life has (or had) a gambling problem.

_____ father

_____ mother

_____ brother/sister

_____ my spouse/partner

_____ my child(ren)

_____ another relative

_____ a friend or someone important in my life

4. When you gamble, how often do you go back another day to win back money you have lost?

_____ never _____ most of the times I lose

_____ some of the time (less than half the time I lose)

_____ every time I lose

5. Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?

_____ never (or never gamble)

_____ yes, less than half the time I lost

_____ yes, most of the time

6. Do you feel you have ever had a problem with betting or money gambling?

_____ no _____ yes _____ yes, in the past, but not now

7. Did you ever gamble more than you intended to? _____ yes _____ no
8. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true? _____ yes _____ no
9. Have you ever felt guilty about the way you gamble, or what happens when you gamble? _____ yes _____ no
10. Have you ever felt like you would like to stop betting money on gambling, but didn't think you could? _____ yes _____ no
11. Have you ever hidden betting slips, lottery tickets, gambling money, IOU's or other signs of betting or gambling from your spouse, children or other important people in your life? _____ yes _____ no
12. Have you ever argued with people you live with over how you handle money? _____ yes _____ no
13. *(If you answered yes to question 12)* Have money arguments ever centered on your gambling? _____ yes _____ no
14. Have you ever borrowed from someone and not paid them back as a result of your gambling? _____ yes _____ no
15. Have you ever lost time from work *(or school)* due to betting money or gambling? _____ yes _____ no
16. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from? *(Check "yes" or "no" for each)*
- a. from household money _____ yes _____ no
- b. from your spouse _____ yes _____ no
- c. from other relatives or in-laws _____ yes _____ no
- d. from banks, loan companies, or credit unions _____ yes _____ no
- e. from credit cards _____ yes _____ no
- f. from loan sharks _____ yes _____ no
- g. you cashed in stocks, bonds or other securities _____ yes _____ no
- h. you sold personal or family property _____ yes _____ no
- i. you borrowed on your checking accounts *(passed bad checks)* _____ yes _____ no
- j. you have *(had)* a credit line with a bookie _____ yes _____ no
- k. you have *(had)* a credit line with a casino _____ yes _____ no

**The SOGS may be reproduced as long as the language is used as printed
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