

# PROBLEM GAMBLING AND EXPANDED GAMBLING IN MASSACHUSETTS

## *The Cost of Comprehensive Problem Gambling Services*

While the Massachusetts Council on Compulsive Gambling (The Council) does not take a position *for* or *against* gambling, the Council does call for responsible public policy related to gambling. Responsible public policy takes into account that there is a downside associated with gambling, makes provisions to limit unintended negative consequences, and assures help for those who are harmed through gambling.

### **Cost of Doing Business**

The Council proposes that Massachusetts policy makers enter into an expansion of gambling availability carefully, acknowledging that putting responsible gambling policies and practices in place at the outset is essential for mitigating the potential negative impact of expanded gambling on Massachusetts' residents. The Commonwealth needs to make a strong commitment to a full array of services that include a continuum of prevention, intervention, treatment, cross systems strategies and research.

### **Our State Currently Not on Par with Other States or Canada**

Presently, problem gambling services in Massachusetts are funded mainly through legislation that directs \$1 million of Lottery funds (from unclaimed winnings and proceeds of a multi-state game). Licensing regulations require that the State's four racetracks make payments that total \$130,000 to the Racing Commission annually for problem gambling services. However, in FY09, due to declines in racetrack proceeds, these funds were not available to the Council for its work. It is anticipated by the Racing Commission that these funds will not be available in FY10 as well.

Currently, services for addressing gambling problems in Massachusetts include activities that lay the foundation of a prevention initiative, intervention services, which include advocacy, public awareness, education and referral, and treatment services. These services are not on par with problem gambling services in other states. Massachusetts has one of the most successful lotteries in the nation, yet in a 2008 national survey<sup>i</sup> of publicly funded problem gambling services in the United States, the Commonwealth ranked 18 in per capita expenditures to address problem gambling. The Massachusetts per capita expenditure of \$0.18 compares poorly to the \$0.25 per capita average spent nationally, and even worse to the \$1.65 per capita committed by the state ranked number one, Oregon.

According to a 2006 version of the same national survey, problem gambling services offered in the 35 publicly funded states include:

Helpline	in 96% of states
Public Awareness	in 88% of states
Training	in 88% of states
Treatment	in 80% of states
Prevention	in 46% of states
Research	in 11% of states

As one would expect, the States with highest per capita spending (Oregon, Iowa, Delaware, West Virginia) provide an array of services. However, no state at present provides a comprehensive prevention initiative nor adequate research, and only a few offers a continuum of treatment services.

The problem gambling services that stand out as model programs are Canadian. Nova Scotia, Ontario, Saskatchewan, and Quebec have comprehensive programs that have contributed significantly to the field. These Canadian provinces provide significant prevention, intervention, treatment, and research activities, products, programs and processes. The average percent of government gaming revenue in Canada committed to problem gambling is 1.4%, a \$3.53 per capita expenditure<sup>ii</sup>. Nova Scotia developed a comprehensive problem gambling strategy in 2005<sup>iii</sup> and allocates 2.8% of gambling revenue, a \$6.78 per capita allocation, to problem gambling services, according to the Canadian Gambling Digest 2007-2008 report. This report also indicates that Ontario is a Canadian province with a strong commitment to problem gambling services, with a 2.1%, or \$3.88 per capita expenditure, of gaming revenue allocated in 2007-08.

### ***Massachusetts has Opportunity to Lead Nation***

Massachusetts has the opportunity to maintain its standing as a leader in providing responsible public policy related to gambling by ensuring a safety net for those at risk for gambling problems and by establishing regulations and responsible gambling practices. The Council requests that the Commonwealth invest as fully in minimizing the harm of expanded gambling as it does in maximizing the revenues and follow Canada in determining the formula for funding problem gambling services in Massachusetts. A \$3.53 per capita spending, Canada's average, would be approximately \$23 million (Massachusetts population 2008 is 6,497,967, Census.gov) in spending for Massachusetts. Given that it is not yet known whether slot machines or other gambling opportunities will be proliferated in the Commonwealth, it is difficult to estimate the potential revenue that expanded gambling may bring. The Council asks that policy makers set aside *no less than 2.5% of gross gambling revenue toward funding a public health plan.*

An allocation from Massachusetts of \$23 million or 2.5% of gaming revenues for problem gambling services would give the Commonwealth the potential of being a model program nationally and internationally. If the Commonwealth were to expand gambling, a goal worthy of Massachusetts would be to not only maximize benefits, but also minimize harms. A commitment of 23 million or 2.5% of gross revenues would allow Massachusetts to achieve that goal.

### ***A PUBLIC HEALTH PLAN FOR PROBLEM GAMBLING SERVICES IN MASSACHUSETTS***

A comprehensive public health plan to mitigate the effects of expanded gambling in Massachusetts needs to include prevention, intervention, treatment, cross systems services and research. The following is a detailed description of the Council's comprehensive plan for Problem Gambling Services in Massachusetts.

#### ***Prevention Services***

*The approximate cost of achieving the following level of services is \$5 million annually*

A comprehensive prevention initiative would use universal, selective and indicated strategies and primarily target those who do not presently exhibit symptoms related to problem gambling or meet diagnostic criteria with a goal of preventing gambling-related problems from developing. A comprehensive prevention initiative would include multiple strategies over multiple targets and domains with special focus on high risk groups (e.g. adolescents, young adults, elderly, economically disadvantaged). Center for Substance Abuse Prevention (CSAP) strategies would be used in the absence of any model programs in problem gambling prevention at present. The strategies and examples of programs follow:

- *Information Dissemination*  
i.e., public awareness campaigns, (print, radio, television), websites with information for youth, parents, teachers with information related to problem gambling, development of materials for distribution (brochures, posters), development of youth programs for teens to be delivered through colleges and universities, placement of materials at gambling venues (lottery & keno outlets, racetracks, casinos); materials need to be appropriate for multiple populations across age, gender, race, ethnicity, urban, rural, etc., in a culturally competent manner.
- *Prevention Education*  
Training across systems would be provided with the goal of building capacity of existing prevention programs and efforts to include problem gambling. This would include the obvious prevention-focused agencies as well as agencies for which prevention is a secondary focus (i.e. educational systems, medical and health care agencies, social service agencies, corrections system, etc.) in addition to trainings with operators and clients of gaming venues. Again, appropriate culturally competent materials need to be developed (i.e. videos, CD's, curriculum, etc.) for use in training multiple populations.
- *Alternative Activities*  
In addition to working with multiple systems to offer activities as alternatives to gambling activities, guidelines to reduce the risk of legal gambling activities (i.e. senior center trips to casinos, college "Las Vegas Nights", etc.) would be developed and provided.

- *Community Based Processes*  
Would increase the capacity of communities throughout the state to support healthy gambling behavior through assessing community readiness to prevent gambling problems and forming alliances and collaborations to promote problem gambling prevention. (Alliances might include local boards of health, local law enforcement, gambling venues such as convenience stores and Lottery vendors, bus companies with trips to casinos, school boards, etc.) Stakeholder meetings and forums to identify local emerging issues and solutions would be held.
- *Environmental Approaches*  
The environment in which gambling exists needs to support healthy gambling behavior as well. This is addressed by surfacing policy issues, policy formation, policy discussion and policy enforcement, and policy with multiple systems to reduce harms related to gambling.  
  
Some examples include gambling industry responsible gambling policies and programs (i.e. voluntary self-exclusion, responsible gambling features in slot machines, enforcement of existing laws related to underage gambling, posting of helpline number at Lottery outlets), and school and college policies related to problem gambling prevention.
- *Problem Identification and Referral*  
Prevention professionals working with groups identified as high-risk for gambling problems are likely to encounter problems that already exist. A full array of intervention and treatment services needs to be available for referral in these cases.

### **Intervention Services**

*The approximate cost of achieving the following level of services is \$5 million annually*

Intervention services are needed for people who are beginning to experience gambling problems in order to reduce or stop the negative consequences related to their gambling. Present intervention strategies in Massachusetts include:

- 1) advocacy services for problem gamblers and their families and for responsible public policy related to gambling
- 2) public awareness and information provided to the public about problem gambling (i.e. public awareness campaigns, radios and television stories, websites, newsletters)
- 3) community education and professional training (i.e. clinical and community trainings, courses, conferences, counselor certification, exhibits)
- 4) information and referral services (i.e. 24 hour helpline, response to email and walk-in requests for help)

Additional areas of intervention needed include:

- *Increased services to address problem gambling in minority communities.* Resources would be added to increase the capacity of cultural and linguistic minorities to access services. These would include production and distribution of public awareness and training materials and resources, and provision of helpline and treatment services that are culturally and linguistically appropriate.
- *Increased services to target high risk groups.* Resources would be added to target the needs of those vulnerable to gambling problems. These include: pre-adolescent, adolescents and young adults; seniors; the incarcerated and probationers; homeless persons; persons with disabilities; military personnel and veterans; the mentally ill and substance abusers.
- *Increased public awareness and information dissemination,* comprised of a strategic, ongoing statewide media campaign including radio, TV, print and electronic mediums. Resource materials for community awareness would be created and distributed.
- *Increased use of technology,* i.e. websites, podcasts, internet advertising, social networking sites, etc., particularly to target youth and young adults

- *Increased resources for helpline callers*, including additional traditional treatment options and options for self-directed treatment, support for “natural quitters”, and support materials for families
- *Increased collaborations with criminal justice system* in order to provide treatment for problem gambling in lieu of incarceration where appropriate, similar to drug courts model for substance abuse

### **Treatment Services**

*The approximate cost of achieving the following level of services is \$5 million annually*

Treatment services are targeted to those persons who experience gambling problems (due to their own or a loved one’s gambling) that meet diagnostic criteria and are severe enough to require professional help. At present treatment options are limited to eight DPH/BSAS outpatient treatment centers.

Additional treatment resources need to include:

- *A continuum of care* from formal intervention, crisis care, day-treatment, residential treatment, in-patient treatment, aftercare and relapse prevention (similar to services that exist for substance abuse treatment)
- *Treatment* that is accessible geographically and through expanded health care centers (e.g. Department of Mental Health programs, Neighborhood Health Centers, correctional facilities, other state, local, and private systems); provide treatment component for adolescent gamblers
- *Trained medical professionals* from primary care and specialty providers, to allied health professionals for screening and referring or treating problem gamblers and their families
- *Treatment delivered in several languages* and in a culturally competent manner
- *Health insurance coverage* for problem gambling treatment
- *Elimination of barriers* to providing effective, accessible problem gambling treatment statewide

### **Cross Systems Services**

*The approximate cost of achieving the following level of services is \$4 million annually*

Cross systems services and workforce development planning and implementation is needed so that all state agencies who serve consumers at risk for gambling problems will be provided with resources and trained to incorporate services for preventing, intervening and treating gambling problems into their services.

The Mass Council convened representatives from Massachusetts’ state agencies in 2008 for a discussion of how problem gambling is noted and addressed within state systems across the Commonwealth. It was determined that little or no policies or practices exist to identify, assess or refer problem gamblers within their populations to appropriate services. The Council is committed to developing policies, practices, and workforces within state systems to support problem gambling services. Initial efforts would include Executive Office of Health and Human Services agencies, Department of Corrections, Probation and Parole Board.

### **Research**

*The approximate cost of achieving the following level of services is \$4 million annually*

In all of the areas of prevention, intervention, treatment, and cross systems services, there is a lack of reliable evidenced-based data on which to build programmatic responses to problem gambling. An essential need is for an evaluation component in each of these areas.

In addition, it is clear that planning and initiating a research strategy to investigate the public health consequences of gambling for Massachusetts would be beneficial to the Commonwealth. (E.g. Examine risk-factors and co-morbid conditions that can influence the development and maintenance of gambling disorders, examine high-risk populations that may be disproportionately vulnerable to gambling disorders, assess the effectiveness of interventions designed to prevent and treat gambling disorders, etc.).

## **REGULATION AND RESPONSIBLE GAMBLING PRACTICES**

The Council recommends an aggressive regulatory structure governing gambling operations in Massachusetts, as a required component funded through the gambling industry. Any potential gambling operator will be required to have plans to guarantee compliance with the highest standards of responsible gambling programs. These policies and practices would lead Massachusetts to optimize the benefits and mitigate any negative impact of the gambling.

- The development of an industry oversight authority, an essential component of a responsible gambling plan, includes, but is not limited to, the following recommended best practices:
  - The membership of the authority includes individuals with expertise in public health and experts in the field of gambling addiction.
  - The authority regulates and monitors the advertising to ensure that any marketing does not target minors or other vulnerable populations and does not suggest gambling as a way of investing, and does not misrepresent the odds of winning.
  - The authority continuously studies and investigates the efficacy of gaming law and regulations and the public health-related impact, and may formulate recommendations.
  
- Gambling facilities in the Commonwealth must agree, as a requirement of operation, to promote responsible gambling practices. These practices could include, but are not limited to:
  - Provide free space for independent on-site intervention and counseling services and a certified trained compulsive gambling counselor on site during all open hours.
  - Provide employer training at Massachusetts gambling facilities so workers can recognize problem gambling and refer problem gamblers for help, much like alcohol server training.
  - Prominently display education materials on compulsive gambling on websites and at their facilities within easy reach of gamblers.
  - Establish a plan whereby anyone can remove themselves from receiving any promotional materials of the facility – a “do not call” list.
  - Establish a “statewide self-exclusion list” in which admitted compulsive gamblers give their names to gambling outlets and agree they are legally barred from the facility.
  - Provide the Commonwealth with aggregate demographic information of its customers to allow the state to appropriately target its prevention and intervention efforts.
  - Operate smoke-free facilities, as tobacco use is a public health concern related to problem gambling.

The Council recently convened *The Massachusetts Partnership for Responsible Gambling*, an alliance of gambling industries leaders and problem gambling advocates who are committed to responsible gambling practices. The mission of this group is to collectively promote responsible gambling policies and practices in Massachusetts.

## **THE COUNCIL’S CONTINUED VISION AND ROLE**

The Mass Council on Compulsive Gambling will continue to take a leadership role in developing and connecting policy makers to information and materials to inform responsible public policy related to state supported gambling. The Council encourages the Commonwealth, if it chooses to enter into expanded gambling, to do so in a manner that takes responsibility for assuring that adequate services are available to prevent, intervene and treat gambling problems and that serves as a national model for responsible gambling policies and practices. The Mass Council on Compulsive Gambling is available and prepared to serve as a resource for planning and implementation.

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## References

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- iii A Better Balance Nova Scotia's First Gaming Strategy, April 2005. <http://www.gov.ns.ca/govt/gamingstrategy/BetterBalance.pdf>