Taking a Public Health Approach

Addressing Problem Gambling & Addictions

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"You mean to tell me you left your mother-in-law back there and grabbed the slot machine you were playing? Dude, you need help."
Gambling Industry Growing at Alarming Rate.

Projected Internet gambling increases

Internet gambling is expected to increase significantly worldwide as access to the Internet gains a foothold in other countries:

**Gambling expenditures***

- '99: $1 billion
- '00: $2 billion
- '01: $3 billion
- '02: $4.5 billion
- '03: $6.3 billion

**Worldwide Internet gamblers***

- '99: 4 million
- '00: 5 million
- '01: 7 million
- '02: 9 million
- '03: 12 million
- '04: 15 million

* Figures are estimations

Source: Christiansen Capital Advisors

S.P. Harris, FLORIDA TODAY
More Games, Increased Access, Greater Sales, Higher Gambling Losses

Historical Oregon Lottery Sales by Business Year
as of March 1, 2004

1985: 1st Scratch-it sold on April 25! Megabucks is introduced and, for the first time, Oregonians can win MILLIONS in a grocery store!

1986: Oregonians vote to create Lottery by a 2 to 1 margin to support Economic Development. Sales, Games and Fun have been growing ever since...


1988: Oregon Lottery helps develop the first multi-state game - Lotto America.

1989: Sports Action begins with the money dedicated to intercollegiate athletic and scholarship programs.

1990

1991: Five minute Keno introduced.

1992: Video Lottery games begin and Powerball replaces Lotto America as nation's biggest jackpot game.

1993: 1995: Oregonians direct Lottery profits to support Public Education.

1996

1997

1998: Oregonians direct 15% of Lottery profits to State Parks and Salmon Habitat Restoration.

1999: State Legislature directs at least 1% of Lottery profits to Problem Gambling treatment.

2000

2001: Oregonians can win $1,000 a week for life with Win for Life!

2002

2003: Scoreboard football game goes on sale.

2004

1999: State Legislature directs at least 1% of Lottery profits to Problem Gambling treatment.

2001: Oregonians can win $1,000 a week for life with Win for Life!

2003: Scoreboard football game goes on sale.
Societal Acceptance = More Gamblers

- Industry perpetuates a vision of gambling as entertaining, glamorous and as a means of achieving financial freedom.
More Gamblers, More Problem Gamblers

Prevalence of gambling disorders in a society (visible part of the iceberg) is a function of the overall level of gambling participation (the underlying mass).
More Problem Gamblers, More Costs

  - Gambling cost the American economy as much as $54 billion annually.
  - For every $1.00 of economic benefit from a casino, $6.28 is charged up in societal costs.
  - The costs to society of an additional pathological gambler is $11,304.
Can This Sinking Ship Be Saved?

Public Health Up, Up, and Away . . . .
Turning Point Model State Public Health Act

- Public health laws in this country are antiquated, ineffective and insufficient.
- The turning point act provides model public health statutory provisions.
- The turning point act is available at: www.turningpointprogram.org
A Few Key Components of a Public Health Approach

- Multi-dimensional perspective
- Social and individual determinants
- Continuum of gambling risk
- Health promotion as guiding principles
- Primary, secondary, tertiary prevention
- Harm-reduction philosophy
- Risk and protective factors
- Population-based approach
Population-based Approach

- Shift responsibility from individual to society
- Redefine problem gambling as community/social problem, not ‘defective’ individuals
- Implement strategies at a population level
- Address determinants of health
Let's Find an Example.

Applying a Public Health Approach Toward Problem Gambling
98,000 sq. miles with 3.4 million residents
Multnomah Falls:

Oregon’s Top Tourist Attraction

until . . .
Spirit Mountain Casino: Oregon’s New Top Attraction
Problem Gambling Service History

- 1991: Introduction of public funding for treatment
  - Formed with intro of video poker to Lottery game mix.
- 1995: Statewide treatment system operational.
  - 1% Lottery proceeds to Problem Gambling Treatment Fund ($3M).
  - Transferred program responsibility to DHS.
- 2001: Public health service approach began.
Converting to a Public Health Approach
Adoption of strategic goals for gambling

- Prevent gambling-related problems
- Promote balanced and informed attitudes, behaviors, and policies
- Protect vulnerable groups
Endorsement of public health principles

- Insure that prevention is a community priority, with the appropriate allocation of resources
- Incorporate health promotion as guiding principle
- Foster personal and social responsibility for gambling policies and practices
Adoption of harm reduction strategies

- Provide healthy-gambling guidelines for the general public
- Develop vehicles for early identification
- Allow for flexible treatment goals
- Implement surveillance and reporting systems to monitor trends in participation and incidence
Allocate resources to identify and treat level 2 gamblers

- Gambling Evaluation and Reduction Program (GEAR)
  - Home-based program using workbook with phone counseling
  - Brief intervention course for pre-release prison inmates
Build a public health workforce

- Conceptual understanding and buy-in
- Collaboration
- Congruency
What does it mean to be a gambling treatment provider within a public health approach?

"We're stranded on this island, and your cell phone had enough power to make one call. Instead of calling for help, you call in a bet. You don't see the problem here?"
Blur the Borders

- Remove the box - “therapist”, “counselor”, “clinician”
  - Prevention and outreach agent
    - Educate allied care professionals, build partnerships, educate communities
  - Expert witness to political process
    - Educate public and policy makers
    - Seize opportunities to influence policy
  - Public health ambassador
    - Redefine problem gambling as a societal problem not “diseased” individuals
Foundations to practice

- Nonjudgmental flexible treatment goals
  - moderation as legitimate goal

- Contextualism
  - look at context of problem
  - consider multiple theoretical conceptualizations
  - do what works

- Health promotion
  - individual, family, & community

- Collaboration
  - allied health care workers
  - client and client’s system
System Components

- $700,000 “when gambling is more than a game no one wins” statewide PG awareness campaign
- $600,000 in funding to local government problem gambling prevention and awareness programs
- Gambling help-line service offers multilingual services
  - 877 2 STOP NOW
- $1.9 M. stepped-care treatment system, 25 outpatient treatment centers, 2 crisis-respite centers, two minimal intervention programs
- High value on evaluation and workforce dev. efforts
Oregon Problem Gambling Treatment

Stepped Care Service Plan

Caller to the Problem Gambling Hotline

Matched to treatment based on clinical judgement and available resources

Gambling Evaluation and Reduction Program (GEAR)  Local Outpatient Program  Specialized Services e.g., Dual-diagnosis Intensive outpatient Residential

Least restrictive  Base level community program  More restrictive

Treatment intensity increases with negative outcome both within program and between programs

Continued positive outcome: Monitor only

Serious relapse: Requires further treatment at appropriate intensity
Evaluation

- Provider staff collect
  - Enrollment, termination, & encounter data

- Independent evaluator collects follow-up data
  - Non-Completers: 90 day and 6 month
  - Completers: 90 day, 6, 12, 18, 24 month
Evaluation Results
Enrollments Up 48%
Family Clients Up 66%

- 70% female
- 60% spouse of gambler
- 14% parent of gambler
- 12% child of gambler
75% of clients reported improvement

- At termination
  - 27% classified as successful completion
  - more severe clients left treatment early

- At 90 day post-treatment (75% efficacy)
  - 37% of drop-outs reported no gambling
  - 29% of drop-outs much less gambling
  - 98% of successful completers retained gains
Tx Cost-Efficiency
Increased 66%

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Increased environmental support

- Media exposure increased
- Presentations/Outreach/Education
  - MH & AD clinics
  - CFS, faith community
  - School and parent groups
  - People of color
  - Prisons/Judicial System
  - Senior Groups
  - Businesses
Data Driven Messages

Problem gambling effects individuals, families, & communities

- Average debt = one year’s salary.
- 40% committed illegal acts to gamble
- 24% reported that gambling resulted in divorce, separation, or break-up
- 15% lost job as result of gambling
- 10% had suicide plans past 6 months
Conclusions
Utilizing a public health approach appears promising

- enrollment up
- cost efficiency improved
- short-term efficacy appears very good

More needs to be done

- Expand application of public health approach within Oregon and to other states
- Continue to monitor for change
For More Information:

- For Full 2003 Oregon Evaluation Report:
  
  www.gamblingaddiction.org

- For Paper on Public Health and Gambling:
  
  www.hms.harvard.edu/doa/html/handouts/publichealth4principles.pdf

- For “Model State Public Health Act”:
  
  www.turningpointprogram.org

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