

Alcohol/Drugs-Food-Gambling/Gaming-Nicotine-Sex

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January 15, 2019 Vermont Department of Liquor and Lottery Patrick T. Delaney, Commissioner 13 Green Mountain Drive Montpelier, VT 05602



Problem Gambling Vermont FY 2018-2019 Grant Quarter 2 Report (10/1/18-12/31/18)

Executive Summary

CARTER, Inc. is pleased to maintain a strong commitment to the three main goals of the grant: 1. Managing Phone and Text Hotline, 2. Maintaining a Counselor Network for Referrals for Treatment, and 3. Providing education and training seminars and awareness campaigns regarding Responsible Gambling and Gaming. During the 2018 Legislative session the Grant Award was reduced in the VT State Budget FY19 to \$100,000 from \$150,000 in FY16, FY17, and FY18. This summary reviews the activities and progress associated with each goal for Quarter 2 from 10/1/18-12/31/18. Highlights includes numerous clinical and informational consultations by phone, in person, and online related to gambling, gaming, policies, and public awareness. Hotline activity has been steady with several calls related to media requests, local and national networking and partnerships, wrong numbers for lottery winnings info, and help for individuals and families. No continuing education trainings have taken place with planning beginning for late Spring conference, primarily due to reduced funding.

Hotline

There have been several calls for resources on problem gambling for family, individuals, and community agencies. One example includes someone calling for help with a family member who lost several thousand dollars on online gambling. When confronted the family member exhibited extreme denial and maintained addictive behaviors through Bingo and lottery tickets. Family member was directed to online resources and a counselor in her areas. Another example is a person who called wanting help and was very upset because he said he lost everything. Phone consultation revealed severe gambling disorder and patient was referred to online GA meetings, and a counselor in his area. Seven other people were referred to counseling, 11 people did not leave their name or number, and 3 people called for media stories and online resources. A total of 24 calls came in for gambling related issues, in addition to 37 wrong numbers (mainly people looking for info on lottery numbers or offices).

What is important regarding the hotline is not the exact numbers (despite active and accurate tracking) but rather that gambling addiction is an invisible addiction. There is no biomarker for gambling. Most people with gambling disorder don't ask for help until it's often too late. Half of all people struggling with gambling disorder contemplate suicide and the suicide completion rate to 2.5x higher for gambling than the general population. Many also struggle with mental health disorders: 40% anxiety disorder, 50% mood disorder and up to 60% personality disorder.

Referral to Treatment and Public Awareness

In Q2, at least 4 people are known to have connected with treatment as a result of a referral from Problem Gambling VT. Experience over the last 3 years has shown that many people are being seen in counseling agencies across the state and discussing issues related to gambling. Problem Gambling VT through CARTER, Inc. has been active on social media platforms, recording a podcast in December 2018 not yet released, and interviewed on gambling for a college newspaper (http://defender.smcvt.edu/?p=8652). CARTER, Inc. has partnered with NY Council on Problem Gambling, Mass. Council on Compulsive Gambling, the New England Consortium of Gambling Councils, and the National Council on Problem Gambling by attending regional and national conferences on Gambling.



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CARTER, Inc. now manages the Impaired Driver Rehabilitation Program in Franklin, Addison, and Lamoille Counties and provides evaluations and educational programming to DUI offenders. The synergy between expansion of CARTER, Inc. and the merger of Lottery and Liquor suggests a good partnership moving forward. We can grow our resources and invest to help Vermonters with gambling problems, alcohol-related problems, and often both. Below is a brief informational document on the relationship between problem gambling and alcohol related problems. Important developments are occurring nationally regarding legalized sports betting with information also contained in this report.

GAMBLING DISORDER AND ALCOHOL USE DISODER

STATISTICS - GAMBLING

- Approximately 85% of U.S. adults have gambled at least once in their lives; 60% in the past year.
- 2 million (1%) of U.S. adults are estimated to meet criteria for gambling disorder in any year.
- Another 4-6 million (2-3%) are estimated to be problem gamblers.

STATISTICS - ALCOHOL

- From 1991-2013, alcohol use disorder increased by 49%
- 13% of U.S. population now meets criteria for alcohol use disorder
- Of married couples who get into physical altercations, some 60-70% abuse alcohol

STATISTICS - GAMBLING, ALCOHOL AND OTHER CONDITIONS

- 73.2% of problem gamblers had an alcohol use disorder
- 60.4% of problem gamblers had nicotine dependence
- 38.1% of problem gamblers had a drug use disorder
- 49.6% had a mood disorder
- 41.3% had an anxiety disorder
- 15-20% of problem gamblers attempt suicide, several times higher than people with other addictions

https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2647079

http://www.ncpgambling.org/wp-content/uploads/2014/08/Fri-930-1030-Dr.-Clark -July-11 2014 Natl-Conf-on-PG.pdf

ALCOHOL, GAMBLING, AND IMPULSIVE BEHAVIORS

"Alcohol use disorder and gambling disorder are well-defined examples of two recognized forms of addiction: substance addiction and non-substance-based behavioral addiction. Impulsive behavior is a core characteristic of both forms of addiction. In a study published in June 2014 in the journal *Addictive Behaviors*, a team of German and Dutch researchers compared impulsive behaviors associated with alcohol use disorder to behaviors associated with gambling disorder. The study concluded that both forms of addiction show a similar impulsivity profile."

https://www.recoveryranch.com/articles/addiction-research/gambling-disorder-alcoholism-feature-similar-impulsive-behaviors/

GAMBLING DISORDER AND HEALTH OUTCOMES

- Gambling severity associated with higher rates of medical utilization
- Gambling disorder more likely than low-risk individuals to be treated in the emergency room
- Any gambling disorder reported in primary care setting show more health-related concerns on indices of physical functioning.
- Problem gambling associated with elevated odds for incident arteriosclerosis and heart conditions.

 $\frac{http://nyproblemgambling.org/wp-content/uploads/2017/11/Fong-KEYNOTE-The-IMpact-of-Gambling-disorder-on-Physical-Health.pptx}{Physical-Health.pptx}$

FROM THE NATIONAL COUNCIL ON PROBLEM GAMBLING (NCPG)



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Responsible Gaming Principles for Sports Gambling Legislation

National Council on Problem Gambling's Responsible Gaming Principles for Sports Gambling Legislation provide a basis for new regulations and legislation that may be enacted to allow sports betting. The principles will help protect individuals, gaming companies, and legislators by assisting the creation of reasonable efforts to prevent harm and provide treatment.

NCPG urges that these principles be included in all sports betting legislation and calls on NCPG members and stakeholders to advocate for the implementation of these principles with their state and federal representatives.

These principles were approved by the NCPG Board of Directors in February 2018 and were based on our Board of Directors' February 2017 Resolution on Sports Betting. As stated in the Resolution:

"NCPG believes the expansion of legalized sports gambling in the United States will likely increase gambling participation and problems unless the following steps are taken to minimize harm.

Legislators and Regulators Should:

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- Ensure that any expansion of sports gambling includes dedicated funds to prevent and treat gambling addiction.
- Require sports betting operators to implement responsible gaming programs which include comprehensive employee training, self-exclusion, ability to set limits on time and money spent betting, specific requirements for the inclusion of help/prevention messages in external marketing.
- Assign a regulatory agency to enforce the regulations and requirements that are enacted.
- Conduct surveys of the prevalence of gambling addiction prior to expansion and at regular periods thereafter to monitor impacts of legalized sports betting and have data that will support evidence-based mitigation efforts.
- Establish a consistent minimum age for sports gambling and related fantasy games."

Discussion:

Everyone who profits from sports betting bears responsibility for gambling problems. The only ethical and economical way to maximize benefits from sports betting is to minimize problem gambling harm. Therefore any governmental body and sports league that receives a direct percentage or portion of sports betting revenue must also dedicate funds to prevent and treat gambling problems.

Sports betting should not be allowed in a state without funding for problem gambling services. NCPG suggests that the equivalent of 1% of revenue from legalized sports betting should be dedicated to problem gambling services. The source of funds may include state tax revenue and license fees as well as voluntary contributions by gaming operators. In order to maximize effective treatment and prevention, the funds must be dedicated to problem gambling and should be made available to state health agencies and private non-profits.

Sports betting operators must be required to have responsible gaming programs. These programs should be specified in the regulations. The operator must have a written plan with measurable objectives, and an annual report on the progress towards these goals must be provided to the regulator and available for public review. Compliance with the Responsible Gambling regulations and plan performance should be a condition of licensure and renewal.

Key elements of a Responsible Gambling plan include employee training for all staff who have contact with players, including customer service agents as well as administrative and corporate staff members. These staff members are taught skills and procedures specific to their position to respond to situations where a player exhibits warning signs or discloses they may have a gambling problem. Employees should be trained at hire and retrained and tested regularly.



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Players who wish to exclude themselves from gambling or sports betting should have options through either the operator an outside service recognized by NCPG or the regulatory agency. Family members should be able to request a gambler be banned through a process adjudicated by the regulator. Excluded players should receive information about available help services upon application; and subsequently should not receive any advertising, marketing or promotional materials or offers to continue gambling. Regulators should hold harmless operators who make reasonable efforts to comply with exclusion requests; but should pursue actions against operators who fail to make reasonable efforts.

Players should be able to set weekly or monthly deposit, loss, win and time limits prior to the onset of gaming. The operator should have a clearly articulated commitment to advertising that does not mislead or target people with gambling problems or minors. Advertising should contain a responsible gaming message and/or the National Problem Gambling Helpline (1-800-522-4700) number. Advertising should not be placed before any audience where most of the audience is ordinarily expected to be below the legal age to participate in gambling activity.

Any legislation to legalize sports betting must designate a regulatory agency with the specific mandate to minimize gambling-related harm. The regulator should consider the precautionary principle—there is a social responsibility to protect the public from exposure to harm, when scientific investigation has found a plausible risk—when considering new and expanded gambling legislation, regulations, policy or programs.

Survey research should be conducted prior to the expansion of sports betting and periodic monitoring conducted thereafter. In addition, data collected by regulated operators on gambling activity should be made publicly available through the regulatory agency to qualified researchers to help support mitigation efforts. Data must be de-identified to remove personally identifying information, consistent with Federal and state privacy, intellectual property and freedom of information laws.

A minimum age to bet on sports should be determined and enforced. Operators have an affirmative obligation to put in place technical and operational measures to prevent access by those who are underage, especially in online or mobile betting.

Sports betting legislation that allows internet, mobile and online gambling options may further increase risk factors for gambling addiction, but this technology also allows additional opportunities to enhance the responsible gaming features described above. Therefore NCPG urges legislators and regulators to utilize NCPG's best practice Internet Responsible Gambling Standards (IRGS) as the basis for any internet or mobile gaming regulation. Gaming vendors and operators are encouraged to build platforms and operations to meet these standards, and pursue NCPG's Internet Compliance Assessment Program (iCAP) to receive an independent audit confirming they meet the IRG standards.

As with other forms of gambling, there will be a significant portion of the population who experience negative consequences as a result of sports betting. It is incumbent upon our governmental bodies to help both betting companies and their customers by requiring reasonable regulations that will protect individuals from addiction issues that are highly likely to be the unintended consequences of sports betting.

NCPG Position on Legalized Sports Gambling March 2018