NATIONAL CENTER FOR RESPONSIBLE GAMING

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Approaching Responsible Gaming and Gambling Disorder from a Research Perspective

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Good afternoon. On behalf of the National Center for Responsible Gaming (NCRG), I want to thank the New York State Gaming Commission for the opportunity to address ways to prevent and reduce gambling-related harms in the State of New York. I am Christine Reilly, the senior research director of the NCRG, the only national organization in the United States dedicated to funding peer-reviewed research and science-based education on gambling disorders and youth gambling.

Today, I will provide a snapshot of the state of the field of gambling research, including the NCRG's role in launching this field, and address the particular concerns of the Commission about the impact of new casinos on the state through the lens of scientific research.

A New Field of Research

Let me begin with the state of the field and NCRG's efforts to advance research on this issue. "Pathological gambling," as it was then called, was not recognized as a mental disorder until 1980. This recognition did not ignite a rigorous field of research, largely because of a lack of funding. In 1999, the National Research Council of the National Academy of Sciences criticized the quality and credibility of the existing body of research and recommended that future research on gambling disorders be held to higher standards.[1] The few available studies were plagued by poor research design, such as small sample size and dependence on treatment rather than community samples. In this vacuum arose a number of biased or politically-motivated studies conducted without regard for objective scientific standards. From the beginning, the NCRG was committed to reversing this trend by establishing a foundation of objective, science-based research that will lead to effective prevention and treatment of the disorder.

The NCRG has awarded the largest amount of money ever dedicated to this field. Since 1996, the commercial gaming industry has contributed $25 million to the NCRG.

(Please see the Appendix for a list of current donors.) From day one, the NCRG has modeled its grants program on the National Institute of Health (NIH) for several reasons. First, we wanted to ensure that NCRG funds were awarded to the highest quality research projects. Second, the NIH model enabled us to build a stringent firewall between the main source of NCRG funding—the gaming industry—and the research. Third, using the NIH's policies and procedures sent a strong message to the scientific community that the NCRG was committed to the highest quality research and thus has enabled us to attract proposals from the leading research universities and hospitals including Columbia University, Harvard Medical School, The University of Chicago, Yale University, Johns Hopkins University, Cal Tech, Massachusetts General Hospital, Washington University at St. Louis and many other outstanding institutions.

Protecting the Integrity of Research Funded by NCRG

Ensuring that industry funding does not bias or interfere with research funded by the NCRG requires a stringent firewall:

- Proposals submitted to the NCRG are evaluated by independent peer-reviewers who have expertise in this area and experience with NIH review panels.
- The NCRG board of directors has delegated the authority to make the final decisions about grants awarded to the Scientific Advisory Board, a group of leading, independent scientists.
- Neither the NCRG board of directors nor the donors have any influence over the grant-making process. In fact, our grant agreement stipulates that NCRG is not allowed to see the final research findings until published in a peer-reviewed journal.
- Publishing in a refereed journal provides the final firewall. If NCRG was supporting mediocre or biased research, our grantees' manuscripts would not be accepted by highly competitive journals. NCRG-funded studies have produced more than 200 articles in peer-reviewed scientific journals and cited in peer-reviewed publications more than 15,000 times, demonstrating the impact that our research has had on the field.

Thanks in part to the NCRG, the field has burgeoned over the past 18 years. We now have reliable estimates of how many people have the disorder; a more sophisticated understanding of the neurobiology of the disorder; evidence of the genetic basis for the

disorder; promising treatment strategies, both drug and behavioral; and greater knowledge of gambling among vulnerable populations such as youth and college students.

Although the field is young, a growing research base can help guide you as you consider initiatives and regulations to reduce gambling-related harm. The remainder of my testimony will address the specific concerns raised by the New York State Gaming Commission.

Prevalence of Gambling Disorder: Will it increase?

Conventional wisdom says that more exposure to gambling will increase the rate of disordered gambling. But does the research bear this out? Before we discuss potential scenarios for New York, let's start with a brief history of the prevalence of gambling disorder in the U.S.

- In 1979, a national commission determined that approximately 1 percent of the adult general population had a gambling disorder.[2]
- In 1999, the National Research Council of the National Academy of Sciences analyzed research conducted by Harvard Medical School (funded by NCRG) and confirmed a prevalence rate of 1.5 percent.[1]
- In 2008, the National Comorbidity Survey Replication, a landmark mental health project funded by the National Institutes of Mental Health, released its finding that approximately one percent of U.S. adults have a severe gambling disorder, with an additional 2-3 percent having problems but not sufficiently severe to warrant a diagnosis.[3]

During these three decades, legalized gambling expanded exponentially in the U.S.—and yet the rate of disordered gambling has remained relatively stable. Harvard Medical School Professor Howard Shaffer and colleagues have conjectured that this trajectory reflects the adaptation of the population to the presence of gambling over time.[4] The brief increase in the prevalence rate in the 1990's could have been due to the "novelty effect" of new gaming opportunities introduced in that period. Over time, the novelty effect waned and the rate returned to approximately one-percent.

Are there differences from state to state? No prevalence study conducted in this period has shown that any one state has a significantly higher rate than the national estimate. Even Nevada—a state whose population is exposed to gambling at a high level—has a rate roughly similar to the U.S. estimate.[4,5]

If New York follows this pattern, you could see a small increase in gambling problems during the initial period. For example, a University of Iowa study found that despite the introduction of casinos in Iowa in the 1990's, the prevalence rate remained stable except during the initial phase in which a slight increase in problems was detected.[6] This means that it is vitally important to offer public health measures that remind recreational gamblers that gambling is not a risk-free activity and to provide interventions for people who begin to experience gambling-related problems.

Industry Best Practices for Operators and Regulators

What are the best responsible gaming practices for operators and regulators? Research on the safety and effectiveness of initiatives to prevent and reduce gambling-related harm is limited. However, we can offer the following guidelines.

1. Allow peer-reviewed research be your guide when shaping public policy. Because the field of gambling studies is young, there still remains a great deal of what is called the "gray literature" – studies that are not published in peer-reviewed scientific journals. While all research deserves a measure of scientific skepticism, unpublished research is particularly suspect. Without any critical review of the scientific merit of a study, unpublished research represents little more than opinion.[7] Public policy must be driven by the best available, peer-reviewed research. Otherwise, you risk developing policies and programs that may be ineffective or worse, unsafe.

2. Unjustified intrusion is likely not the way to promote responsible gambling.[8] For example, player reactions to time limits forced on their gaming session might increase their problem behaviors. Or, a machine that sends messages about how much the gamblers has lost could ignite "chasing losses," a hallmark of gambling addiction. Helpful analogies in the history of unintended consequences include the low tar cigarette that only caused smokers to increase their tobacco use and eating disorder programs on college campuses that was used by students to learn how to be anorexic or bulimic. The best-intentioned interventions might be sideswiped by the law of unintended consequences.[9]

3. Education of gaming employees about disordered gambling and responsible gaming, required in many jurisdictions, should be science-based and constantly updated to reflect the latest research. Addiction in general and gambling addiction in particular are not well understood and are obscured by outdated ideas. One

study found that although the employee education did increase their knowledge of gambling disorder and responsible gaming, it did not entirely dislodge certain myths about addiction and gambling disorders.[10] This demonstrates why it is vital to teach the most up-to-date science.

4. Any responsible gaming program rests upon two fundamental principles: (1) the ultimate decision to gamble resides with the individual and represents a choice, and (2) to properly make this decision, individuals must be informed consumers.[8] Brochures and web-based media explaining the odds and how slot machines work are examples of promoting informed decisions by customers.
5. If we want researchers to study the safety and efficacy of particular responsible gaming programs, regulators should ensure that datasets such as self-exclusion information is made available to interested investigators for study.
6. Most responsible gaming programs inform gamblers about opportunities for help such as posting the helpline number throughout the casino or distributing a brochure with names of treatment providers. However, it is important to note that only 15 percent of those with a gambling disorder seek help.[11] This statistic has motivated scientists and public health professionals to develop self-help resources for gamblers unlikely to go into formal treatment with a therapist. For example, the Massachusetts Council on Compulsive Gambling developed a science-based guide to help people think about changing their gambling behavior. Available in both print and online, *Your First Step to Change* offers the person a non-threatening, confidential guide to change. When this intervention was tested, the researchers found that this self-help guide was effective at increasing abstinence from gambling.[12] The NCRG also has many resources at your disposal for public education campaigns.

Efficacy of Self-exclusion Programs and Areas of Improvement

While the field of research on responsible gaming is still growing, one policy has support from research. Self-exclusion—a program that allows gamblers to exclude themselves from a gaming venue—is a responsible gaming practice that is used internationally to help individuals concerned about their gambling. The most compelling findings come from published, scientific research on self-exclusion programs in Missouri and Quebec, Canada. Although preliminary, the findings indicate that self-exclusion can

be for some gamblers a safe and effective preventive measure or an adjunct to their recovery from gambling disorder. These research projects concluded the following:

1. Overall, the gamblers enrolled in self-exclusion programs experienced long-term, positive outcomes, including abstinence from gambling.[13]
2. Despite the fact that a number of self-excluders in Missouri violated the agreement to stay out of casinos, these same individuals also got better over time. This led the study authors to hypothesize that the benefits of self-exclusion are attributable more to the act of enrollment rather than to restricted access to gaming venues. This suggests that viewing self-exclusion as a therapeutic program rather than a legal restriction with punitive consequences should guide the development of any new self-exclusion program.[13,14]
3. The studies found that the self-excluders who received treatment or pursued self-help interventions after enrolling in the program experienced more positive outcomes than those who did not.
4. Providing options for the length of the self-exclusion rather than just a lifetime ban seems to be the most viable approach in view of the ambivalence of disordered gamblers about changing their behavior—a hallmark of all addictive disorders.[15] If confronted with a program that requires an ironclad lifetime ban, a person who is already ambivalent about changing his/her behavior, might be deterred from taking advantage of the program.

In closing, I urge the Commission to ground your decisions about responsible gaming regulations in sound, peer-reviewed science. If there is no scientific research on a particular program or policy, we caution you to "First, do no harm." We can help you in this effort through our science-based resources. Part of our mission is to translate the research findings into practical applications that can help the entire community. A few examples of these resources include our workshops for clinicians, free webinars, brochures that helps parents and teachers address gambling problems among youth, a website toolkit dedicated to gambling-related harms on college campuses and more. My colleagues and I would be happy to assist you in any way that we can. Thank you again for this opportunity.

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APPENDIX

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