

NATIONAL COUNCIL OF LEGISLATORS FROM GAMING STATES
COMMITTEE ON RESPONSIBLE GAMING
LAS VEGAS, NEVADA
FRIDAY, JANUARY 9, 2015
2:00 P.M. – 2:45 P.M.
MINUTES

The Committee on Responsible Gaming of the National Council of Legislators from Gaming States (NCLGS) met at Paris Las Vegas in Las Vegas, Nevada, on Friday, January 9, at 2:00 p.m.

Rep. Helene Keeley of Delaware, committee chair, presided.

Other legislators present included:

Sen. David McBride, DE	Rep. Louie Luchini, ME
Sen. Robert Bradley, FL	Sen. Greg Brower, NV
Sen. Oscar Braynon, FL	Sen. William Coley, OH
Sen. Bill Galvano, FL	Sen. Anastasia Pittman, OK

Others present were:

Susan Nolan, Nolan Associates, NCLGS Executive Director
Andrew Williamson, Nolan Associates

MINUTES

The Committee accepted the minutes of its last meeting on June 6, 2014, in La Jolla, California.

GAMBLING ADDICTION TREATMENT EFFORTS/INTERNET RESPONSIBLE GAMING STANDARDS

Carol O'Hare of the National Council on Problem Gambling reported that in 2013 the American Psychological Association released the Diagnostic and Statistical Manual of Mental Disorders IV (DSMIV), which made some significant changes to the diagnoses of gambling problems. She said the changes have provided benefits to problem gamblers but have also created several questions for the health care provider community.

Ms. O'Hare said that problem gambling is now treated as an addiction as opposed to an impulse control disorder. She said there were also changes to the ten DSM-IV Diagnostic Criteria for Gambling Disorders, eliminating criteria that was not contributing to the accuracy of a diagnosis. She said changes included creating a 12-month timeframe in the criteria for assessment, which allows the focus of treatment to be on the active disorder. She said the DSM IV also specifies definitions within the criteria of gambling like episodic vs. persistent, which classifies gamblers as binge gamblers and gamblers who progress in their activity. She said additionally the definition of "remission" has evolved and a severity index has been added to understand levels of problem gambling. She said these changes will help ensure problem gamblers are not all treated the same and are able to receive treatment at the level of their diagnosis. She said the changes have made it easier to understand the levels of gambling in which people engage. She noted that being able to identify where the gambler is has changed the way that services are consumed, which is a benefit specifically related to funding from public dollars.

Ms. O'Hare noted there has been a major shift to explore gambling as an addiction, moving it out of mental health to understand it within the realm of substance-use disorder as a result of the changes to the DSM. She said this is the first behavioral addiction to make this move, and it has created some havoc for insurance companies, specifically in regards to the Affordable Care Act (ACA). She said insurance policies that previously excluded coverage for gambling as an impulse control disorder are now faced with having to cover gambling addiction issues or change the language in exclusion policies.

She noted that the Americans with Disabilities Act (ADA) specifically excluded "compulsive gambling" in its policy language, but now a gambling disorder is considered to be a substance abuse disorder and it has not been determined how the changes will play out in coverage in the states.

Ms. O'Hare reported there is a lot of inconsistency as far as treatment services go, but since 2010, funding for addiction services has been cut nationwide and inadequate funding remains the top issue with problem gambling.

Ms. O'Hare spoke to federal level involvement and noted a significant eight-page brochure released last year that was devoted to problem gambling and addressed to behavioral health service providers from Substance Abuse and Mental Health Services. She said public acknowledgment of this problem is a step in providing better services to the problem gambling community.

Ms. O'Hare noted that the National Council on Problem Gambling (NCPG) recently released Internet Responsible Gaming Standards. She said that Internet gambling operators will now have an opportunity to receive an independent assessment of their responsible gaming programs compared to the standards of the NCPG. She said it is encouraging that the Internet gaming standards recommended by the NCPG are already in place in many states.

UCLA PROBLEM GAMBLING MOBILE APP

Ardeshir Rahman from the UCLA Undergraduate Scholarship Program Behavioral Technologies Laboratory (UBTL) reported that the UBTL is a group of clinicians, researchers, designers, and software engineers that concentrate mainly on creating mobile and web-based solutions in mental healthcare. He said the goal of UBTL is to apply new technologies to the field of mental healthcare in order to improve patient outcomes and lower treatment costs.

Mr. Rahman said that over the past few years UBTL has been developing a mobile app and a web app for gambling therapy called the Advanced Behavioral Management for gambling application. He said the app has an urge-management platform and brings gambling therapy to the patient through their mobile device. He said this allows clinicians to translate traditional therapies into digital form and treat patients through the use of technology. He said the app allows the patient to receive support from a therapist, talk to a support team, or find a Gambling Addiction (GA) meeting nearby. He said that the interactive journal aspect of the app helps patients document their progress. He said there are tools within the app that offer alternate healthy activities or provide someone to speak with who can help patients deal with emergency situations. He noted that patients have a constant support network where they can send and receive messages from therapists and sponsors. Mr. Rahman said that the data received from the app also allows for a more personalized form of therapy and increases the ability of the

clinical psychologists and psychiatrists to correctly diagnose and track progress. He said UBTL is currently in the middle of a clinical trial, where patients will use traditional therapy supplemented with the app to determine the effect on gambling behavior at the end of therapy.

In response to a question by Senator Pittman about the application's accessibility for those without Internet, Mr. Rahman said that there is a wide spectrum of demographic that seeks treatment for gambling therapy. He said UBTL is partnering with technology providers to make Internet devices and phones available to patients in state-funded programs for therapy use.

In response to a question asked by Senator Pittman if a problem gambler must be diagnosed to use this application, Mr. Rahman said at this time the application is being used by people in gambling programs but the long-term goal is to make this accessible to a wider range of people so clinicians can treat problem gambling with more accuracy.

ADJOURNMENT

There being no further business, the meeting is adjourned at 2:45 p.m.