

Problem
Gambling
Strategic Plan

July 1

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MISSION

The mission of the Problem Gambling Program is to increase public awareness of services available for problem and pathological gamblers and their family members, ensure the widespread availability of treatment programs for problem/pathological gamblers and their families and implement problem gambling prevention programs throughout the commonwealth.

EXECUTIVE SUMMARY

With the increased availability of legalized gambling in Pennsylvania comes increased concern about individual and social costs of problem gambling. While there are substantial gaps in our knowledge of problem gambling, what is known suggests that significant increases in access to electronic gambling machines and other continuous gambling forms (including casino table games and track betting) will generate increases in problem gambling and related costs in coming years. Furthermore, although we know little about the contemporary risk profile for problem gambling in Pennsylvania, this is likely to change. Problem gambling prevalence is likely to rise substantially as the availability and accessibility of legal gambling in Pennsylvania increases. What is not known is how quickly such efforts can have a significant impact and whether or not they can prevent increases in problem gambling entirely. Pathological gambling is often accompanied by alcohol use, drug use, mood and anxiety disorders (Petry, Frederick, and Grant, 2005). For many, gambling is attractive, as it fills a void and provides opportunities for social interaction (McNeilly and Burke, 2000). It will become increasingly important to educate individuals on risks, responsibilities and stakes of gambling; to increase education and awareness trainings for volunteers and non-professional staff of community outreach organizations; and to disseminate educational information of materials to schools and health officials, in order to support adolescents and teenagers.

The Department of Health (Department) is designated as the lead agency under Act 1 of 2010 for the management of the Compulsive and Problem Gambling Program. The Department is tasked with providing programs for public education, awareness and training regarding compulsive and problem gambling, as well as the treatment and prevention of compulsive and problem gambling. Pursuant to Act 1 of 2010, gaming funds will be used for: (1) the maintenance of a compulsive gamblers assistance organization's toll-free problem gambling telephone number to provide crisis counseling and referral services; (2) the promotion of public awareness regarding the recognition and prevention of problem or compulsive gambling; (3) the facilitation of the availability of effective assistance programs for problem and compulsive gamblers and family members; (4) conducting studies to identify adults and juveniles who already are or are at risk of becoming problem or compulsive gamblers; (5) providing grants to and contracting with organizations which provide problem gambling services; and (6) providing reimbursement for organizations for reasonable expenses in assisting the Department of Health in carrying out these purposes.

This plan will outline the strategies and goals to strengthen and enhance services available for problem and pathological gambling. Pennsylvania aims to efficiently and effectively respond to the ever-changing face of problem gambling.

In the interest of efficiencies, and due to the co-morbidity of problem gambling with alcohol and drug abuse, Pennsylvania

will take advantage of its existing local/county alcohol and drug abuse service network to support community-based problem gambling planning and services.

STRATEGIC PLANNING METHODOLOGY

The Problem Gambling Collaboration Group was designed to provide research-driven leadership and expertise for the prevention, education and treatment of compulsive and problem gambling for commonwealth individuals and their families.

The Collaboration Group consists of:

Department of Health's Bureau of Drug and Alcohol Programs (BDAP)

Robin Rothermel-Director

Steve Seitchik-Director, Division of Treatment

Terry Matulevich-Director, Fiscal Section

Pennsylvania Gaming Control Board's Office of Compulsive and Problem Gambling (OCPG)

Nanette Horner-Former Director OCPG

Elizabeth Lanza-OCPG Acting Director

Council on Compulsive Gambling of Pennsylvania (CCGP)

James Pappas-Executive Director CCGP

Joanna Franklin-CCGP Director of Training, Education and Help Line Services

Carl Robertson-CCGP Prevention Program Manager

Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA)

Michele Denk-Executive Director

Jody Bechtold, LCSW, NCGC-II; University of Pittsburgh-Coordinator BASW and MSW Programs

DATA

Pennsylvania currently has 14 casinos, with more yet to be opened. It will be increasingly important to monitor the prevalence and trends of problem gambling in Pennsylvania. In order to do this, Pennsylvania began asking gambling-related questions on the Behavioral Risk Factor Surveillance System surveys in January 1, 2007.

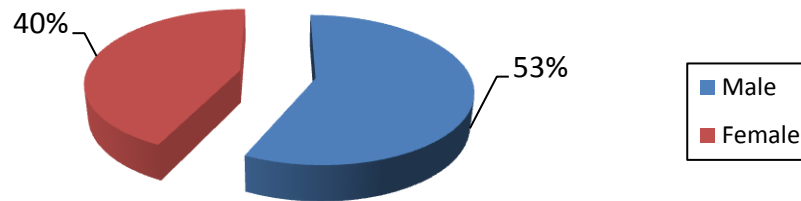
Behavioral Risk Factor Surveillance System (BRFSS)

Of all Pennsylvania adults aged 18 and older (surveyed from January 1, 2008 through December 31, 2008 only; please note that 2009 survey data is not yet available), a total of 46.2 percent (95 percent Confidence Interval: 44.2-48.2 percent) have gambled in the past 12 months. This is not a significant change in those that have gambled, compared to the 2007 BRFSS survey. In 2008, males gambled at a significantly higher rate than females (52.6 percent and 40.4 percent respectively) [**See figure 1.1**], and 47.8 percent (CI: 45.6-49.9 percent) of white, non-Hispanics gambled, which is significantly higher than the 31.4 percent (CI: 25.0-38.9 percent) of black non-Hispanics who gambled (**See Figure 1.2**).

Figure 1.1

By Gender

Adults who gambled in the past 12 months
(Shown as Percentage, 2008 Data)



Year	Demographic	*Percent	**Lower	**Upper
2008	Male	53%	49	56
2008	Female	40%	38	43

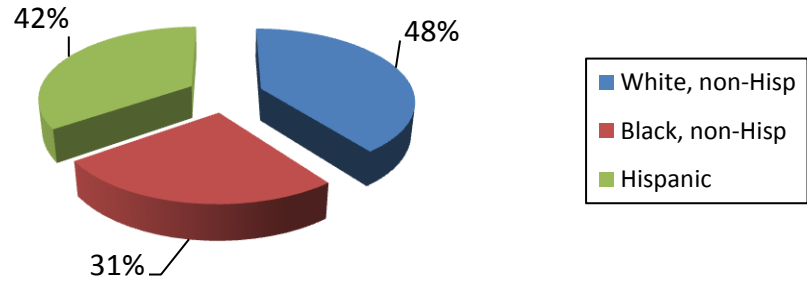
*Percentages will not always equal 100%. This is due to the gap in data which is found between the upper and lower confidence interval.

**Lower and Upper depict the Confidence Interval. There is a 95% chance the true rate falls between the Lower and Upper CI.

Figure 1.2

By Race/Ethnicity

**Adults who gambled in the past 12 months
(Shown as Percentage, 2008 Data)**

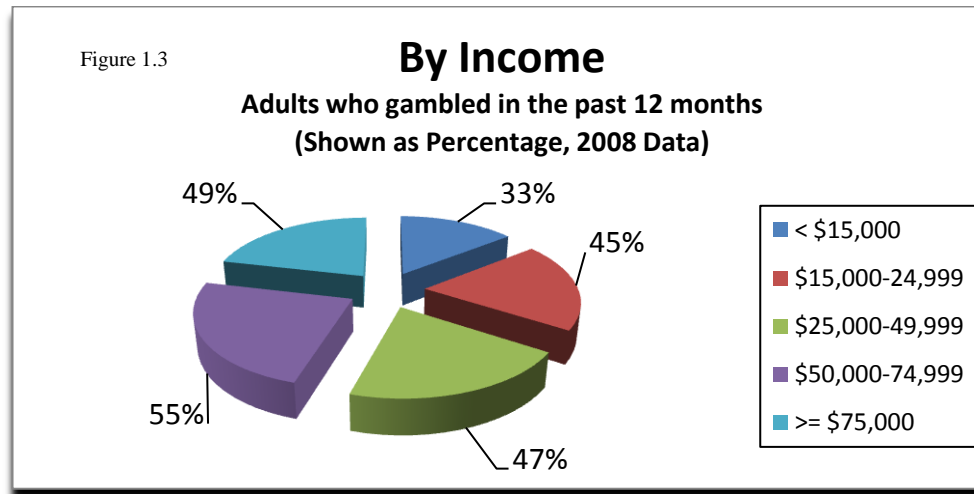


Year	Demographic	*Percent	**Lower	**Upper
2008	White, non-Hisp	48%	46	50
2008	Black, non-Hisp	31%	25	39
2008	Hispanic	42%	30	55

*Percentages will not always equal 100%. This is due to the gap in data which is found between the upper and lower confidence interval.

**Lower and Upper depict the Confidence Interval. There is a 95% chance the true rate falls between the Lower and Upper CI.

Among those whose annual household income was \$25,000-\$49,999, 47 percent gambled. That is significantly higher than those whose annual household income was less than \$15,000, 33 percent of whom gambled (**See figure 1.3**).



Year	Demographic	*Percent	**Lower	**Upper
2008	< \$15,000	33%	27	40
2008	\$15,000-24,999	45%	40	51
2008	\$25,000-49,999	47%	43	51
2008	\$50,000-74,999	55%	50	59
2008	>= \$75,000	49%	45	53

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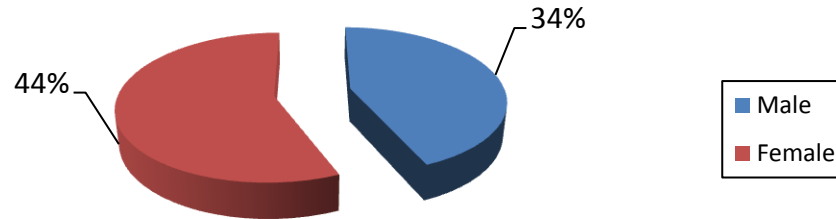
Among current smokers, 51.7 percent gambled. This is significantly higher than non-smokers, 44.6 percent of whom gambled. Additionally, 56.4 percent of those who drank alcohol in the past 30 days gambled, which is significantly higher than the 33.6 percent of those who did not drink alcohol in the past 30 days and gambled. There were no significant differences reported on gambling in the past 12 months based on age, education level or marital status among all Pennsylvanians.

Pennsylvanians engage in many different types of gambling, and people of different characteristics engage in these different types of gambling. Because Pennsylvania has recently legalized slot machines, gamblers were asked about their slot machine playing in 2008. Of Pennsylvanians who gambled, 38.7 percent (CI: 35.9-41.5 percent) played slot machines in the past 12 months. Of those who played slots, there was significant difference between females (44 percent) and males (34 percent) [**See Figure 2.1**].

Figure 2.1

By Gender

Adults that gambled in the past 12 months who played slots
(Shown as Percentage, 2008 Data)

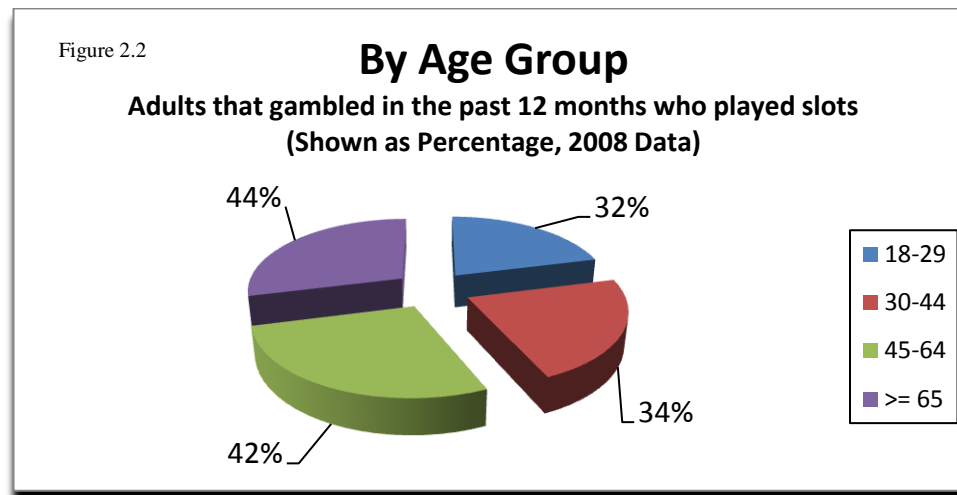


Year	Demographic	*Percent	**Lower	**Upper
2008	Male	34%	30	39
2008	Female	44%	40	47

*Percentages will not always equal 100%. This is due to the gap in data which is found between the upper and lower confidence interval.

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However, the age group 45-64 made up a significantly higher proportion (42 percent) than the age groups 18-29 (32 percent) [See Figure 2.2].

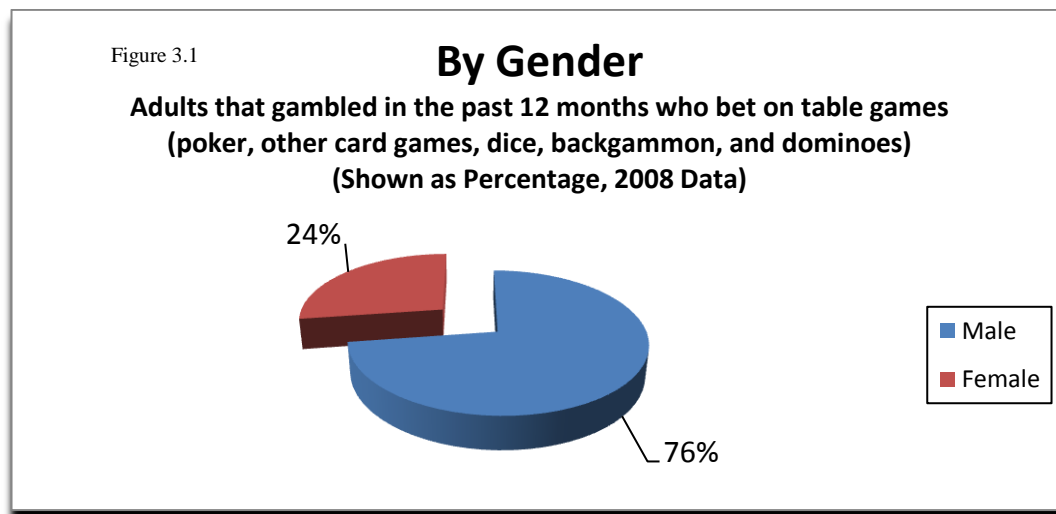


Year	Demographic	*Percent	**Lower	**Upper
2008	18-29	32%	23	43
2008	30-44	34%	29	40
2008	45-64	42%	38	46
2008	>= 65	44%	39	48

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**Lower and Upper depict the Confidence Interval. There is a 95% chance the true rate falls between the Lower and Upper CI.

Of Pennsylvanians who gambled, 17.5 percent (CI: 14.9-20.1 percent) bet on table games (such as poker, other card games, dice, backgammon and dominoes) in the past 12 months, and about half (50.2 percent) of them also played slot machines. Of those who played table games, males (75.6 percent) made up a significantly higher proportion than females (24.4 percent) [See Figure 3.1].

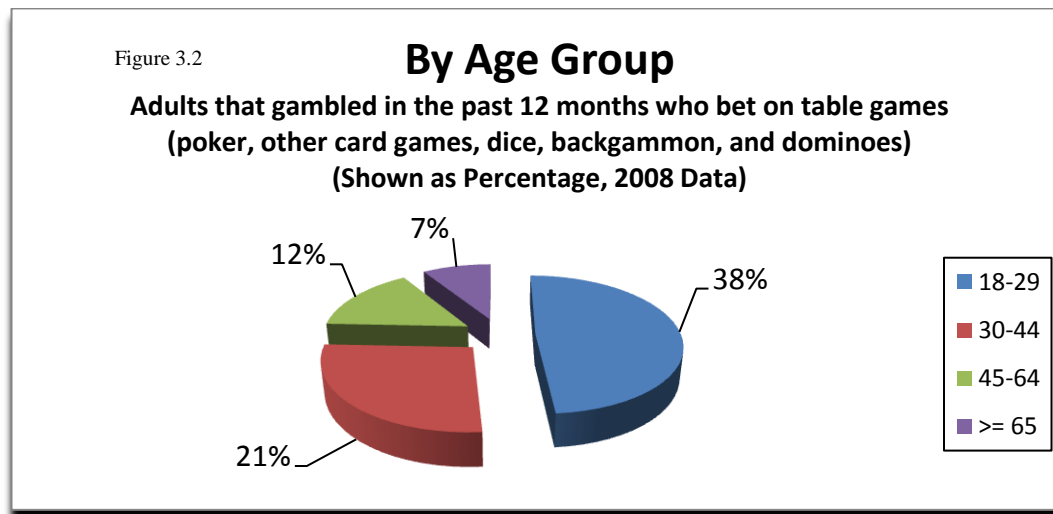


Year	Demographic	*Percent	**Lower	**Upper
2008	Male	76%	72	81
2008	Female	24%	21	27

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Additionally, the age group 18-29 made up a significantly higher proportion (38 percent) than the age groups 30-44 (21 percent) and 45-64 (12%) [See Figure 3.2].



Year	Demographic	*Percent	**Lower	**Upper
2008	18-29	38%	28	49
2008	30-44	21%	16	26
2008	45-64	12%	10	16
2008	>= 65	7%	5	9

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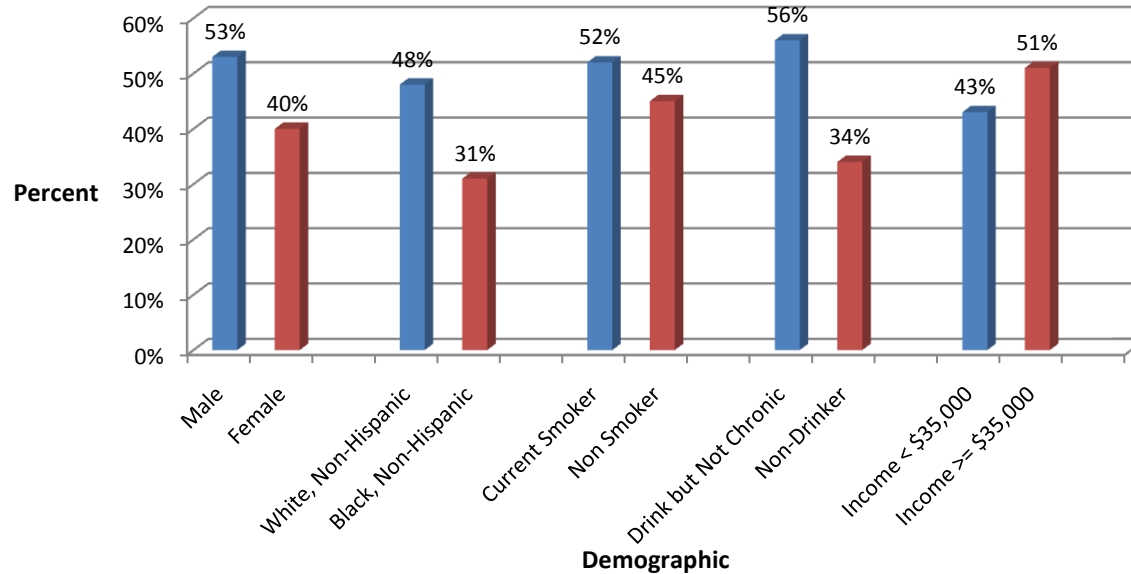
As these data clearly show, table games attract a younger, predominantly male group of gamblers, compared to slot machines. Additionally, 85.2 percent (CI: 83.1-87.3 percent) of gamblers purchased lottery tickets in the past 12 months, and 6.0 percent (CI: 4.6-7.4 percent) bet on horse racing.

Finally, 1.4 percent (CI: 0.6-2.2 percent) of adults who gambled admitted to gambling resulting in personal or financial problems. This is not a significant change in gambling resulting in the same problems, compared to 2007. This estimate may be low, because respondents may under-report these types of problems. These data will continue to be monitored as the availability of gambling increases statewide.

The following chart shows significant differences between various selected demographic attributes of the Pennsylvania adult population (aged 18 and above). One of the more notable differences is that those who drank within the past 30 days gambled at a significantly higher rate than those who had not had anything to drink.

**Gambling Among Pennsylvanians Aged 18 and Over
Significant Differences by Gender, Race, Income Level, Smoking Status, and
Alcohol Use**

(Shown as Percentage, 2008 Data)



*Percentages will not always equal 100%. This is due to the gap in data which is found between the upper and lower confidence interval.

**The percentages are based on a 95% chance the true rate falls between the Lower and Upper CI.

Pennsylvania Youth Survey (PAYS)

Since 2005, the Pennsylvania Youth Survey (PAYS) has been conducted every two years to determine the behaviors, attitudes and knowledge concerning alcohol, tobacco, other drugs and violence of students in grades 6, 8, 10 and 12. The survey is used to provide a benchmark for substance abuse and other risky behaviors, as well as to help indicate the level of effectiveness of prevention and treatment programs.

The 2007 PAYS has questions regarding gambling for money or anything of value in the past 12 months by Pennsylvanians in grades 6, 8, 10 and 12. The PAYS shows sixth graders gambled at a rate of 19.3 percent (CI: 17.4-21.2 percent). Eighth, tenth, and twelfth graders gambled at similar rates of 31.0 percent (CI: 28.8-33.2 percent), 32.0 percent (CI: 28.1-35.9 percent), and 32.8 percent (CI: 29.9-35.7 percent), respectively, and these three grades gambled at significantly higher rates than 6th graders. Students in all grades gambled at a rate significantly less than their adult counterparts, which is a change from the 2005 PAYS, which indicated that tenth and twelfth graders gambled at rates similar to adults.

Gambling behavior was correlated with gender and alcohol use in the past 30 days. Males gambled at a significantly higher rate than females, and those who used alcohol in the past 30 days gambled at a significantly higher rate than those that did not. In fact, more than twice the percentage of males gambled than did females in all grades surveyed. This gender

difference trends in the same direction as reported above for adults, although much more pronounced. Additionally, 19.9 percent of tenth and twelfth graders who gambled admitted to spending more than they intended on gambling in the past year, and 9.8 percent of tenth and twelfth graders who gambled admitted that their gambling led to lies to their families in the past year. These data are important because they may be the initial behaviors that can lead to problem gambling habits in the future.

In 2007, additional questions were added to the PAYS to investigate different types of gambling. The following are some highlights of those questions. Playing bingo for prizes or money (in the past year) was the most popular type of gambling for all grades. It was most popular with sixth graders (54.4 percent played in the last 12 months), followed by eighth graders (49.0 percent), tenth graders (35.4 percent), and twelfth graders (27.1 percent). Sixth and eighth graders played at a significantly higher rate than twelfth graders. A significantly higher number of sixth and eighth graders played bingo than reported that they gambled. This indicates that some students in these grades may not consider playing bingo for prizes or money to be gambling. Youth also reported playing table games (such as poker, other card games, dice, backgammon or dominoes) in the past year at the following rates: sixth grade-22.3 percent, eighth grade-29.0 percent, tenth grade-27.0 percent, and twelfth grade-25.3 percent. This means that eighth, tenth, and twelfth graders are playing table games at a significantly higher rate than their adult counterparts. The 2009 PAYS data is not yet available.

Pennsylvania will continue to monitor gambling prevalence and trends as gambling becomes more available in the commonwealth. This is the second time Pennsylvania has gathered gambling survey data through the BRFSS and PAYS, and future data collection will attempt to reflect the changes occurring to gambling in the state.

For more information on the BRFSS surveys, please visit <http://www.cdc.gov/brfss/>.

For more information on the Pennsylvania BRFSS surveys, please visit

<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=615148&mode=2>.

For more information on the PAYS, please visit <http://www.pays.state.pa.us/>.

GOALS

The 8 Goals in this Strategic Plan include:

Goal 1: Determine the level of problem gambling awareness in the commonwealth.

Goal 2: Increase public awareness of the problem and the services available throughout the commonwealth to assist problem and pathological gamblers and their family members.

Goal 3: Recruit, develop and retain a well-trained and highly skilled workforce to meet current and future demands throughout the commonwealth.

Goal 4: Strengthen the quality and delivery of gambling treatment services by using quantifiable data to improve problem gambling related behavioral health outcomes.

Goal 5: Integrate compulsive and problem gambling treatment standards with the Bureau of Drug and Alcohol Programs' uniform statewide guidelines that govern the provision of addiction treatment services.

Goal 6: Develop and implement demographic-specific compulsive and problem gambling programs.

Goal 7: Maintain a compulsive gamblers' assistance organization's toll-free problem gambling telephone number to provide crisis counseling and referral services to individuals and families experiencing difficulty as a result of problem or compulsive gambling.

Goal 8: Fund and evaluate research projects to accurately measure, screen and diagnose pathological gambling and adopt techniques to deliver effective prevention and treatment outcomes.

Goal 1: Determine the level of problem gambling awareness in the commonwealth

Objective 1.1: Conduct a statewide Problem Gambling Needs Assessment.

ACTION STEPS

1. Develop and distribute a Problem Gambling Needs Assessment instrument to the Single County Authorities (SCAs).
2. Provide technical assistance to the SCAs on the Problem Gambling Needs Assessment process.

INDICATORS OF SUCCESS

- Problem Gambling Key Representative Survey results suitably assess the level of knowledge and awareness of problem gambling issues from key representatives in targeted municipalities.
- Problem Gambling Convenience Survey results suitably assess the level of knowledge and awareness of problem gambling issues for the general population in targeted municipalities.
- Problem Gambling Needs Assessments profile population needs, resources and readiness to address service needs and gaps.
- Problem Gambling Needs Assessments include: the identification of service gaps; risk and protective factors; assessment of cultural competence; and, identification of existing problem gambling prevention infrastructure in the SCAs region.
- Problem Gambling Needs Assessments assess readiness and leadership to implement policies, programs and practices.

Goal 2: Increase public awareness of problem gambling and services available throughout the commonwealth to assist problem and pathological gamblers and their family members

Objective 2.1: Implement a problem gambling media campaign statewide.

ACTION STEPS

1. Implement a problem gambling media awareness campaign utilizing television, radio and out-of-home media (e.g., billboards, gas pump toppers, ATM receipts, flyers, etc.).
2. Create and promote PaProblemGambling.com, an informational and interactive website.
3. Develop and disseminate printed educational materials.

INDICATORS OF SUCCESS

- Increase in the number of calls to the advertised Helpline.
- Increase in the number of hits to the PaProblemGambling.com website.
- Increase in the number of treatment admissions using contact information provided in the awareness campaign.

Objective 2.2: Offer free problem gambling educational materials to all Helpline callers.

ACTION STEP

1. Supply the Problem Gambling Helpline with printed educational materials to be distributed to all callers.

INDICATOR OF SUCCESS

- Increase in the distribution of educational materials through the Helpline.

Goal 3: Recruit, develop, and retain a well-trained and highly skilled workforce to meet current and future demands throughout the commonwealth

Objective 3.1: Recruit additional certified problem gambling counselors.

ACTION STEPS

1. Contact clinician associations to promote certification in the field of problem gambling.
2. Provide information tables at clinician conferences regarding BDAP's Problem Gambling Treatment Program and the process for becoming an approved provider.
3. Provide informational seminars (in person or via webinars) about becoming a problem gambling provider.
4. Target clinicians within under-represented counties for problem gambling recruitment and training.

INDICATORS OF SUCCESS

- Increase in the number of Participating Provider Agreements (PPAs).
- Increase in the number of certified gambling counselors throughout the commonwealth.
- Increase in the number of certified gambling counselors within under-represented counties.

Objective 3.2: Assist problem gambling counselors with certification requirements.

ACTION STEPS

1. Contract with the Institute on Research, Education and Training in Addictions (IRETA) to provide clinical oversight for national certification standards.
2. Continue to offer clinical oversight services through IRETA.
3. Continue to offer 30 hours of gambling-specific training, approved by the National Council on Problem Gambling (NCPG) and accepted by the Pennsylvania Certification Board (PCB), through the BDAP Training Management System (BTMS).

INDICATORS OF SUCCESS

- Increase in the number of counselors meeting their clinical oversight requirements for National Certification.
- Ongoing participation in monthly clinical oversight conference calls.
- Increase in the number of PCB Certified Addiction Counselors able to provide problem gambling treatment services.

Objective 3.3: Retain certified problem gambling counselors.

ACTION STEPS

1. Conduct surveys of certified counselors to identify and address obstacles and opportunities regarding retention.
2. Conduct targeted surveys of certified counselors who are inactive, or who allow their certifications to expire, to obtain their input regarding the provision of problem gambling counseling services.

INDICATOR OF SUCCESS

- Stability/increase over time in the number of individual certified counselors requesting Departmental reimbursement for problem gambling treatment services.

Goal 4: Strengthen the quality and delivery of gambling treatment and prevention services by using quantifiable data

Objective 4.1: Collect and analyze geographic and demographic information to target specific treatment and prevention efforts.

ACTION STEPS

1. Identify sub-groups of problem and pathological gamblers through the Behavioral Risk Factor Surveillance System (BRFSS) and Pennsylvania Youth Survey (PAYS) data.
2. Utilize the results of the Problem Gambling Needs Assessment to determine areas of the commonwealth that need to expand problem gambling services.
3. Replicate proven and effective problem gambling treatment and prevention strategies and services in data-driven targeted areas of the commonwealth.

INDICATORS OF SUCCESS

- Expansion of problem gambling service capacity for disproportionately burdened populations.

Goal 5: Integrate compulsive and problem gambling treatment standards with the Bureau of Drug and Alcohol Programs' uniform statewide guidelines that govern the provision of addiction treatment services

Objective 5.1: Identify individuals in need of problem gambling treatment services and deliver effective outcomes.

ACTION STEPS

1. Compare and contrast Pennsylvania's treatment standards with other states and national organizations' standards.
2. Conduct annual quality assurance assessments for all problem gambling treatment providers.
3. Include problem gambling screening questions within all drug and alcohol assessments.

INDICATORS OF SUCCESS

- Increase in the number of clients achieving problem gambling treatment planning goals.
- Identification of problem gambling when assessing for drug and alcohol abuse and incorporation of problem gambling services into clients' treatment plans.

Goal 6: Develop and implement demographic-specific compulsive and problem gambling services

Objective 6.1: Implement problem gambling prevention services for adults and youth.

ACTION STEPS

1. Distribute a Funding Initiative to the SCAs which describes approved problem gambling activities and the process to receive funding to implement demographic specific services.
2. Identify high-risk groups within targeted municipalities for problem gambling prevention activities.
3. Evaluate program results and determine if and how the program(s) can be replicated on a larger scale.

INDICATORS OF SUCCESS

- Increase in the number gambling prevention services targeting high-risk groups.
- Pre-/Post-test comparisons reveal reductions of negative effects from problem gambling behaviors.

Goal 7: Maintain a compulsive gamblers' assistance organization's toll-free problem gambling telephone number to provide crisis counseling and referral services to individuals and families experiencing difficulty as a result of problem or compulsive gambling

Objective 7.1: Provide toll-free problem gambling referral and informational services.

ACTION STEPS

1. Collect and analyze gambling Helpline caller data to improve resource and referral services.

2. Maintain an accurate listing of problem gambling provider contact information.
3. Maintain accurate listing of crisis intervention services throughout the commonwealth.

INDICATORS OF SUCCESS

- All Helpline callers receive prompt and professional assistance.
- Increase in treatment referrals.

Goal 8: Fund and evaluate research projects to accurately measure, screen and diagnose pathological gambling and adopt techniques to deliver effective prevention and treatment outcomes

Objective 8.1: Support research efforts within the commonwealth to identify problem gambling treatment and prevention modalities that have the most beneficial results to clients.

ACTION STEPS

1. Create a Pennsylvania Problem Gambling Research Advisory Board to ensure that grants are only awarded to those research proposals that meet the most rigorous standards for scientific integrity.
2. Encourage researchers' understanding of problem gambling as a public health issue.

INDICATORS OF SUCCESS

- Implementation of new and proven prevention and treatment strategies.
- Creation and improvement of instruments for accurately measuring, screening and diagnosing pathological gambling.