



PROBLEM GAMBLING SERVICES

Service Delivery Overview: 2003-2005 Biennium

Jeffrey J. Marotta, Ph.D.

*Office of Mental Health & Addiction Services
500 Summer Street NE E86
Salem, Oregon, U.S.A. 97301-1118*

jeffrey.j.marotta@state.or.us

I. PHILOSOPHICAL APPROACH: PUBLIC HEALTH PARADIGM

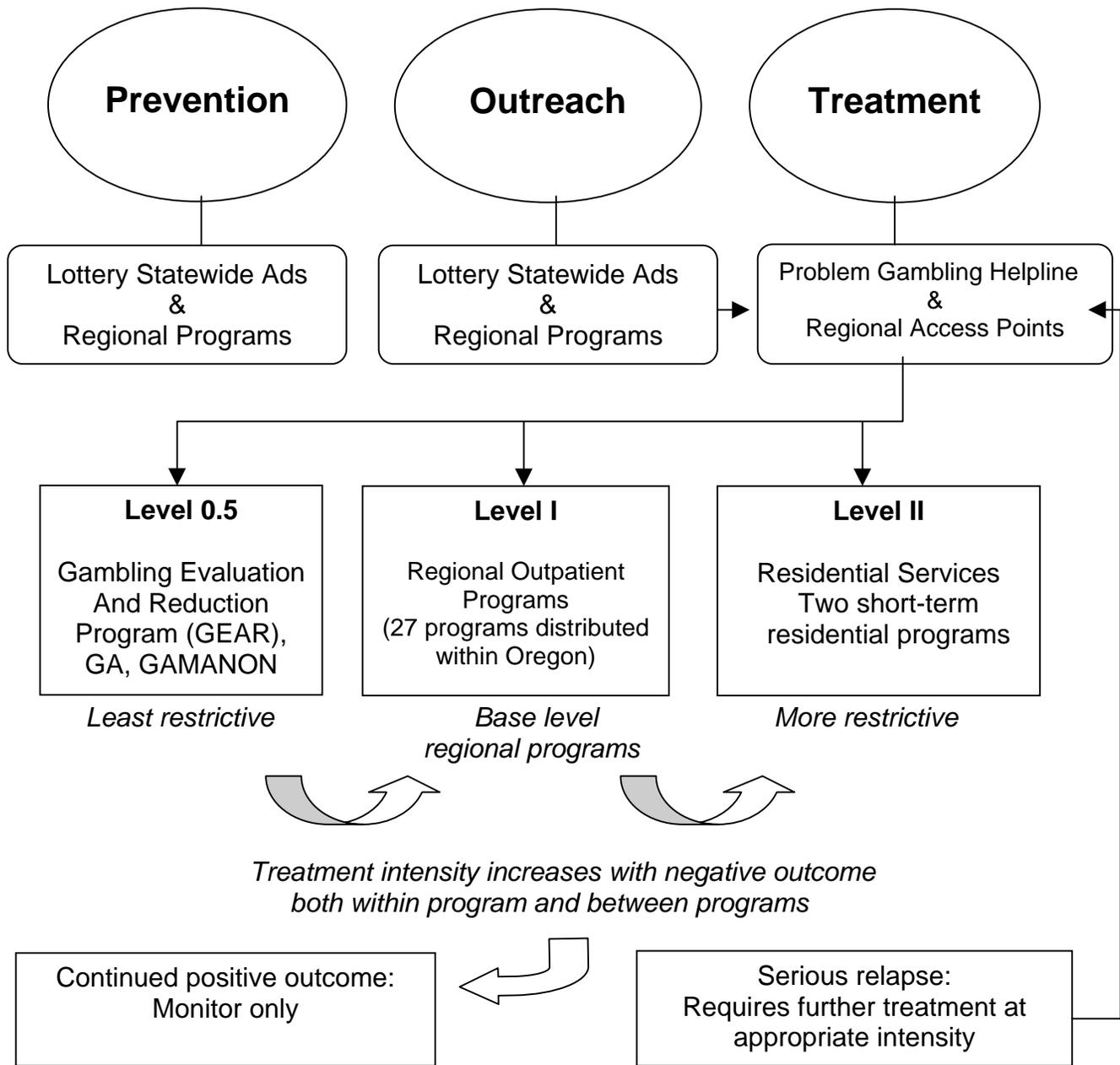
Oregon's Problem Gambling Services are guided by a public health paradigm and approach that takes into consideration biological, behavioral, economic, cultural and policy determinants influencing gambling and health. It incorporates prevention, harm reduction and multiple levels of treatment by placing emphasis on quality of life issues for the gambler, families and communities. By appreciating the multiple dimensions of gambling, Oregon's Problem Gambling Services have been developed to incorporate strategies that minimize gambling's negative impacts while recognizing the reality of gambling's availability, cultural acceptance and economic appeal.

II. FUNDING

Oregon's Problem Gambling Services have an annual budget of \$2.8 million during the 2003-2005 biennium. These funds come from Legislative action transferring 1% of the Oregon State Lottery's net proceeds into a Gambling Treatment Fund. The Department of Human Services has administrative responsibility over these funds. Additionally, the Oregon Lottery allocates 10% of their marketing budget (approximately \$700,000 annually) toward the production and purchase of ads and educational materials addressing problem gambling.

III. SERVICE DELIVERY OVERVIEW: 2003-2005 BIENNIUM

Oregon's Problem Gambling Services are broken down into three broad service areas: prevention, outreach and treatment. Within and between these service areas program design follows the framework recommended by the Institute of Medicine's (IOM) Continuum of Care. The diagram below depicts the outline of Oregon's Problem Gambling Services.



IV. PREVENTION

Problem gambling prevention programs are directed at avoiding or reducing the emotional, physical, social, legal, financial and spiritual consequences of disordered gambling for the gambler and the gambler's family. Oregon's prevention efforts are guided by the Center for Substance Abuse Prevention's (CSAP) six core prevention strategies and delivered by three separate yet related administrative bodies.

1. Department of Human Services' (DHS) Problem Gambling Services orchestrate actions to prevent gambling-related problems, promote informed and balanced attitudes, and protect vulnerable groups. These actions include promoting healthy public policy and developing collaborative relationships between various stakeholder groups.
2. County Governments are provided approximately \$400,000 dollars annually to empower communities and strengthen community action. Local governments develop and implement regionally specific prevention plans that include measurable goals and objectives. The prevention plans follow a public health model as a foundation.
3. The Oregon Lottery allocates about \$700,000 annually for public awareness and education programs designed to provide clear and consistent messages regarding healthy and unhealthy gambling behavior. The "Play Responsibly" campaigns along with a problem gambling awareness campaign use television, radio and print media.

V. OUTREACH

County government's "gambling prevention funds" may be used for either prevention or for outreach activities. Outreach activities include case finding among high-risk populations. Common outreach actions include screening for gambling problems within mental health programs, alcohol and drug abuse programs, corrections departments, and at-risk youth programs. Additionally, the Oregon State Lottery's "Play Responsibly" campaign generates thousands of calls to the Problem Gambling Help-Line, which produces approximately 2,500 referrals to problem gambling treatment programs per year (Oregon has a population of 3.42 million).

VI. TREATMENT DELIVERY: A STEPPED CARE APPROACH

A frequent access point to treatment begins with a call made to the state's **Problem Gambling Help-Line (877-2-STOP-NOW)**. The 2003-2005 Help-line is staffed 24-hours a day by professional counselors with problem gambling expertise. Callers are informed that **problem gambling treatment services in Oregon are free of charge and confidential**. When appropriate, counselors conduct brief assessments and motivational interviews with callers. The counselor then makes referrals based on screening information, clinical judgement, and available resources. To facilitate a successful referral, Help-line counselors use three-way calling to place the caller in contact with the referral agency, and offer follow-up calls to provide further support.

The treatment system follows a stepped care approach. That is, treatment intensity increases with negative outcomes both within programs and between programs. Oregon's treatment delivery system is composed of intervention programs broadly classified as Level 0.5 interventions, Level I treatments, and Level II treatments.

Level 0.5 interventions are considered least restrictive approaches and consist of either local Gamblers Anonymous groups or the *Gambling Evaluation And Reduction (GEAR) Program*. Participants utilizing the GEAR program are mailed a manual for self-change and provided the opportunity to review workbook assignments with a counselor during scheduled telephone sessions. All GEAR participants receive 24-month evaluation and referral services.

Level I treatment is broadly defined as outpatient, professionally delivered, face-to-face interventions. Level I treatment involves a biopsychosocial assessment, individual treatment planning, one to one counseling and/or case management sessions, group counseling, family involvement, if appropriate, and aftercare planning. Oregon operates approximately 27 Level I treatment programs distributed throughout the state. Included in the Level I services are culturally specific programs targeting African American and Hispanic populations.

Level II programs are composed of two regional centers that offer residential services limited to a 14-day duration. Individuals utilizing this level of care are referred from an outpatient gambling treatment program. One center is medically based, one is operated out of a residential alcohol and drug treatment facility, and both represent joint ventures with local outpatient gambling treatment programs.

VII. DESCRIPTION OF OUR TREATMENT CLIENTS:

In 2002, 1651 clients enrolled in treatment with an average age of 43 years and males were significantly more likely to be younger than females. Males comprised approximately 53% of the gambler clients and only 31% of the family clients. Slightly over 90% of the clients were white and approximately 41% reported being married. The average annual household income was \$36,246. Over 71% of the clients reported they were employed full-time.

The primary gambling activity of both males and females who requested treatment was video poker (74%) followed by slot machines (10%), cards (5%), betting on animals (2%), Keno (2%) and bingo (1%). Approximately 70% indicated their primary gambling was at a lottery retailer and 22% at a casino or Native American gambling center. The average distance traveled to gamble was 13 miles. The average gambling related debt was \$22,840 with several clients reporting debts well over \$100,000. Approximately 24% of the gambler clients reported being divorced, separated or otherwise lost a significant relationship as a result of gambling. Fifteen percent reported losing a job as a result of gambling, 40% committed illegal acts related to their gambling and about 10% attempted or had plans to commit suicide within the six months previous to enrolling into a treatment program.

VIII. TREATMENT OUTCOMES:

Based on follow-up evaluation, 75% of problem gamblers who enroll in Oregon's publicly funded gambling treatment programs report either no gambling or reduced gambling following case-closure. This high success rate is in spite of the large proportion (70%) of problem gamblers who do not complete their full course of recommended treatment. Follow-up data indicated that 37% of these clients reported *no gambling* at 90 days and an additional 29% reported gambling *much less* than before treatment.

A list of research publications, including a full evaluation report, on gambling in Oregon is available at: <http://www.gamblingaddiction.org/>