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November 12, 2009

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *Jeff Fielding*
Director and Health Officer

SUBJECT: **PROBLEM GAMBLING IN LOS ANGELES – ASSESSMENT OF
PREVALENCE AND RECOMMENDATIONS FOR PREVENTION AND
TREATMENT**

This is in response to a motion approved on May 12, 2009 by the Board of Supervisors directing the Chief Executive Office (CEO), the Director of Mental Health (DMH), and the Director of Public Health (DPH) to work with the Gambling Studies program at the University of California, Los Angeles (UCLA-GSP) to study the extent and prevalence of pathological gambling within Los Angeles County and report back within six months. The motion also instructed DMH and DPH to plan, develop, and implement prevention and treatment strategies, including strategies to raise awareness of gambling problems and their treatment for Los Angeles County residents. The following report presents the results of the collaborative work of these four entities on the subject.

Background

According to the *2005 Situational Assessment of Problem Gambling Services in California*, published by the California Department of Alcohol and Drug Programs (CDADP) Office of Problem Gambling, gambling problems are classified along a continuum of levels of behavior:

1. *At-risk gambling* is gambling in ways that may pose a risk of physical or emotional harm to the gambler and others but has not produced effects that would result in a clinical diagnosis. For example, at-risk gamblers may spend increasingly more than they can afford on gambling activities resulting in temporary financial hardships.
2. *Problem gambling* is gambling that creates a negative consequence to the gambler, the gambler's family, place of employment, or community. This includes patterns of gambling and subsequent related behaviors that compromise, disrupt, or damage personal, family, educational, financial, or vocational interests. However, the problem gambler does not meet the diagnostic criteria for pathological gambling disorder.

3. *Pathological gambling* is a treatable mental disorder meeting the diagnostic criteria set forth by the American Psychiatric Association's *Diagnostic and Statistical Manual*. It is classified as an impulse-control disorder and shares several characteristics with substance dependence, including preoccupation with the activity, used to escape pain or uncomfortable feelings, intense craving, need to increase the amount (in this case money rather than alcohol or other drugs) over time to achieve the desired effect, and the inability to stop despite negative consequences.

According to the *2006 California Problem Gambling Prevalence Survey*, the following relationships were found between problem gambling, mental health, and substance abuse problems. Problem and pathological gamblers were found to be significantly more likely than other gamblers and non-gamblers to smoke cigarettes daily and to have used tranquilizers, cocaine, or other illicit drugs in the past year. In general, gamblers were more likely than non-gamblers to consume alcoholic beverages on a regular basis with rates increasing with problem gambling severity. Illicit use of marijuana in the past year was more closely correlated with problem gambling than with at-risk of pathological gambling. Methamphetamine use in the past year was found to be clearly correlated with increasing severity of gambling problems – a relationship that had not previously been explored in other studies outside of California. Mental health problems were also associated with problem gambling. For example, in addition to substance abuse, problem and pathological gambling were significantly correlated with higher rates of past year and lifetime depression as well as mental and physical impairment.

Prevalence of Problem Gambling in Los Angeles County

The *2006 Situational Assessment of Problem Gambling Services in California* reported a statewide incidence rate of problem gambling of 2.5 percent in the adult population and a incidence rate of pathological gambling of 1.2 percent. Applying these prevalence rates to Los Angeles County results in an estimated total of 277,000 adults in the County with problem and pathological gambling. By applying the statewide prevalence rate for at-risk gamblers, an additional 11 percent (822,000) of the County's adults are estimated to be at-risk gamblers.

According to the California Lottery Commission, the most popular form of gambling was playing the lottery, with 45 percent of adults in the County reporting playing at least once in the past year. At total of 55.8 percent (\$1.8 billion) of the State's lottery sales in 2007 was generated in Los Angeles County for an annual per capita amount of \$101, higher than the statewide average of \$98. Of the 90 State-licensed gambling establishments in California, eight are located in Los Angeles County. In 2009, according to the California Lottery Commission over 21,000 retailers sold State lottery tickets throughout California.

The *2006 California Problem Gambling Prevalence Survey* commissioned reported that almost one-fourth (24.3 percent) of adults in California reported gambling at a casino at least once in the previous year. Other past year gambling activities included private gambling (12 percent), track or pari-mutuel betting (4.9 percent), card clubs (2.7 percent), and online (1 percent).

The report also identified several cultural populations as at-risk for gambling problems, including: African Americans, Asians and Pacific Islanders, and Latinos. Within the Asian and Pacific Islander and Latino populations, recent immigrants were at especially high risk. Other populations identified as needing specific considerations for risk factors included women, youth, older adults,

and the lesbian, gay, bisexual and transgender community. These at-risk populations were found to have higher prevalence rates of problem and pathological gambling than the general population.

Current State and County Approaches to Preventing and Treating Problem Gambling

Los Angeles County has historically taken a regulatory approach to preventing problem gambling and enacted several ordinances prohibiting and controlling activities related to gambling. For example, Chapter 13.20 of the County Code is specifically devoted to the subject of gambling and related activities. Chapter 7.22 of the County Code is devoted to licensing of card and game clubs, and Chapter 7.20 is devoted to licensing of bingo activities.

Currently, there are no County agencies that provide services to specifically prevent or treat problem gambling. Mental health and substance abuse treatment providers encounter residents with gambling problems along with their mental health and addiction problems. However, such problems are generally treated as secondary problems to the presenting mental or substance abuse addiction disorder. Without specific locally-based programs to prevent or treat gambling problems, the extent of such problems must be expected to continue and expand with the corresponding growth of the County's diversity and size. It is likely that the impact of gambling problems will continue to place an additional burden on the County's criminal justice, health, and social service systems.

At the State level, the CDADP Office of Problem Gambling published its statewide plan in 2006. The plan identified the following three significant barriers to providing treatment services for California residents with gambling problems:

1. Lack of recognition and understanding by the general public of problem and pathological gambling;
2. Lack of funding to support sufficient levels of treatment services; and
3. Resistance by persons with gambling problems to seek treatment due to denial, shame, or not knowing how to access treatment services.

In June 2009, the CDADP gave funding to UCLA-GSP to establish a statewide treatment program that would include a broad spectrum of treatment services for the diverse needs of State residents. Under this agreement, UCLA-GSP will develop and implement training programs for existing treatment service providers, establish a data collection system, and conduct data analysis, evaluation and research.

On September 14, 2009, UCLA-GSP officially launched the California Problem Gambling Treatment Services Program. The program establishes a statewide network of State-certified treatment providers in the four most populous counties that are either at-risk for or demonstrate gambling problems: Los Angeles County, Sacramento County, San Diego County, and San Francisco County. Initial services will consist of regional clinical training sessions leading to State certification for licensed therapists. Once State-certified, the therapists will be able to bill the State program for treatment services rendered to California residents.

Recommendations

Based on the findings in this report, the CEO, DMH, and DPH with the input of the UCLA-GSP propose the following recommendations for addressing gambling problems among County residents:

Program-level Approaches

1. DMH and DPH should include links to State problem gambling prevention and treatment resources on their respective websites.
2. DPH Alcohol and Drug Program Administration should request that the CDADP Office of Problem Gambling implement a certificated training program for State-certified alcohol and drug counselors who are not licensed therapists to treat persons with problem and pathological gambling.
3. DMH and DPH, in collaboration with UCLA-GSP and CDADP, should conduct training sessions for their respective practitioners and other stakeholders such as personnel of County courts, education, law enforcement, children's protective services, health services, and public social service agencies as well as community-based and faith-based agencies, on recognizing problem and pathological gambling among their clientele and on community resources to assist their clientele with accessing help for gambling problems.
4. DMH, DPH, and other County departments should disseminate educational materials on problem gambling awareness through their existing community outreach activities.
5. DMH and DPH should continue to collaborate with the UCLA-GSP to explore and implement culturally and linguistically-appropriate, empirically-driven prevention and treatment approaches as a component of integrated services to address co-occurring disorders and to particularly focus efforts on addressing the needs of at-risk populations that have been historically underserved and underrepresented.
6. The County should convene an inter-agency workgroup of County departments with the UCLA-GSP to review existing County policies and programs, to identify services needed to prevent and treat problem and pathological gambling among County residents, including those with co-occurring mental health and substance abuse problems, and to explore ways to access funding and other resources, such as the Mental Health Services Act (Proposition 63), to support such services on an on-going basis.

Policy Approaches

1. The County should consider engaging in a partnership with gaming businesses, located both within and outside the County, with large clientele of County residents, to promote and support local services for prevention and treatment of problem and pathological gambling.

2. The County should consider placing a ceiling on the number of card clubs, State lottery retailers, and other gambling venues per capita allowed to operate in the County.
3. The County should include in its annual legislative agenda support for legislative proposals to establish continuing revenue streams to counties through fees and taxes on the gaming industry as a means for supporting local prevention and treatment services for problem and pathological gambling.
4. The County should indicate in its annual legislative agenda support for legislative proposals to further regulate gaming industry activities that expose at-risk groups (particularly youths, older adults, and immigrant populations) to gambling activities.

If you have any questions or need additional information, please let me know.

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c: Chief Executive Officer
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