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Iowa Department of Public Health
Office of Problem Gambling Treatment and Prevention
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Gambling Venues in Iowa

During the past 20 years, Iowa has seen a dramatic increase in gaming opportunities. As of 2012, Iowans can choose from 18 casinos licensed by the Iowa Racing and Gaming Commission, 3 tribal casinos, 2,600 lottery outlets, over 3,000 social and charitable gaming licenses, and countless internet and other illegal gaming opportunities. This has created easy access to gambling in every county of the state.

Problem Gambling Defined

For most people, gambling is recreational. However, for some people, gambling leads to serious problems. Problem gambling means participation in any form of gambling activity that creates a negative consequence to the gambler or to the gambler's family, employer, or community. The adjacent table identifies the signs and symptoms of problem gambling.

Problem Gambling Signs and Symptoms
1. Preoccupation with gambling
2. Need to gamble with increasing amounts of money in order to achieve the desired excitement
3. Repeated unsuccessful efforts to control, cut back or stop gambling
4. Restlessness/irritability when attempting to cut down/stop gambling
5. Gambling as a way to escape
6. After losing money gambling, returning another day to “get even”
7. Lying to conceal the extent of gambling
8. Committing illegal acts to finance gambling
9. Jeopardizing/losing significant relationships because of gambling
10. Relying on others to provide money to relieve financial problems caused by gambling

Overview of Services

Services funded through IDPH’s Office of Problem Gambling Treatment and Prevention are guided by a public health approach that considers biological, behavioral, economic and cultural determinants that influence gambling and health. This approach incorporates outreach, prevention, and treatment efforts that work together to minimize gambling’s negative impacts on individuals, families and communities, while recognizing gambling’s availability, cultural acceptance and economic appeal.

IDPH contracts with ten agencies to provide problem gambling prevention and treatment services in eleven service area regions that encompass all 99 Iowa counties. Problem gambling treatment programs must be licensed by IDPH and are selected for contracting through a competitive request for proposals process.

Funded problem gambling services include:

- **Counseling** for problem gamblers and those affected by the gambling of a family member
- **Primary Prevention and education** services on the risks and responsibilities of gambling
- **Secondary Prevention** services for groups at increased risk of problem gambling
- **Helpline referral and education** services through 1-800-BETS OFF and www.1800betsoff.org
- **Recovery Support Services** to provide practical support and assistance for persons receiving problem gambling counseling.
- **Training and professional development** for counselors providing treatment for problem gambling and common co-occurring disorders.

Phone and web based counseling – defined as “distance treatment” – is available for eligible persons with barriers to accessing face-to-face treatment services.

Prevention and Treatment Services Provided

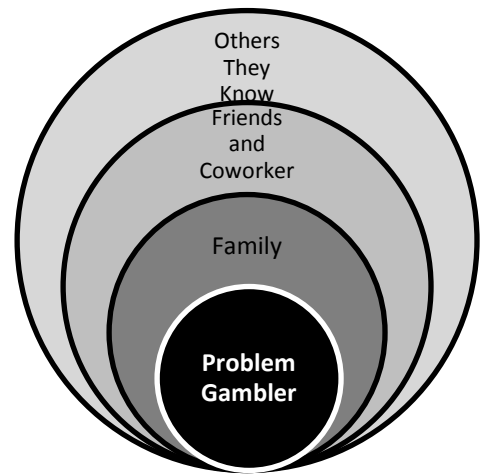
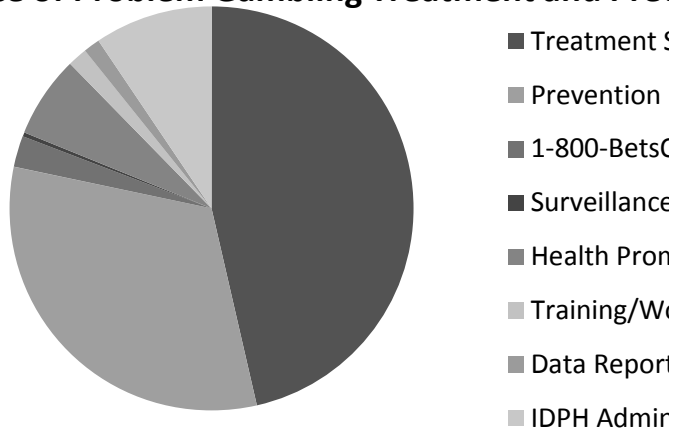
Fiscal Year	# of Prevention Hours	# of Clients Treated	# of Gambling Calls to 1-800-BETSOFF Helpline
2005	3,447	1,009	2,756
2006	3,500	1,205	3,297
2007	5,963	1,146	3,613
2008	4,814	940	3,820
2009	5,816	905	3,435
2010	9,077	948	3,942
2011	7,435	789	3,695

Funding

IDPH receives an appropriation from the State General Fund for problem gambling services. **Total budgeted expenditures for FY2012 are \$3,061,610.**

Problem Gambling Prevention/Treatment State Fiscal Year Budget				
ACTIVITY	2012 (est)	2011	2010	2009
Treatment Services	1,420,796	1,080,645	2,397,367	2,641,040
Prevention Services	976,952	864,532		
Transitional Housing		79,560	263,050	382,322
1-800-BetsOff Helpline	76,260	77,382	82,300	82,300
Surveillance/ Treatment Outcome Monitoring	10,000	86,737	105,500	106,000
Adult Gambling Prevalence Study		25,000		
Health Promotion Campaign	200,200	350,700	680,000	920,000
Study of Internet Poker (SF 526)		2,500		
Training/Workforce Development	48,000	38,042	79,000	142,520
Data Reporting System	40,000	177,000	206,000	
IDPH Administration Costs	289,402	406,902	263,918	281,145
Appeal Board Claims		33,897		
TOTAL	\$3,061,610	3,222,897	\$4,077,635	\$4,555,327

Office of Problem Gambling Treatment and Prevention



Gambling Attitudes and Behaviors: 2011 Survey of Adult Iowans

In FY 2011, IDPH provided funding to the University of Northern Iowa Center for Social and Behavioral Research (UNI-CSBR) to conduct a study of the gambling attitudes and behaviors of adults in Iowa. The purpose of the study was to gather information about 1) types and frequency of gambling activities, 2) prevalence of problem gambling and 3) awareness of and opinions about publicly-funded gambling treatment services. Between February 26 and May 9, 2011 questionnaires were completed by 1,700 respondents.

Gambling Rates among Adult Iowans:

The prevalence rates of gambling in any form among adult Iowans were: 91% lifetime, 69% during the past 12 months, and 42% during the past 30 days. The most common gambling activities during the past 12 months were: raffle tickets (42%), Lottery tickets (38%) and slot machines (24%). About half of adult Iowans said they seldom gamble and 4% said they gamble often or very often.

Problem Gambling Prevalence among Adult Iowans:

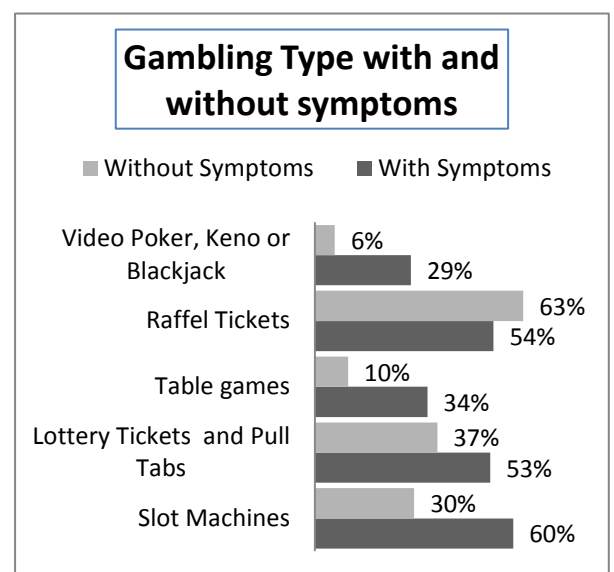
The percentages of adult Iowans who reported experiencing at least one symptom associated with pathological or problem gambling in their lifetimes and during the past 12 months were 14.5% and 12.1% respectively. Men were significantly more likely than women to report having experienced any gambling problems. Two percent of adult Iowans in their lifetime and .7 percent in the past 12 months have met the criteria as a problem or pathological gambler.

Gambling Type and Symptomology:

Iowans who report any gambling problem in the past 12 months are more likely to play certain games than those without gambling problems. For example, among those who had one or more symptoms of problem gambling in the past 12 months, 60% said they had played slot machines. In contrast, among those who gambled without problem gambling symptoms in the past 12 months, 30% said they had played slot machines.

Effects of Problem Gambling on Others:

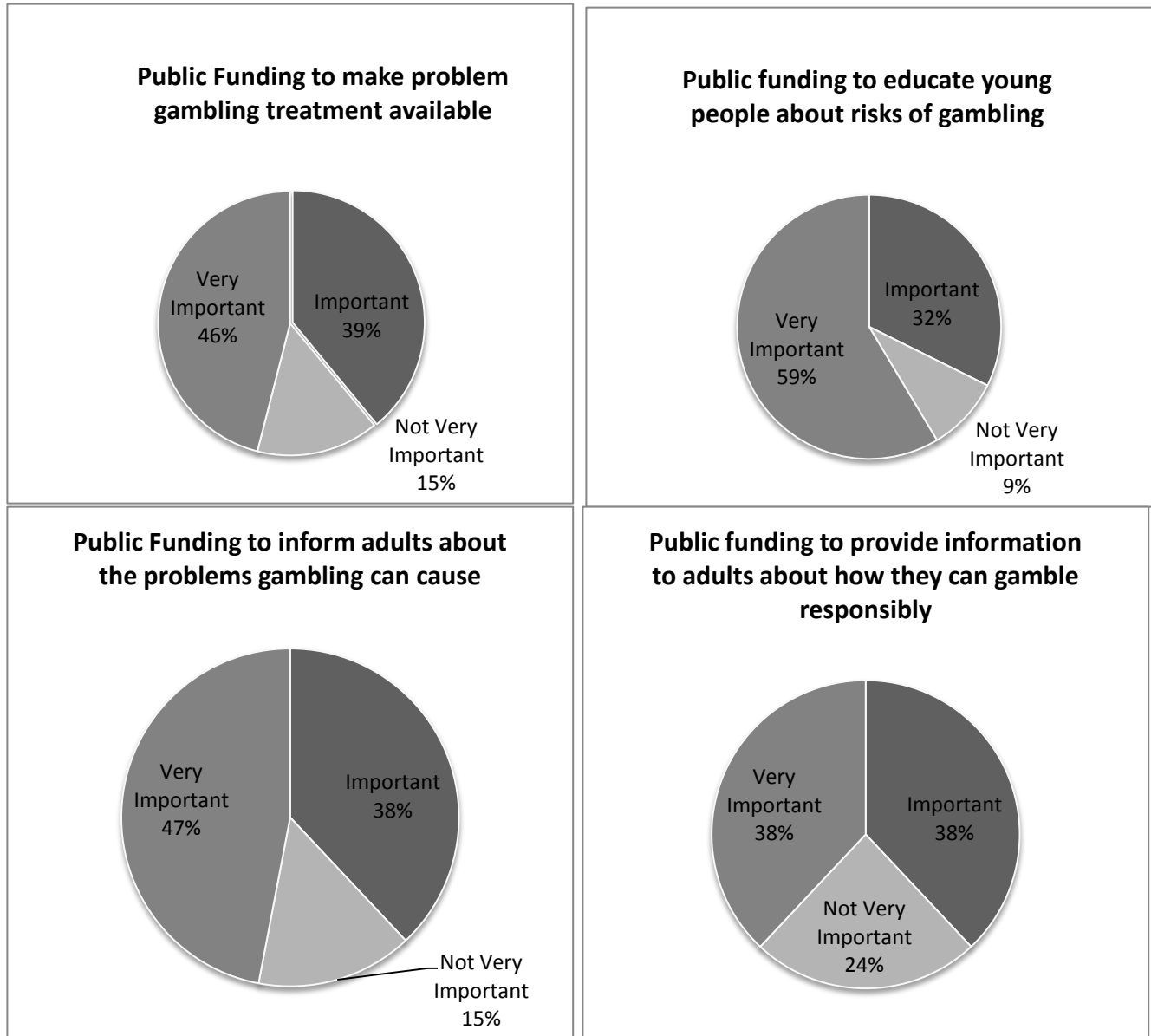
The negative physical, emotional and financial consequences



of problem gambling can spread to affect family, friends, coworkers and others. More than 1 in 5 adult Iowans (22%) said they have been negatively affected by the gambling behavior of a family member, friend, or someone else they know. Specifically, the percents who said they were negatively affected were as follows:

- Negatively affected by a family member’s gambling: 9%
- Negatively affected by a friend/coworker’s gambling: 11%
- Negatively affected by gambling behaviors of someone else they know personally: 15%

Public Attitudes about Prevention and Treatment of Problem Gambling:



Treatment Effectiveness

Problem gambling treatment outcomes are monitored and analyzed by UNI-CSBR. The October 2011 study found significant improvements in social functioning and a decrease in gambling engagement after treatment.

Outcome Indicator	Admission	Discharge	6-month Post Discharge Follow-up	
			Completed Treatment	Did not Complete Treatment
Given up important activities to gamble	37%	8%	4%	14%
Difficulties with family/friends	51%	13%	13%	27%
Dissatisfied with life	71%	23%	27%	44%
Lack self confidence/felt bad about self	75%	21%	31%	49%
Gambling activities much less now	N/A	100%	95%	79%
Improved financial situation	N/A	77%	74%	61%
Late paying bills in the past 30 days	48%	24%	22%	30%
Life is much better	N/A	100%	95%	76%

IDPH Efforts to Increase Service Accessibility and Efficiency

In FY2011, state-funded problem gambling services were provided to approximately 2.7%¹ of Iowans with a pathological gambling disorder. This is significantly greater than the average of other states with publicly-funded problem gambling treatment (0.42%)² but illustrates a significant gap between those who need services and the actual number served. To narrow that gap, IDPH continues to work with helpline and treatment contractors to create a more efficient network of care that reaches Iowans in need of treatment. One example is the enhancement and expansion of standardized statewide distance treatment options. While it's not feasible to offer treatment in every Iowa community, phone and web-based options help Iowans with distance or other barriers to face-to-face treatment get the help they need.

Internet Poker: A Public Health Perspective

2011's Senate File 526 required IDPH to prepare a report on the societal impacts of internet poker in Iowa. The final report was delivered to the Iowa Racing and Gaming Commission on October 1, 2011. Key findings from this report:

- Internet gambling was one of the least reported gambling activities engaged in by adult Iowans in 2011 (5% lifetime and 2% in the past 12 months). About 3% of persons admitted for problem gambling treatment reported gambling online during the past 30 days.
- People with gambling problems are disproportionately represented among Internet gamblers.
- Given the ease, convenience and constant availability of online gambling, it is speculated that legal Internet gambling could exacerbate problems for an unknown number of Iowans with, or at-risk of developing, gambling problems.
- People who gamble online tend to also gamble offline, therefore more Internet gamblers would not necessarily mean an increase in the number of Iowans who gamble.
- Certain characteristics of online gambling may be particularly attractive to novice gamblers who want to experiment with new games privately and anonymously.

Service System Transition Plan

Over the past three years, IDPH has initiated a transition to a comprehensive and integrated *resiliency- and recovery-oriented system of care for addictive disorders* built on coordination and collaboration across problem gambling and substance use disorder prevention and treatment. All transition efforts have been consistent with the 2008 legislative directives in SF 2425 and HF 811 and with state and national healthcare reform. Benchmarks completed or underway:

¹ Based on an estimated past year pathological gambling prevalence rate of 1.1% (Shaffer et al., 1999) and the 2009 U.S. Census Bureau Population Estimates for Iowa.

² 2010 National Survey of Publicly funded Problem Gambling Services, Association of Problem Gambling Service Administrators.

Client and Family Leadership: Substance abuse and problem gambling treatment and prevention systems are moving toward a resiliency-and recovery-oriented system of care (ROSC). ROSC supports person-centered, self-directed approaches to care that build on the strengths and resilience of individuals, family, friends and community to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems and problem gambling.

Funding and Funding Methodology: In July 2009, IDPH implemented specific reimbursement rates for problem gambling treatment. Prior to that time, programs were reimbursed on a cost basis. In December 2010, further analysis of reimbursement rates for problem gambling and substance abuse treatment led to adjustment of problem gambling rates to more closely align with substance abuse treatment rates. The adjusted rates were implemented July 1, 2011.

Workforce Development: In 2009, IDPH began coordinating previously separate problem gambling and substance abuse training and workforce development activities, resulting in multiple coordinated trainings including the Statewide Prevention Conference and the Annual Governor's Conference on Substance Abuse and Problem Gambling.

Joint Program Licensure: On July 1, 2010, IDPH implemented integrated joint standards for problem gambling and substance abuse program licensure.

- Practitioner Credentialing: Under joint program licensure, clinical staff must be certified in problem gambling and/or substance abuse counseling and/or licensed in a counseling field within 24 months of employment. If certified in problem gambling only, 20 hours of substance abuse education are required prior to providing substance abuse services. If certified in substance abuse only, 20 hours of problem gambling education are required prior to providing problem gambling services. If licensed in a counseling-related field, 20 hours of problem gambling/ substance abuse education are required prior to providing problem gambling/substance abuse services.

Prevention Alignment: Effective July 1, 2010, problem gambling prevention began using the Substance Abuse and Mental Health Services Administration (SAMHSA) Six Prevention Strategies. This aligns with the substance abuse prevention framework and supports contractors providing comprehensive prevention services. To increase efficiency and enhance prevention activities, contractors for problem gambling prevention services are required to coordinate efforts with other initiatives that share similar risk and protective factors, such as substance abuse.

Performance Measures: Effective July 1, 2011, IDPH contract performance measures for substance abuse treatment and problem gambling treatment and prevention were aligned.

Data Reporting System: On July 1, 2011, IDPH initiated implementation of a gambling service reporting system based in the information management platform used for substance abuse treatment reporting. The system will be fully implemented July 1, 2012

Request for Proposals and Service Procurement: The project periods for problem gambling and substance abuse prevention and treatment have been aligned to end June 30, 2014. An integrated Request for Proposals for provider contractors is being considered for the project period that will begin July 1, 2014.

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