

2017

## Problem Gambling and Treatment in Nevada

Sarah A. St. John

University of Nevada, Las Vegas, sarahastjohn@yahoo.com

Andrea Dassopoulos

University of Nevada, Las Vegas, dassopou@unlv.nevada.edu

Bo Bernhard

University of Nevada, Las Vegas, bo.bernhard@unlv.edu

Follow this and additional works at: [https://digitalscholarship.unlv.edu/social\\_health\\_nevada\\_reports](https://digitalscholarship.unlv.edu/social_health_nevada_reports)



Part of the [Community-Based Research Commons](#), [Community Health Commons](#), and the [Substance Abuse and Addiction Commons](#)

---

### Repository Citation

St. John, S. A., Dassopoulos, A., Bernhard, B. (2017). Problem Gambling and Treatment in Nevada. In Dmitri N. Shalin, *The Social Health of Nevada: Leading Indicators and Quality of Life in the Silver State* 1-20.

Available at: [https://digitalscholarship.unlv.edu/social\\_health\\_nevada\\_reports/54](https://digitalscholarship.unlv.edu/social_health_nevada_reports/54)

This Report is protected by copyright and/or related rights. It has been brought to you by Digital Scholarship@UNLV with permission from the rights-holder(s). You are free to use this Report in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s) directly, unless additional rights are indicated by a Creative Commons license in the record and/or on the work itself.

This Report has been accepted for inclusion in Reports by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact [digitalscholarship@unlv.edu](mailto:digitalscholarship@unlv.edu).

# The Social Health of Nevada

*Leading Indicators and Quality of Life in the Silver State*

## Problem Gambling and Treatment in Nevada

Sarah A. St. John, *Department of Sociology University of Nevada, Las Vegas*  
Andrea Dassopoulos, *Department of Sociology University of Nevada, Las Vegas*  
Bo J. Bernhard, *Philip G. Satre Chair, UNR and UNLV, Executive Director of UNLV International Gaming Institute, Professor Department of Sociology and Professor College of Hospitality at UNLV. Dr. Bernhard is a fifth generation Nevadan.*

### Introduction

This chapter defines problem gambling and provides a history and overview of community and state-led initiatives to address the harms associated with problem gambling. We outline research conducted in the state of Nevada in the past two decades, with both adults and teens, and with the general population and the treatment population, specifically. After presenting a demographic snapshot of the population that has received state-subsidized treatment, we discuss some common challenges they face.

The chapter provides data on treatment effectiveness as measured by improvements in the lives and wellbeing of problem gamblers and reduction of their gambling behaviors. Finally, we formulate policy recommendations based on our data, formulate an agenda for future research, and describe community resources available to help problem gamblers in Nevada.

### Highlights

- In 2000, the Volberg Report found that the combined prevalence rate of problem and probable pathological gambling among adult Nevadans was 6.4% – higher than in other regions surveyed.
- Nevada ranks 13<sup>th</sup> in the United States on spending for problem gambling services.
- Nevada's problem gamblers are served by seven state-funded treatment facilities, located in Las Vegas, Henderson, Reno, and Fallon.
- Problem gambling treatment is highly effective at ameliorating the problems some people experience with gambling.
- State-funded problem gambling interventions should be expanded and guided by research.

### How to Cite this Report

Sarah A. St. John, Andrea Dassopoulos, and Bo J. Bernhard. 2018. "Problem Gambling and Treatment in Nevada." In *The Social Health of Nevada: Leading Indicators and Quality of Life in the Silver State*, edited by Dmitri N. Shalin. Las Vegas, NV: UNLV Center for Democratic Culture, <http://cdclv.unlv.edu>

## Historical Overview

For many years, moral leaders rather than medical or academic experts made pronouncements on who gambled “too much.” Speaking from pulpits, church leaders decried gambling as uniquely subversive of the American way of life, for its something-for-nothing promise threatened to undermine the popular ethic of honest toil and gradual accumulation of goods. In 1835, Samuel Hopkins gave a sermon on “The Evils of Gambling” that captured this sentiment: “Let the gambler know that he is watched, and marked; and that...he is loathed. Let the man who dares to furnish a resort for the gambler know that he is counted a traitor to his duty, a murderer of all that is fair, and precious, and beloved among us” (Hopkins, 1835:17-18).

In those days, gambling was cast as an evil enterprise. Even those who sought to help problem gamblers – “dared furnish a resort,” in Hopkins’ words – were often judged to be immoral. The terminology used to refer to people whose gambling behaviors cause problems in their lives has changed over time, exchanging moral terms for medical terms. Similarly, those medical terms have evolved, as the criteria used to clinically assess problematic behaviors has changed. The current clinical term, gambling disorder, is defined in Section 312.31 of the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)* as follows:

Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

- a. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
- b. Is restless or irritable when attempting to cut down or stop gambling.
- c. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
- d. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
- e. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
- f. After losing money gambling, often returns another day to get even (“chasing” one’s losses).
- g. Lies to conceal the extent of involvement with gambling.
- h. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.

- i. Relies on others to provide money to relieve desperate financial situations caused by gambling. (American Psychiatric Association (APA), 2013, p.585)

The severity of gambling disorder is based on the number of criteria endorsed, with 4-5 criteria indicating mild gambling disorder, 6-7 criteria indicating moderate gambling disorder, and 8-9 criteria indicating severe gambling disorder (APA, 2013). Past clinical assessments of gambling disorder utilized similar criteria but referred to different levels of severity as “at-risk,” “problem,” or “pathological” gambling.

In Nevada, the history of those who gamble too much is a predictably complex one, owing to our unique relationship with the “product” that those with gambling disorder indulge. Early on, Nevada’s gambling establishments were reputed to have a soft spot for gamblers who were “down on their luck.” Stories abound of casino employees handing bus tickets home to those who gambled too much during their stay in the Silver State. More recently, casinos have developed formalized “responsible gaming” policies for their employees and patrons. In the policy world, we have recently seen reason for optimism, as the state legislature has recognized problem gambling as a legitimate public health concern, outlining a broad agenda for action and state dollars to support it. As a result, we are now on the brink of what promises to be a new era in Nevada’s history of dealing with those who gamble too much in the gambling capital of the world. However, like so much that has happened of late in Nevada, a great deal depends upon the lasting impact of the Great Recession. Additionally, while Nevada’s economy has long been shaped by the presence of legal gambling opportunities, the social impact of the challenges that accompany legal gambling have remained less understood; specifically, the impact of disordered gambling.

## **Gambling Nevadans’ Health**

### ***State Support for the Prevention and Treatment of Gambling Disorder***

Jurisdictions around the world have often turned to Nevada for expertise when it comes to gaming. After all, the state has been at this the longest, and through trial and error has developed world-class approaches to everything from regulation to architecture to marketing. In addressing gambling disorder, however, the state came to the metaphorical table later than most gaming locales.

The first major victory for the state’s disordered gamblers came during the 2005 Nevada State Legislature. After similar bills died during the two previous legislative sessions, Senate Bill 357 was signed by Governor Kenny Guinn on August 9, 2005. The 2005 version was authored by State Senator Dennis Nolan, after pioneering efforts of Mark James in previous legislative sessions.

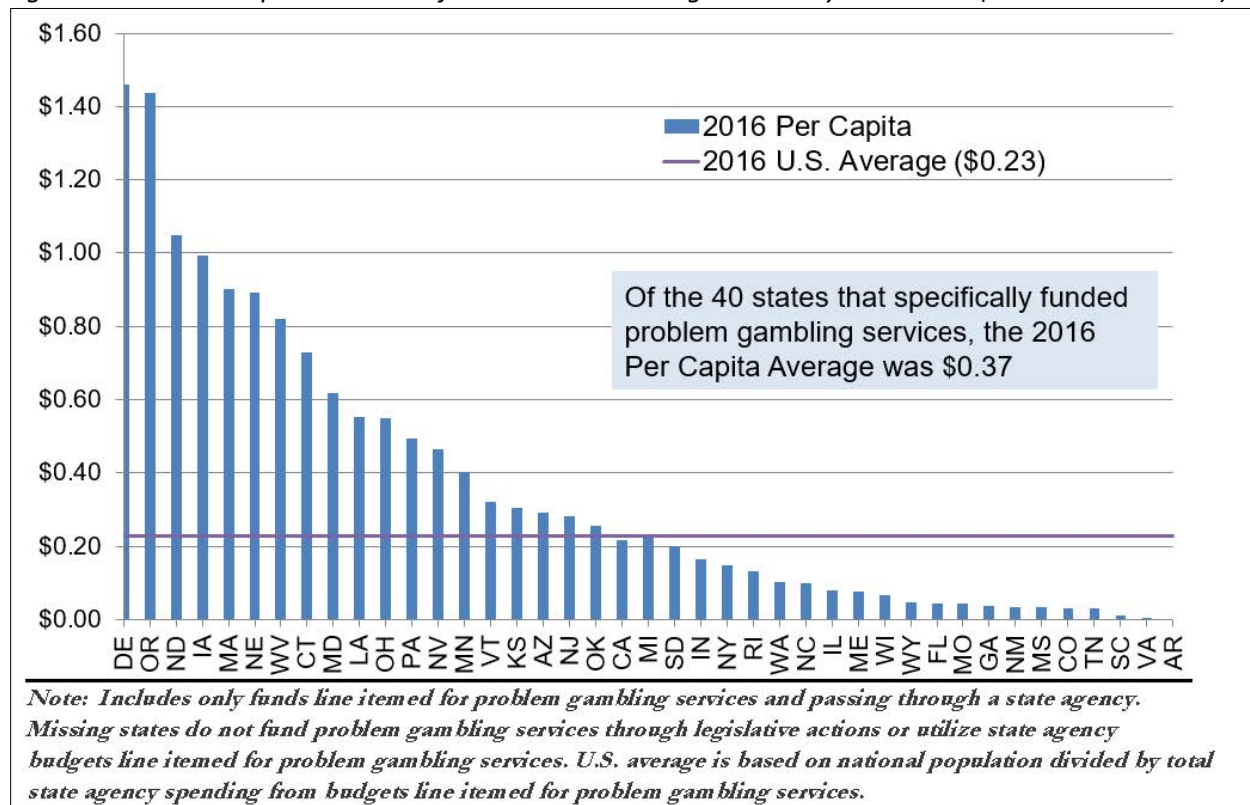
For the very first time in our state, this bill set aside dollars for assisting disordered gamblers, allocating \$1 per gaming machine in 2006 and \$2 per gaming machine in 2007. The money, which was collected through the Nevada Gaming Control Board, totaled just more than \$2.5 million for the biennium. This bill also established the Advisory Council on Problem Gambling (ACPG), a specially-appointed advisory panel, who act to ascertain the needs of communities for the prevention and treatment of disordered gambling, and

to determine which service providers receive support from the Revolving Account for the Prevention and Treatment of Problem Gambling established by the bill.

Between 2006 and 2018, the ACPG has awarded grants and contracts to gambling disorder service providers working in any of four areas of service: prevention and education, workforce development, research and evaluation, and treatment. During years of economic crisis, the State has utilized funds earmarked for the Revolving Account for the Prevention and Treatment of Problem Gambling to support shortfalls in the General Fund. During this period, from 2011-2013, only half of the previous service areas received funding, designating the vast majority of funds for treatment with a relatively small amount of funds set aside for research and evaluation. This allocation was driven strategically: the ACPG agreed unanimously that treatment was the most crucial resource needed to address gambling disorder in Nevada. Additionally, research and evaluation services were recognized as essential in producing solid analyses about the impacts of these programs – ensuring that these funds are not simply allocated, but that they are evaluated via a public health “best practice” approach currently overseen by this article’s authors.

While the Revolving Account for the Prevention and Treatment of Problem Gambling has received all the funds earmarked for services to address gambling disorder since 2013, Nevada ranks 13<sup>th</sup> out of 50 states in per capita funds invested. According to the *2016 Survey of Problem Gambling Services in the United States*, the average per capita allocation for services to address gambling disorder in the 40 states with dedicated public funds is 37 cents; Figure A below illustrates Nevada’s allocation of 47 cents per capita (Marotta et al. 2017).

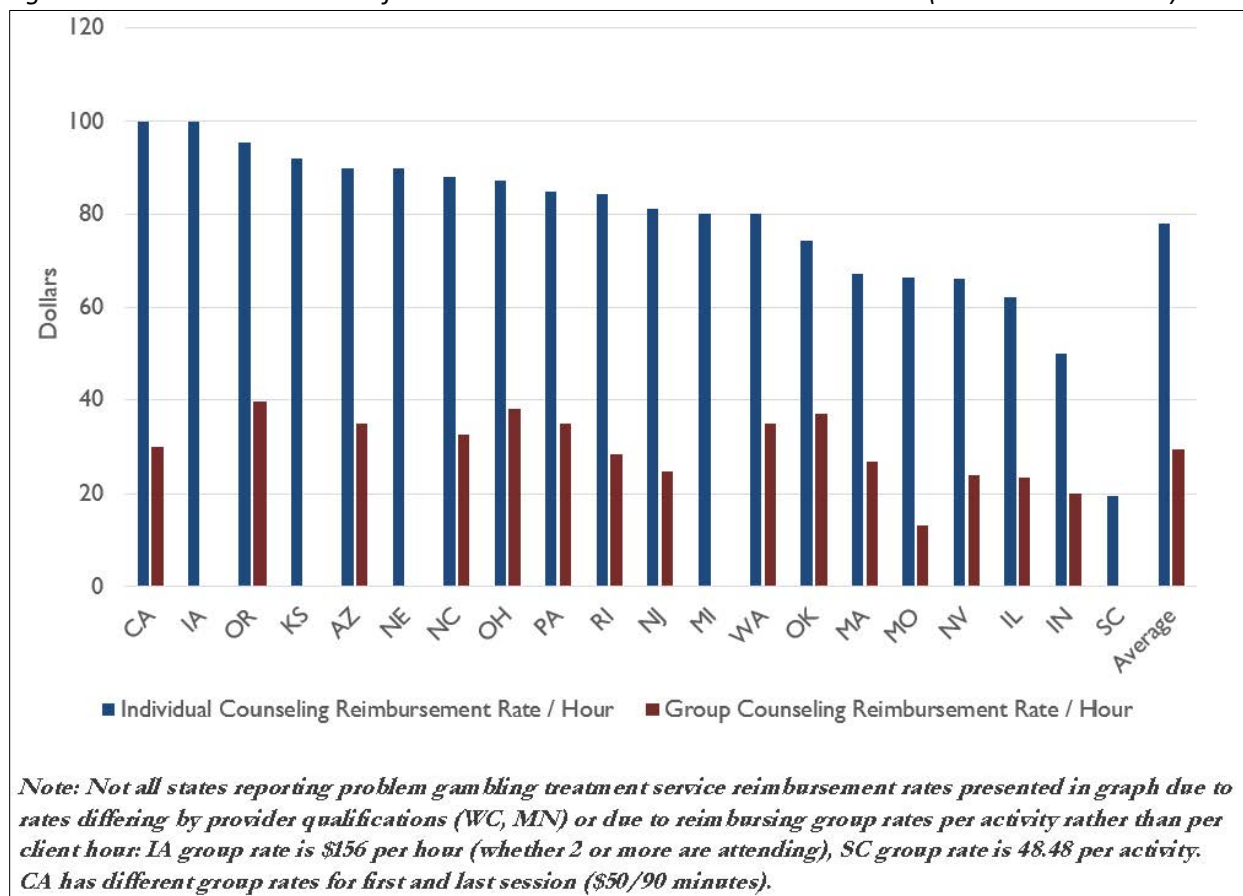
Figure A. 2016 Per Capita Allocation for Problem Gambling Services by U.S. States (Marotta et al. 2017)



This per capita spending seems low, considering the same survey reports that \$12.6 billion in revenue was generated by gambling in Nevada in 2016, while just under \$1.4 million was allocated to services to address gambling disorder (Marotta et al. 2017).

Additionally, of the 20 states for which the information was available, only three states had lower reimbursement rates for individual counseling and group counseling than Nevada, as illustrated in Figure B (Marotta et al. 2017). The average reimbursement rates for individual and group counseling are \$78.12 and \$30, respectively, while Nevada's rates are \$66 and \$24 per hour.

Figure B. Reimbursement Rates for State-Funded Treatment: Fiscal Year 2016 (Marotta et al. 2017)



Current action by the ACPG during the 2019 legislative session seeks to fund disordered gambling services using a per capita equation that will allow room for growth in each of the four main service areas. The hope is to secure a consistent source of funding, tied to the size of the population, to address the needs for disordered gambling prevention and education, workforce development, treatment, and research within the state of Nevada.

### ***State Support for Disordered Gamblers Who Commit Crimes in Furtherance or As a Result of Their Gambling***

While Nevada has not been a forerunner in addressing the need for prevention and treatment for gambling disorder, it has been a pioneer in addressing the needs of disordered gamblers who become involved with the criminal justice system due to their gambling. Nevada is one of a handful of states with specialized diversion programs or courts for disordered gamblers who have committed a crime in furtherance of their gambling or as a result of their gambling. In 2009, the Nevada Revised Statute 458A that established the Revolving Account for Problem Gambling and the ACPG was amended to allow for Nevada courts to establish a criminal diversion program for disordered gamblers. If the court finds that a defendant (1) is assessed as a disordered gambler, (2) committed the crime in furtherance of or as a result of their disordered gambling, (3) is likely to be rehabilitated through treatment supervised by a qualified mental health

professional, and (4) is a good candidate for treatment, the defendant may be assigned to this diversion program before sentencing.

Eligible disordered gamblers participate in treatment for gambling disorder under the supervision of a qualified mental health professional for no less than 1 year and no more than 3 years, must pay restitution and the cost of the treatment program, and must submit progress reports to the court documenting satisfactory progress in treatment.

The original conviction is set aside if they are successful in treatment and complete all the requirements of their probation. Additionally, if the conviction is set aside, the person may file a petition to have all records sealed regarding the setting aside of the conviction.

Passage of the diversion law for disordered gamblers was a progressive step forward in addressing the myriad social costs that accompany legalized gambling within communities. Unfortunately, this program to divert the legal consequences of disordered gambling has been underutilized since inception and has faced rigid opposition from the Office of the District Attorney in Clark County. A series of trainings about the diversion law have been provided to law students, attorneys, and judges in Clark County since 2015 with the hopes of raising awareness about its existence, utility, and benefit to the community. For information on the diversion law for disordered gamblers, visit <http://www.nevadacouncil.org/wp-content/uploads/2016/08/Legal-Guide-Small-file-APPROVED-6.2010.pdf> or view the statute at: [www.leg.state.nv.us/NRS/NRS-458A.html](http://www.leg.state.nv.us/NRS/NRS-458A.html).

## **Treatment Programs in Nevada**

Nevada's treatment system for gambling disorder is composed of elements that offer a continuum of care from health promotion, screening and referral, brief interventions, distance treatment, outpatient treatment, transitional housing, residential treatment, and longer-term recovery support (Nevada Department of Health and Human Services, 2016; DHHS). Individual, group, and family counseling are all encouraged as part of any treatment plan, regardless of the level of care or intensity provided.

As of this writing, there are seven service providers funded by the state of Nevada to furnish assessment and treatment services for gambling disorder to Nevada residents regardless of their ability to pay: (1) Bridge Counseling Associates, (2) Bristlecone Family Resources, (3) The Las Vegas Problem Gambling Center, (4) Mental Health Counseling & Consulting, (5) New Frontier Treatment Center, (6) Reno Problem Gambling Center, and (7) RISE Center for Recovery. (See [community resources](#) at the end of this document for a complete list of certified problem gambling treatment providers, including those that are privately funded).

Each of the providers listed above may offer (a) Outpatient treatment; (b) Intensive Outpatient (IOP) treatment, which consists of at least 9 hours of group counseling each week and at least one individual session each month; and (c) aftercare services for up to one year following completion of a treatment program. All providers are also able to contract with other agencies for transitional housing services and be reimbursed by the State for these services. Two providers listed above, Bristlecone Family Services and New



Frontier Treatment Center, can also offer Residential treatment and in-house Transitional Housing to disordered gamblers.

## **History of Treatment in Nevada**

The origins of professional treatment for gambling disorder in Nevada date back to 1986, when Nevada's first professional problem gambling clinic was established for Nevadans. (Gamblers Anonymous, it should be noted, had been around for some time since it was first established in California in the 1950s). That year, Dr. Robert Custer, the acknowledged "founding father" of problem gambling treatment, came to Las Vegas to start a treatment program based upon the practices he had established in a VA hospital in Brecksville, Ohio. Dr. Custer affiliated with the local Charter Hospital organization, a for-profit mental health center, and selected Dr. Rob Hunter to open the state's first treatment facility for those with gambling problems.

The Charter program brought positive publicity to the state, as the national media noted local efforts to help those who gambled too much in the gambling capital of the world. In the 1980s and 1990s, the U.S. mental health field changed dramatically, and large inpatient programs, including the Charter problem gambling center, had to mutate into smaller outpatient programs to survive. More generally, the field of mental health underwent drastic macro-economic changes, leading Charter Hospital, along with many others, to go out of business in the late 1990s.

In Nevada, the leaders of what was formerly the Charter program re-configured as a non-profit, which now operates as The Las Vegas Problem Gambling Center. The program remained under the direction of Dr. Hunter until his death in 2018, treating more than 3,000 individuals over the years, and currently serving a few hundred problem gamblers annually in Southern Nevada. Impressively, the Center has also served as the model for international problem gambling centers that offer treatment services in Seoul, Korea, and Sydney, Australia. In 2005, the Las Vegas Center helped launch the Reno Problem Gambling Center, which now operates as the largest treatment facility in northern Nevada.

## **Research on Problem Gambling in Nevada**

In 2002, the state of Nevada funded two problem gambling prevalence surveys. The Nevada Department of Health and Human Services, along with Gemini Research, released two reports: "Gambling and Problem Gambling in Nevada," and "Gambling and Problem Gambling among Adolescents in Nevada." These studies generated a series of findings central to our discussion.

### ***Adult Problem Gambling: Volberg Report, 2002***

According to the authors of the Volberg Report,

- "the combined current (adult) prevalence rate of problem and probable pathological gambling in Nevada in 2000 is 6.4%," a rate that the authors contend is "higher than in every other jurisdiction where similar surveys have been carried out."

This rate is calculated on the basis of the SOGS (the South Oaks Gambling Screen), an instrument that until recently served as the foundation for virtually every major prevalence study conducted in the U.S. and quite a few studies abroad. It should be noted that the SOGS has come under criticism for producing higher prevalence rates due to false positives. However, its use allows for comparison with other jurisdictions' figures. Comparability is achieved, but perhaps at the cost of accuracy. In fact, the other instrument used in the study tends to yield lower rates, and did so in this instance.

The authors also take these prevalence rates of the study and project them onto the populace, declaring that

- “between 40,100 and 63,900 Nevada residents can be classified as current probable pathological gamblers. In addition, between 32,700 and 53,500 Nevada residents can be classified as current problem gamblers.”

It should be noted that due to administrative errors, the Nevada adult study does not inspire a great deal of confidence in its findings. Because the number of high-frequency gamblers was much higher than anticipated by the research team (and indeed, higher than is commonly found in other jurisdictions), the interview process was scaled back considerably. Thus, rather than administering the problem gambling questionnaire to all of those who indicated that they had been gambling monthly or more often, the decision was made to administer the survey to those who had been gambling weekly or more often. This means that a relatively large number of gamblers were not given the problem gambling questions. Furthermore, the completion rates for the survey were low – even by the standards of telephone survey research, a methodology whose response rates have declined in recent years.

The firm that produced the study, Gemini Research, has been admirably up-front about these shortcomings. In a responsible manner, it outlines the limitations the project encountered. It seems that a change in management at the survey center that Gemini hired to conduct the local survey contributed significantly to these problems. Given these limitations, it may well be that the definitive study on adult problem gambling rates in Nevada has not yet been done.

### ***Adolescent Problem Gambling: Volberg, 2002***

When it was released, the adolescent problem gambling study report was widely viewed as “good news” for our gambling state. (We should note that this report does not suffer from the same shortcomings as the adult problem gambling project discussed above). While the adult study reported higher prevalence rates, the adolescent report focused on relatively low (but not insignificant) prevalence rates for Nevada’s youth. After surveying 1,004 Nevada residents aged 13-17, the report found that:

- “Compared with adolescents in Georgia, New York, Texas, and Washington State, where similar surveys have been carried out, adolescents in Nevada are less likely to gamble weekly or more often.”

- “Furthermore, the prevalence of problem gambling among adolescents in Nevada is lower than among adolescents in three of the other four states where similar surveys have been conducted.”

There are a number of plausible hypotheses that might explain these phenomena. Most intriguing is the observation that in a state where gambling is normalized, gambling is simply not that rebellious an act for those seeking to rebel. In much the same way that European youth may not have the hang-ups about drinking that their North American counterparts do, early exposure may “inoculate” Nevada’s youth to gambling.

***Southern Nevada Community Assessment: Southern Nevada United Way and Nevada Community Foundation, 2002***

In 2003, the Southern Nevada United Way and the Nevada Community Foundation joined forces to support the region’s first-ever Community Assessment, which utilized both previous research and new large-scale surveys to determine the scope of a wide variety of social problems. The 2003 Community Assessment asked a large sample of Southern Nevadans about the problems that plagued their communities and their households. When asked about their concerns,

- Southern Nevadans rated “gambling problems” 10<sup>th</sup> out of a list of 45 *community* concerns, with 55% stating that this was a “major” issue.
- More strikingly, 31% of Southern Nevadans indicated that someone in their *household* had experienced a challenge with a gambling problem during the past year, and 6.4% said that this was a “major” challenge.

In light of these and other data on addictions, the researchers concluded that:

- “These are significant findings for a community in which outside-of-the-norm behaviors are visibly and explicitly encouraged among those who come here to play (think of Las Vegas’ ad campaign, “what happens here, stays here”). As a group, Southern Nevadans are extremely concerned about the specific mental health issues faced by those battling behaviors of excess.”

These findings are interesting in that they do not rely upon “expert” assessment, but rather reflect residents’ own perceptions of problems that plague their homes and communities. It should also be noted that these data cannot speak to non-Southern Nevadans, as the inquiry was limited to the greater Las Vegas Valley. Still, we may conclude that problem gambling is a community issue that concerns many residents.

### ***The Nevada Problem Gambling Project: Intake Research***

Beginning in April, 2006, all treatment providers receiving grant funds from the State of Nevada for treating gambling disorder began collecting data from their clients in an effort to help the state understand just who their grant monies were helping. Research teams at the University of Nevada, Las Vegas' International Gaming Institute (IGI) took this "intake" data and analyzed it, in order to answer the question: *Who are these clinics serving?* What was clear in the outcome of their research was that these state-funded programs are reaching a large target population of disordered gamblers. What is more, these individuals are in desperate need, as they suffer from a striking number of physical health, mental health, legal, occupational, familial, social, financial, and other major life problems.

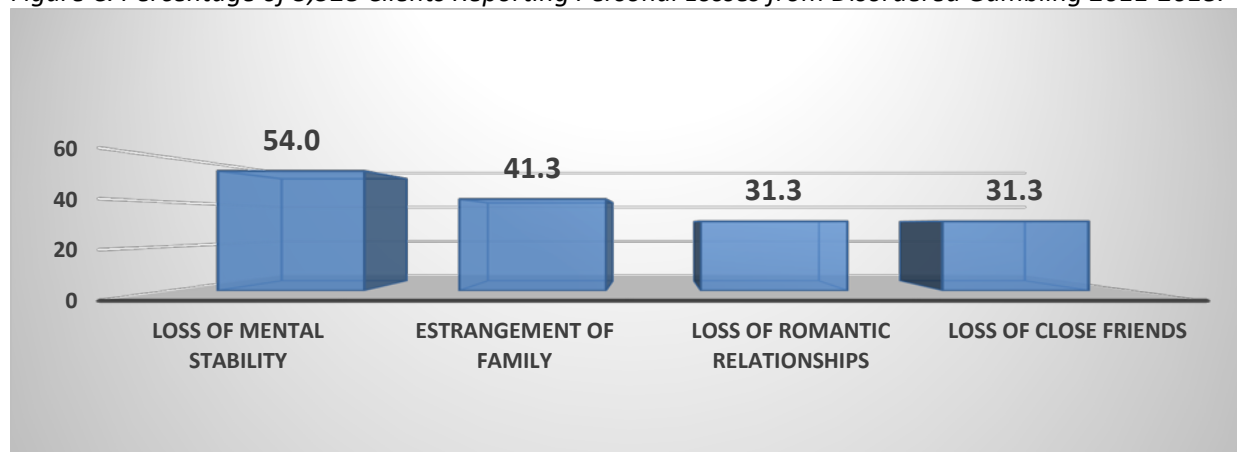
UNLV's IGI has found that, on average, the typical individual who shows up for treatment at state-funded clinics for gambling disorder in Nevada is male, White, approximately 45 years old, not currently married, and has an annual household income of \$35,000 or less.

About a third of disordered gamblers entering treatment since 2011 have reported being unemployed, lacking health care coverage, or having annual household incomes of less than \$15,000; nearly ten percent reported experiencing *all three* of these conditions simultaneously. It is important to note that treatment services for gambling disorder may not necessarily be covered should they have health care coverage. Given their unstable economic positions, this population would be particularly unlikely to afford treatment if state-funded programs were not available.

The average rates of unemployment and health care coverage for Nevadans have improved since 2012, as the economy recovers from the Great Recession and the mandates of the Affordable Care Act became effective; however, those entering treatment for gambling disorder have seen less improvement. The unemployment rate in 2018 is about 7.3 times higher for disordered gamblers seeking treatment than for the average Nevadan. Similarly, more than three times as many disordered gamblers seeking treatment (age 65 and under) lack health care coverage compared to the general population of Nevada.

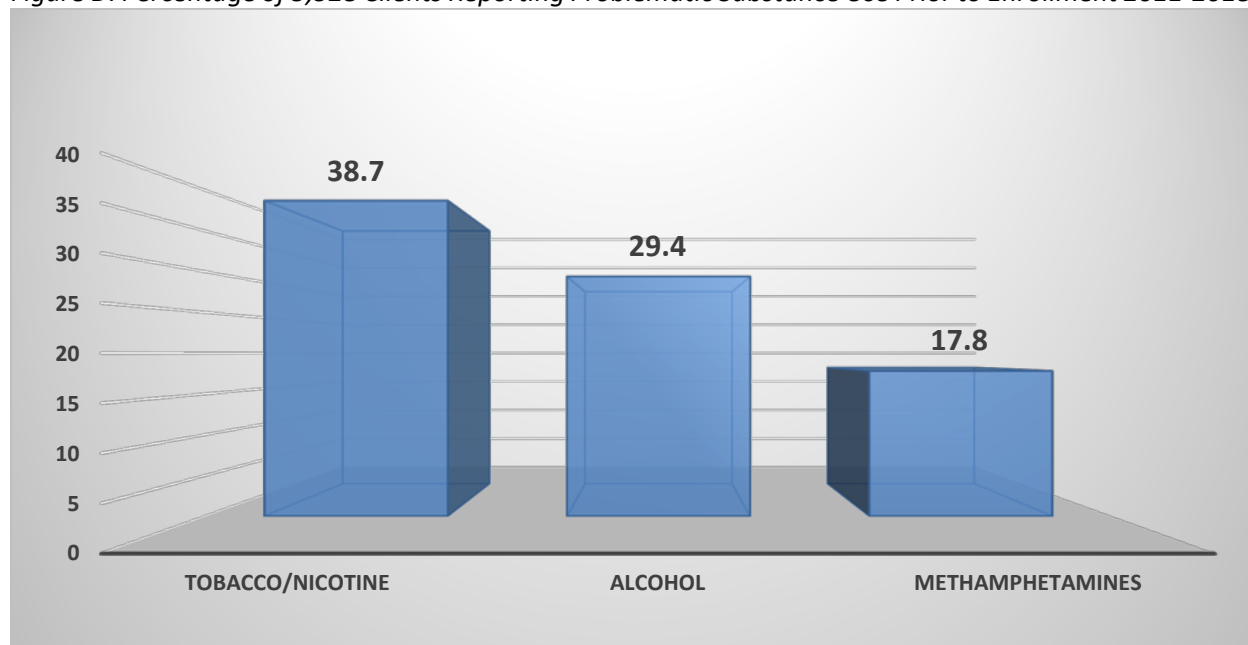
When clients were asked about personal losses they had experienced due to their gambling, over half indicated a loss of mental stability, 41.3 percent had suffered the estrangement of family, and almost a third indicated they had lost romantic relationships or close friends (see Figure C below). Overall, this means that many disordered gamblers are going through their treatment programs without the support of family and friends – and hence, are dependent on the support provided in these clinics.

Figure C. Percentage of 3,528 Clients Reporting Personal Losses from Disordered Gambling 2011-2018.



Disordered gamblers seeking treatment at state-funded treatment facilities also reported high levels of problematic substance and alcohol use (see Figure D below). While about 40 percent of respondents reported having no chemical addictions, over a third reported smoking as an addictive activity, 29.4 percent reported an addiction to alcohol, and almost 18 percent reported an addiction to methamphetamines. Additionally, almost 70 percent of all clients have a family history of addiction, over half of which have a family history specific to problem gambling.

Figure D. Percentage of 3,528 Clients Reporting Problematic Substance Use Prior to Enrollment 2011-2018.



The vast majority of clients in Nevada are treated with cognitive behavioral therapy (CBT) and are involved in both individual and group therapies. Additionally, family therapy is encouraged by all providers for all clients. About 88 percent of clients receive outpatient treatment, while the remainder of clients are treated at a residential facility.

### ***The Nevada Problem Gambling Project: Follow-Up Research***

Since 2015, the International Gaming Institute (IGI) at the University of Nevada, Las Vegas also began investigating the efficacy of state-funded treatment programs for gambling disorder. The IGI gauged the disordered gamblers' evaluation of their treatment services, the impact of those services on quality of life and functional well-being, and the relationship between service quality and reductions in gambling behaviors using the Mental Health Statistics Improvement Program (MHSIP) questionnaire, questions about previous and current gambling and other addictive behaviors, and several open-ended questions.

Between 2015-2018, IGI has conducted total of 1,462 follow-up interviews with clients in 8 different gambling treatment programs: Bristlecone Family Resources, Pathways Counseling Center (which transitioned into Mental Health Counseling & Consulting), Las Vegas Problem Gambling Center, New Frontier Treatment Center, Reno Problem Gambling Center, Bridge Counseling Associates, and RISE Center for Recovery. We attempt to interview clients at 30 days, 90 days, and one year after enrolling in a treatment program for disordered gambling.

These follow-up interviews were designed to assess three things: (1) clients' overall satisfaction, comfort, and engagement with disordered gambling treatment, (2) their perceived improvements in daily life functioning and well-being as a result of disordered gambling treatment, and (3) whether clients have successfully met their goals to stop or control their gambling. These interviews are based on established evaluation practices in both mental health and addiction research which find correlations between satisfaction with services and perceived life improvements, as well as with treatment outcomes (Monnat et al. 2014).

Overall, treatment participants provided very positive assessments that ranged over an impressive variety of spheres – including access to services, treatment quality and helpfulness, treatment effectiveness, and overall ratings of the quality of service. Based on an analysis of both quantitative and qualitative data, IGI found that respondents were most positive about the cost of treatment services, treatment access, individual and group counseling, the educational information provided, staff encouragement, relationships with counselors, and the bonds they shared with their peers in treatment.

Clients expressed gratitude to their treatment providers and the opportunity that treatment gave them to improve their lives. As one client stated in an interview, “I finally was able to talk to somebody that understood me;” expressing in the simplest terms the isolation and despair that disordered gamblers experience and the tremendous help that treatment can afford them.

Table 1 (below) shows how effective clients believe their treatment to have been. The numbers represent the percentage of clients who said they “strongly agree” or “agree” with the statements listed. Overall, the perceived treatment effectiveness is very high on all measures, except for improvements to their housing situations.

Table 1. Percentage of Clients Reporting they “Strongly Agree” or “Agree” with Statements.

<b>Treatment Effectiveness</b>	<i>30 day (n=623)</i>	<i>90 day (n=464)</i>	<i>1 year (n=374)</i>
I deal more effectively with daily problems.	94.7	91.2	89.9
I am better able to control my life.	92.3	89.9	90.4
I am better able to deal with crisis.	91.2	90.2	88.7
I am getting along better with my family.	89.3	86.7	88.4
I do better in social situations.	81.3	82.3	82.3
I do better in school and/or work.	85.2	84.2	89.4
My housing situation has improved.	64.6	66.7	69.6
My symptoms are not bothering me as much.	86.8	85.6	83.8
My financial situation has improved.	78.4	81.6	79.3
I spend less time thinking about gambling.	87.6	87.0	86.9
I have reduced my problems related to gambling.	90.9	91.5	91.8
I have re-established important relationships in my life.	79.3	81.8	82.3

Over half of all respondents indicated that they had gambled again after completing treatment; however, it is important to understand how treatment for disordered gambling can help to *reduce* levels of gambling and the harms associated with gambling. Although treatment programs and outcome studies for pathological gambling have historically viewed total abstinence as the only acceptable criteria for success (Ladouceur 2005; Rosecrance 1989), more recent disordered gambling scholars, as well as scholars studying other addictions (Adamson and Sellman 2001), have been moving away from pure “abstinence” based models toward a broader spectrum of post-treatment maintenance, including an emphasis on *reducing* levels of gambling (Dowling et al. 2009; Robson et al. 2002) and minimizing the harms associated with gambling (Dickerson et al. 1997). This is important given IGI’s finding that one year after enrolling in treatment for gambling disorder, 94% of clients interviewed had reduced their gambling since the period of time when they gambled most heavily, and 11% had been completely abstinent from gambling for over a year.

Ultimately, treatment program participants expressed feelings of self-awareness, acceptance, achievement, and hope after the completion of their treatment. Participants indicated that these programs helped to increase their confidence, empower them, give them the strength to avoid gambling, and in many cases, saved their lives. Finally, this research suggests that participation in treatment for disordered gambling may help with other co-morbid addictive problems as well. Overall, the majority of clients interviewed at each interval reported sizeable and significant reductions in their other addictions after treatment for their gambling problems.

These measures of improvement in quality of life and gambling behaviors, and the evaluation of treatment services provide strong evidence that treatment for gambling disorder works. These strong outcomes represent a major victory for those dedicated to helping disordered gamblers recover from their addiction and improve their overall

quality of life. From a policy perspective, this research demonstrates the importance of continued support for these crucial services, particularly during difficult economic times.

## **Community Resources for Problem Gambling**

In addition to treatment providers, Nevada's disordered gamblers have other resources in the state. The Nevada Council on Problem Gambling is a non-profit organization focused on education and awareness of gambling disorder. Notably, this organization (as well as the Las Vegas Problem Gambling Center) was started with significant financial support from gaming businesses; it is doubtful that these organizations could have gotten off of the ground without it.

The Council, led by Carol O'Hare, offers a toll-free hotline (1-800-522-4700) that connects callers with treatment providers. The Council keeps updated records of all treatment for gambling disorder available within the state of Nevada. It also offers community outreach programs that target specialized sub-populations, including school district programs, after-school programs, and programs targeting military enlistees. Finally, the Council provides training for employees of gaming businesses as well as mental health providers. Overall, its actions to educate and build awareness of disordered gambling complements nicely the treatment offerings in the state.

At the university level, UNLV offers programs designed to recognize and research disordered gambling. UNLV's International Gaming Institute (IGI) mandates the inclusion of gambling disorder education in every 101-level hotel management course. The IGI has also offered specialized education programs on disordered gambling to students, regulators, and gaming industry employees; and it continues to conduct internationally-recognized research. Additionally, the UNLV sociology department regularly offers a course in the Sociology of Gambling, which includes a comprehensive review of research on disordered gambling.

Meanwhile, Gamblers Anonymous (GA) is the 12-step organization devoted to helping disordered gamblers admit and address their problems. In Nevada, GA offers approximately one hundred forty weekly meetings, in which the only "admission criterion" is the desire to overcome a gambling problem. The organization's 12-step approach offers assistance from those who probably know this problem most intimately – other disordered gamblers. A partner organization, Gam-Anon, also offers meetings for the relatives and friends of those with a gambling problem.

Smart Recovery is another abstinence-based community support group available in Nevada for disordered gamblers. The organization uses a cognitive-behavioral approach to addressing the underlying causes and emotions that lead to disordered gambling. Meetings are not as widely available in Nevada as Gamblers Anonymous, but there are online options for those who are interested in this approach.

There are a number of resources available to those who seek to control their gambling, rather than abstain completely. Casino properties are investing in responsible gaming programs, such as MGM's GameSense, which helps gamblers understand the odds of



casino games and make informed decisions on how to moderate their time and amount of money spent gambling.

Find more information about these programs and organizations at the end of this document under [community resources](#).

## **Prospects for the Future and Policy Recommendations**

Moving forward, the State should strongly consider the following recommendations to enhance its efforts to help Nevadans with gambling problems:

### ***Continued State Support for Disordered Gambling Services***

The 2005 Nevada State Legislature's decision to support problem gambling services was commendable. However, service providers are understandably concerned that the State will lack the funds required to support programming as the pot continues to dwindle, year after year. As a state, Nevada is maturing into a world-class tourist destination, offering a range of recreational opportunities as diverse as Lake Tahoe's slopes and Lake Bellagio's fountains. We must demonstrate to a world that has only recently (and grudgingly) come to respect this state's offerings that we are committed to "taking care of our own" communities and residents. New legislative action committing to a stable source of funding to address gambling disorder, funded per capita, with built-in cost of living increases would go a long way demonstrating Nevada's commitment to addressing the social costs of gambling on our community.

### ***A Public Health Approach***

Recently, a number of prominent scholars in the field have suggested that a problem as complex as gambling addiction requires a comprehensive solution. A public health approach ensures, among other things, that the entire range of gambling behaviors is taken into consideration – those posing no risk of addiction to those indicating mild, moderate, or severe gambling disorder. In this model, prevention or "harm reduction" programs might target at-risk populations who have not yet developed problems, while education programs would target a range of vulnerable populations and treatment would be available for gamblers with a full-blown addiction. The State should encourage collaborative efforts from a public health perspective – relying, wherever possible, upon the latest in scientific research.

### ***Public Awareness Campaigns***

Nevadans need to know that this is a potentially severe disorder – yet one that is treatable when help is made available and affordable. These messages need to be heard not only in gaming environments (as they currently are), but also in broader health and educational settings.

### ***Insurance Coverage for Treatment of Gambling Disorder***

The State and its service organizations should work with insurance companies to help improve coverage for treatment for those with gambling problems. As mentioned above, by the time they reach treatment providers, disordered gamblers often find themselves in dire financial straits. It is hard to imagine a change more far-reaching in its scope than

one that would allow disordered gamblers to access treatment independent of their financial status.

### ***Research-based Solutions***

This analysis would be incomplete without a strong pitch for more research. In the young field of disordered gambling studies, this is especially important, and especially in a state whose revenues are so dependent upon gambling. As numerous scholars have pointed out, gambling's recent boom times should be considered with caution, for the industry has enjoyed dramatic peaks and valleys in the past. In Nevada, we have banned gambling twice – and legalized it three times. Gambling's most knowledgeable historians note that what has brought the entire industry to a halt in the past has been an inability to deal with public backlash over everything from problem gambling to moral codes to a thrown World Series in baseball. To protect the well-being of all of Nevada's citizens, then, we need to commit to an aggressive research agenda designed to monitor the issue that has produced gambling's loudest social protests – gambling disorder – and its impacts on individuals, families, businesses, and communities. More specifically, we should monitor in an ongoing fashion prevalence rates of disordered gambling, disordered gambling awareness levels, treatment efficacy, and all of the other public health efforts that we develop to combat this disorder. To do otherwise would be ignorant of our own history.

### **Conclusion**

Many are of a mind that Nevada's disordered gamblers face an impossible burden, and hence should move away from a state where gambling opportunities seem to be ubiquitous. This "solution" fails on at least two levels. First, there are no longer gambling-free environs to move *to*, especially with the advent and legalization of internet gambling. Secondly, as we have seen in this report, Nevada offers a strong network of social service organizations helping disordered gamblers and their families that may not be available in other states.

While we no longer "treat" disordered gamblers by subjecting them to social ostracism and scathing moral judgments, it is important to remember that the disordered gambling field is still a young one. Hence, while Nevada's citizens and leaders should recognize that we have come a long way, we also need to understand that we have a long way to go.

The gaming industry and those at its helm now face a historical moment when we are simultaneously beginning to understand the nature of the pains and problems that some "customers" endure, and how we might mitigate them. With strong efforts today, generations from now, we as Nevadans may be able to take special pride in the decisions we made about how to address the harms created by "our product," and in the positive results that followed.

## Data Sources and Suggested Readings

- Hopkins, Samuel. 1835. *The Evils of Gambling: A Sermon*. Montpelier, VT: E. P. Dalton and Son.
- Volberg, Rachel A. 2002. *Gambling and Problem Gambling in Nevada*. Northhampton, MA., [www.geminiresearch.com](http://www.geminiresearch.com).
- Volberg, Rachel A. 2002. *Gambling and Problem Gambling among Adolescents in Nevada*. Northhampton, MA., [www.geminiresearch.com](http://www.geminiresearch.com).
- Shaffer, Howard J., Hall, Matthew N., and Vander Bilt, Joni. 1997. *Estimating the Prevalence of Disordered Gambling Behavior in the United States and Canada: A Meta-analysis*. Boston: President and Fellows of Harvard College.
- National Gambling Impact Study Commission, <http://govinfo.library.unt.edu/ngisc/>.
- Dassopoulos, Andrea, Sarah A. St. John, and Bo J. Bernhard. 2018. *The Nevada Problem Gambling Study: Follow-Up Research Final Report*. UNLV International Gaming Institute: Las Vegas, NV.
- St. John, Sarah A., Andrea Dassopoulos, and Bo J. Bernhard. 2018. *Annual Gambling Treatment System Performance Report*. UNLV International Gaming Institute: Las Vegas, NV.
- Monnat, Shannon, Bo J. Bernhard, Brett L. L. Abarbanel, Sarah St. John, and Ashlee Kalina. 2014. "Exploring the Relationship between Treatment Satisfaction, Perceived Improvements in Functioning and Well-being and Gambling Harm Reduction among Clients of Pathological Gambling Treatment Programs." *Community Mental Health Journal* 50(6):688–696.
- Nevada Department of Health and Human Services. 2016. *Problem Gambling Services Strategic Plan: 2017 to 2019*. Carson City, NV: Author.
- Marotta, Jeff, Julie Hynes, Loreen Rugle, Keith S. Whyte, Kathleen M. Scanlan, Jimmy Sheldrup, and Janina Dukart. 2017. *2016 Survey of Problem Gambling Services in the United States*. Boston MA: Association of Problem Gambling Service Administrators.

## Appendix

### Community Resources

UNLV Student Counseling and Psychological Services provides assistance to undergraduate students with problems related to their gambling. Tel. 702-895-3627.

The UNLV International Gaming Institute develops research and provides educational programs on disordered gambling. Tel. 702-895-2008

UNLV Center for Gaming Research, located at Lied Library, curates a comprehensive collection of gambling research and hosts public events and podcasts featuring the latest research in gambling. 702-895-2244.

The Nevada Council on Problem Gambling provides educational outreach programs, workforce development programs, and a toll-free 24 hour help line. Tel. 702-369-9740. Toll-free helpline: 1-800-522-4700.

Gamblers Anonymous is a free twelve-step based fellowship that provides peer to peer community support to gamblers. Tel. (Carson City) 775-882-8222, (Reno) 775-356-8070, (Las Vegas) 855-222-5542.

Smart Recovery is free self-help program that is not based on twelve-steps. Toll-free Tel. 866-951-5357

### ***Certified Problem Counseling Treatment Providers in Nevada***

\*The Problem Gambling Center, Las Vegas, NV. Provides outpatient treatment programs and individual counseling for problem gamblers as well as family members. Tel. 702-363-0290.

\*Reno Problem Gambling Center, Reno, NV. Provides outpatient treatment programs and individual counseling for problem gamblers as well as family members. Tel. 775-284-5335.

\*Bristlecone Family Resources, Reno, NV. Provides outpatient treatment programs, individual counseling, transitional housing, and residential treatment for problem gamblers as well as family members. Tel. 775-954-1400.

\*New Frontier Treatment Center, Fallon, NV. Provides outpatient treatment programs, individual counseling, and residential treatment with some services for family members. Tel. 775-423-1412, 24-hour line: 775-427-4040 Toll Free: 800-232-6382.

Pathways Counseling Center, Henderson, NV. Provides individual counseling for problem gamblers as well as family members. Tel. 702-990-6446.

**\*Mental Health Counseling & Consulting, Henderson, NV. Provides outpatient treatment programs and individual counseling for problem gamblers with some services for family members. Tel. 702-400-6413.**

**Second Chance Problem Gambling Treatment Center, Henderson, NV. Provides outpatient treatment programs and individual counseling for problem gamblers as well as family members. Tel. 702-400-6413.**

**\*RISE Center for Recovery, Henderson, NV. Provides outpatient treatment programs and individual counseling for problem gamblers with some services for family members. Tel. 702-476-9700.**

**ABC Therapy, Las Vegas, NV. Provides outpatient treatment programs and individual counseling for problem gamblers with some services for family members. Services in English or Spanish. Tel. 702-598-2020.**

**\*Bridge Counseling Associates, Las Vegas, NV. Provides outpatient treatment programs and individual counseling for problem gamblers with some services for family members. Services in English or Spanish. Tel. 702-474-6450.**

**Red Hawk Counseling, Reno, NV. Provides individual and group counseling for problem gamblers as well as family members. Tel. 775-284-7275.**

**You Can Change 2 Counseling, Reno, NV. Provides individual and group counseling for problem gamblers with some services for family members. Tel. 775-384-7587.**

**Aloha Evaluations, Sparks, NV. Provides individual counseling for problem gamblers as well as family members. Services in English or Spanish. Tel. 775-359-9000.**