



# OREGON PROBLEM GAMBLING SERVICES

## Service Delivery Overview: 2005-2007 Biennium

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## **I. PHILOSOPHICAL APPROACH: PUBLIC HEALTH PARADIGM**

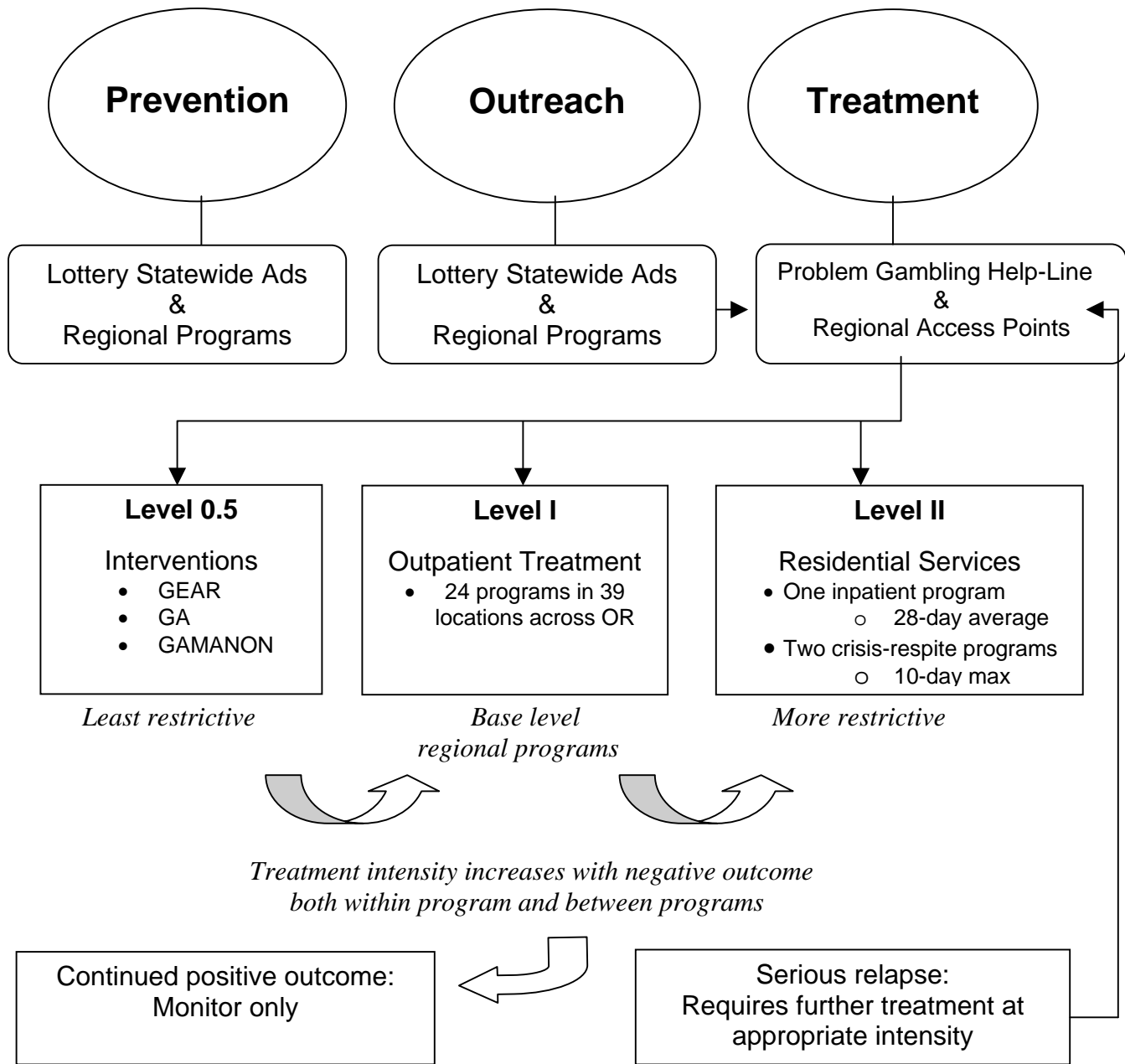
Oregon's Problem Gambling Services are guided by a public health paradigm and approach that takes into consideration biological, behavioral, economic, cultural and policy determinants influencing gambling and health. It incorporates prevention, harm reduction and multiple levels of treatment by placing 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 \$4.65 million during the 2005-2007 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, \$1.2 million of the Oregon Lottery's annual operating budget goes toward the production and purchase of ads and educational materials addressing responsible play and problem gambling.

### III. SERVICE DELIVERY OVERVIEW: 2005-2007 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, the gambler's family, and the community. 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 \$700,000 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 \$1,213,000 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 "problem 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. In fiscal year 2004-2005, the gambling helpline received 5028 calls, 2916 were problem gamblers or concerned others of problem gamblers seeking help or information, 2357 referrals to state funded gambling treatment programs were made.

## **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 2005-2007 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, Level I, and Level II.

Level 0.5 interventions are considered least restrictive approaches and consist of either self-funded Gamblers Anonymous groups or the state funded *Gambling Evaluation And Reduction (GEAR) program*. Participants utilizing the community GEAR program are mailed a self-change manual and provided the opportunity to review workbook assignments with a counselor during telephone sessions. The Inmate Pre-release GEAR program is used as a means to reduce re-incarceration by offering offenders, with a problem gambling history, education and tools to avoid future gambling problems. GEAR participants receive 12-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 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 one statewide inpatient gambling treatment program and three regional centers that offer crisis-respite services. Individuals utilizing this level of care are referred from an outpatient gambling treatment program.

## **VII. DESCRIPTION OF OUR TREATMENT CLIENTS**

In 2005, 1548 problem gamblers and 294 family members of gamblers enrolled in publicly funded gambling treatment with an average age of 44 years. Males comprised 50.6% of the gambler clients and 22% of the family clients. The racial breakdown mirrored Oregon's general census with the majority of the clients reported as Caucasian (87%). Approximately 38% reported being married and the average annual household income was \$38,205. Over 54% 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 (11%), cards (6%), Break Opens (1.6%) Bingo (1.5%), and Keno (1.4%). Approximately 71% indicated their primary gambling was at a lottery retailer and 17% at a Native American casino. The average length of time between when a person experience gambling problems to the time they sought help was 5.1 years.

Problem gamblers experienced a complex array of mental health, social, financial, and legal issues - 18% indicated suicide thoughts, 27% alcohol-related problems, and 11% drug-related problems. The average gambling related debt was \$23,127 with 66 clients reporting gambling debts well over \$100,000. Sixty percent reported they either jeopardized or lost a significant relationship or job because of gambling. Over 37% committed illegal acts to obtain gambling money.

## **VIII. TREATMENT OUTCOMES**

Based on follow-up evaluation, approximately 80% of problem gamblers who complete Oregon's publicly funded gambling treatment programs report either no gambling or reduced gambling at 6-month follow-up. The adjusted successful program completion rate was 42.8%. Of those who did not remain in treatment, over 72% reported either no, or reduced, gambling at six months after leaving treatment.

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