President’s Message:

Coming up Roses in Portland!

Despite multiple concerns about tight money, limited travel budgets and the dark Pacific Northwest our 24th Annual Conference was quite a success. By all accounts this was the second most attended conference and over 92 percent of the participants rated it as excellent/good. Yes there was feedback about having healthier choices for breakfast and breaks and some would like to have the conference in a more rustic setting. Attendees were quite satisfied with the usefulness of conference materials. Most cited the value of CEUs and training opportunities and would like to continue it as a two-day conference or to precede it with one day of pre-conference workshops. Despite the early gray skies and some rain, Portland cleared off just in time for the Rose Festival Parade and the Friday evening cruise up the Willamette River.

Our particular thanks go to the great team from the Oregon affiliate, particularly Luana Berens who did a great job of coordinating. As usual the team from the NCPG office was efficient and made this again the state-of-the-art conference on problem gambling. Keith Whyte even got to celebrate his 40th with family present; we are not sure whether he got any of that big cake after 5-year-old son Ian got a mouthful.

Once the results of the annual Board elections were announced, the Board of Directors and the Affiliates Committee thanked Paul Ashe for his years of service to the NCPG and to all those affected by problem gambling. We also deeply appreciate the service of Judy Herriff, particularly for her years as Chair of the Nominations and Elections Committee. We know she will be on the sidelines ready to continue to make even more contributions. In addition, we want to thank Jerry Long for his service as Chair of the Affiliates Committee. Jeff Beck was elected as Chair and has already been hard at work. The Affiliates have agreed to hold a pre-conference retreat before the Boston meeting next year and the Board approved that request and to also title the Service Award in honor of Don Hulen who passed away this past February. I appointed a Strategic Plan Review Task Force, chaired by former president Dr. Bill Eadington. Their task is to prepare a report for the Board’s review at our fall strategic planning and budget meeting in mid-Fall.

High on our list of priorities is to make a press for more members in all three categories. There are several states that are in the process of gearing up to apply for affiliate membership. It would be wonderful if all current members could recruit at least one individual membership; the Membership Committee is gearing up for a variety of strategies for re-

Executive Director’s Letter:

Evolution

As President Maurer notes, the 24th National Conference was a great success. I join him in thanking our host the Oregon Council and their partner the Oregon Department of Human Services, plus the sponsors, presenters and attendees. Acknowledgements wouldn’t be complete without thanking the extraordinarily hard work of NCPG staff Linda Abonyo, Megan Larsen and Melissa Martin, who literally work year-round on some aspect of conference planning. For those members who weren’t able to attend the annual Members Meeting and luncheon (held the day prior to the National Conference) the contact information on the back page of this newsletter lists their job titles and main responsibilities so you can reach the right staff person with your question or comment.

One of our biggest priorities this year has been the Comprehensive Problem Gambling Act which would provide the first-ever Federal funds to fight gambling addiction. We capitalized on the momentum from the conference to hold a Legislative Week on Capitol Hill last month. I’d like to thank Jeff Beck, Caleb Cooley, John Hostetler, Mike Ryan and Donna Zaharevitz who came in from New Jersey, Kentucky, Iowa, California and Connecticut respectively. Also deserving special recognition was NCPG Legislative Fellow Nick Michel, who worked with them to request appointments in advance, facilitate travel and hotel logistics, prepare materials and accompany them on the visits to Capitol Hill. See article on p. 10 for more details of this successful effort. And if any NCPG members who are in Washington, D.C. on business or vacation, please let us know—we’re happy to help you arrange an appointment with members of Congress from your state so you can advocate for the bill.

(Director, continued on page 2)
crui...cruitment. On a parallel level we are also preparing to beef up our fund-raising potential.

As you know Keith has spent enormous amounts of energy working on gaining sponsors for H.R. 2906 and S. 3418. He will write more on this in his column. I know just how grueling this process will be and we all need to give Keith and the Council more than just thank you’s. We need you to continue to press your legislators for their sponsorship and continued support. Please keep rallying the resources; it would be wonderful to have a big party in Boston to celebrate a success and then to honor our collective 235th birthday.

With best wishes to all,
Chuck Maurer, PhD, President
Charles Mauer, PhD
President, NCPG Board of Directors

Thanks to Our New and Renewing NCPG Sponsors

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One basis for our advocacy is that problem gambling does not receive the same attention and resources awarded to other disorders in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, 4th Version (DSM-IV). As many of you know, the APA is working on the 5th edition of the DSM, now likely to be released in May 2013. A draft version was recently released which included some significant changes to the criteria for pathological gambling. One of the positive developments was the proposal to shift pathological gambling from its current category of “Impulse Control Disorders Not Elsewhere Classified” to a new “Addiction and Related Disorders” category. Led by NCPG Board Member Jeff Beck, we prepared a formal letter to the DSM-V committee reflecting our concerns about:

1. The importance of the criterion “has committed illegal acts” in the diagnosis of pathological gambling;
2. The impact of changing the diagnosis threshold;
3. The need to recognize a broader spectrum of gambling problems by adding a subclinical category of “problem gambling” analogous to alcohol and substance abuse or developing severity criteria; and
4. The need to make provision for sub-typing of problem and pathological gamblers to recognize different pathways into the disorder.


As the national representative of the problem gambling field it was incumbent on NCPG to comment on the criteria and I believe our statement reflects the academic research and experience in the trenches. As a side note, it’s also our job to try and set the media straight about problem gambling issues, such as when we had to respond to a number of well-meaning but ignorant reporters who assumed that since the category was new to the DSM-V so too was the inclusion of pathological gambling as a disorder.

As many things in the field have evolved over the years—from the national conference to our staff to Federal legislation to the criteria for gambling addiction itself—so has the National Council. With your help we will continue to remain the leading advocate for programs and services to assist problem gamblers and their families.

Keith Whyte
Executive Director

National Newsletter Submissions

NCPG encourages submissions for the newsletter from its members. Min. Words: 150/Max. Words: 1,000. All requests must be submitted by October 1, 2010 for the next issue.

Send your submission via email to melissam@ncpgambling.org or mail to: NCPG, Attn: Melissa Martin, 730 11th Street, NW, Suite 601, Washington, DC 20001.

Questions? Contact Melissa at 202-547-9204 or melissam@ncpgambling.org.
I stopped gambling on April 10, 1968. At that time, gambling in America looked very different than it does today. Legal casinos were only in Las Vegas. There was no such thing as Internet gambling. There were no cell phones. There were no credit cards or ATM machines. There weren’t any check cashing privileges at racetracks. Off track betting, Simulcasting, or telephone betting did not exist. There were no phones at the racetrack. Only three states had a lottery. Riverboats were a tourist attraction along the Mississippi River (not gambling facilities). There were no toll-free 800 numbers to call to buy information on what games to bet on. Gamblers Anonymous and Gam-Anon family groups only had meetings in a few states. The Super-bowl was only in its second year and there was no Monday night football for gamblers to “Bail out”!

Today, not only do we have more active compulsive gamblers then in any other time in our history, but we have states addicted to the gambling revenue also.

Compulsive gambling is a progressive disease, much like an addiction to alcohol or drugs. In many cases, the gambling addiction is hidden until the gambler becomes unable to function without gambling, and he or she begins to exclude all other activities from their lives. Inability to stop gambling often results in financial devastation, broken homes, employment problems, criminal acts and suicide attempts.

Since 1980 the American Psychiatric Association has included a diagnosis for Pathological (Compulsive) Gambling in their manual. It is considered a disorder that responds to treatment.

Compulsive gambling has some similarities to other addictions (i.e. chemical addiction or alcoholism). The gambler uses gambling to “get high” or to numb themselves, by escaping into a dream world of gambling. However, compulsive gamblers do not ingest anything and therefore, do not have any visual signs such as track marks, dilated pupils. This adds to the denial of this illness, since the person still appears “normal.”

Gamblers are eventually able to remove themselves from reality to the point of being totally obsessed with gambling. Eventually, they will do anything to get the money with which to stay in “action.” They will spend all their time and energy developing schemes in order to get the money to continue gambling. Lying becomes a way of life for the gambler. They will try to convince others and themselves that their lies are actually truths.

For the spouse or family member of the gambler, especially the spouse of the female addicted gambler, the effects of compulsive gambling can be devastating. Financially, emotionally and mentally, the gambler, as well as the family, will be drained of all their energy and resources. The worst thing any family member can ever do is to bail out the compulsive gambler from their financial pressures. Money is the “drug” that the gambler uses.

Our society views gambling as “fun and games.” For many people, that is the case unless you are an addicted gambler.

Gambling is glamorized in the movies, on TV and in the media. One prime example is the fact that when you open your local newspaper you can get the odds and point spreads on almost every sporting event that will take place, nationwide, even though you can’t place a legal bet in America, except in Las Vegas. Some newspapers are even running “poker” columns and treating the game of poker as a “sport.” Another example is the sports talk shows and nightly news shows that tell you who to pick and what point spreads to take.

The lottery has become a national event on a daily basis. Sometimes it’s the lead story on the nightly news. I’ve seen advertising when a Governor of a state holds up a lottery ticket and suggests that citizens are helping worthy causes if they buy a lottery ticket. If that same Governor had held up a bottle of alcohol and suggested that sales taxes would help the state, people would be outraged. When I was the Executive Director of the Council on Compulsive Gambling of New Jersey, we hired Gallup to do a survey. Two of the questions were: “have you ever played illegal numbers?” (31 percent said they did) and “do you play legal lottery (81 percent said they did)?

Poker is sweeping the nation and the world. It is the hottest thing on college campuses. It is easier to play poker then it is to buy cigarettes or a can of beer on campuses all over the country. In the 42 years that I have been helping compulsive gamblers, I have never seen anything explode like poker has. One third of all the callers to our helpline (888-LAST-BET) are either parents of young gamblers or young people who have the problem. I have spoken to college students who play poker day and night. They even play during class. It has become such an enormous craze that poker paraphernalia is one of the biggest selling items in stores today.

You can’t surf the TV without seeing some kind of poker tournament being televised, and you can’t be on your computer without seeing a pop up about poker or receiving an email inviting you to come to a poker site to play. They often invite you to play for free, and after awhile you will get invited to switch over to live poker games for money.

Some of the people (both youngsters and adults) are becoming addicted to poker. Not everyone who plays will develop a compulsive gambling problem, but there are those who will get caught up in the craze and then cross that invisible line which will lead to destruction. Since Compulsive Gambling is an impulse disorder, the fact that someone can “play” at any time, day or night and anywhere (home, college dorm or office) increases the chances of the person becoming addicted.

According to a Harvard study a few years ago, 4.67 percent of young people have a gambling problem. Experts tell us that the earlier a person starts to gamble, the greater the risk of them becoming a compulsive gambler. In another survey, 96 percent of adult male recovering gamblers stated that they started gambling before the age of 14. With this poker explosion now we see that the average age of people seeking help for a gambling problem is much younger today.

It seems to me that there must be education and prevention programs for young people (from grade school through college) similar to those programs for drugs and alcohol. I think it’s important to note that it is not just young people that have this problem.

The gambling experience (both legal and illegal) is much more available in our society today. This disease cuts across all cultural, social and economic aspects of society.

I have been told that years ago when someone got to a gamblers anonymous meeting if there

(Addicted Gambling, continued on page 4)
The California Office of Problem Gambling’s (OPG) Deputy Director Terri Sue Canale, along with Director Renee Zito, attended the first annual California Friday Night Live (FNL) “Spotlight Festival” June 28–30, 2010 in southern California. The Spotlight Festival gathered more than 70 youth and adults from counties statewide to share projects from their “Betting on Our Future” (BOOF) problem gambling awareness campaign. The BOOF program engages young people in developing skills in communication, increased knowledge and awareness of the risks of problem gambling, and production of public service announcements, videos, and live performances.

OPG contracts with Tulare County Office of Education’s FNL Partnership leveraged their experience connecting with youth to develop lasting skills in leadership, social skills, and mentoring. The Spotlight Festival provided opportunities for students to participate in workshops such as “Lotteries as Pied Pipers” presented by Dr. Durand Jacobs a pioneer in youth gambling studies, “Addiction and the Brain,” and “i-stop motion animation.” During the animation session students were able to produce short public service announcements for the problem gambling awareness campaign. In addition, a representative from UCLA Gambling Studies Program reported findings from surveys given to audience members before and after viewing BOOF project presentations throughout the past year.

OPG will utilize all final projects completed in the BOOF program to support prevention and public awareness campaigns. In an effort to reach youth throughout the State, FNL will distribute “tool kits” to the 54 counties participating in the FNL program. Tool kits provide information on the signs and symptoms of problem gambling behaviors, the BOOF program and how to get involved, and contain a DVD showcase of projects produced this past year.

(Admitted Gambling, continued from page 3)

were one or two women at the meetings that was rare. Today, they tell me if you go to a Gamblers Anonymous meeting in some case you will see more women then men. Twenty years ago, 5 percent of calls to hotlines were from women; today, some hotlines report over 55 percent of the calls are from women gamblers.

So many cases of women are showing up in courts today because they embezzled money to support their gambling addictions.

Wexler says the shame and guilt hits the female gambler harder than with the male: “When I talk with male gamblers, sometimes it takes two or three times before they go for help. Sometimes it takes two or three years before a female seeks help.”

You can get up in the middle of the night and gamble on the Internet in your birthday suit and you don't even have to put gasoline in your car to travel anyplace.

A few years ago I did a segment for NBC’s “Today” show about gambling addiction. A 57-year-old woman videotaped it and watched it at least once a week. She finally called a year later for help.

There is help for the compulsive gambler and their families in the form of Gamblers Anonymous and Gam-Anon, internationally. Gamblers Anonymous is a 12- step, self help program for the compulsive gambler. Gam-Anon is for those affected by a gambling problem.

Some people may have a need for professional treatment services as well. Unfortunately, there are not that many facilities available. In addition, when most gamblers “bottoms out,” he or she usually has no funds to pay for these services. Most insurance companies do not cover compulsive gambling treatment. A few states have funded programs, but more is needed.

People need to understand that although compulsive gambling is a devastating addiction, you can recover and live a productive and wonderful life. I know from my own experience that this is possible. I, like many others, lived every day in the grips of hopelessness because I couldn’t stop gambling. I used to go go to bed at night hoping and praying that I would not wake up so that I wouldn’t have to face the next day. Today, I can’t wait to wake up in the morning and enjoy another day without gambling.
Preventing Problem Gambling in Older Adults

Submitted by: Margot Calloon

The Massachusetts Council on Compulsive Gambling has recently launched a new workshop for older adults entitled “Making the Most of Your Leisure Time.”

Presented by Jeannie Martin, a Geriatric Social Worker with more than 30 years of experience facilitating wellness and health education programs for older adults, the single-session workshop is offered to senior groups throughout the Commonwealth with the goal of preventing problem gambling among older adults.

According to Ms. Martin, “The workshop is a great way to get older adults thinking and talking about problem gambling. Drawn from concepts of positive aging, we ask participants what is meaningful to them and what they enjoy doing. We talk about time management and leisure activities, including gambling. We are not trying to prevent gambling. We are simply identifying the risk factors of problem gambling and providing tips for keeping risk under control and preventing problems.”

According to Jim Wuelfing, Prevention Director at the Massachusetts Council on Compulsive Gambling, “Older adults are at greater risk for developing gambling problems than the general population. Loneliness, boredom, dealing with the loss of loved ones, and the desire for an active social life, make gambling appealing to many older individuals. In addition, access to gambling has never been easier for the older population. Group sponsored trips to the casinos make gambling very convenient for those with otherwise limited mobility or access.”

The first workshop was held recently at Kit Clark Senior Center in Dorchester. It was so well received that the group has requested a second presentation for later this summer. Several other senior centers have also scheduled workshops.

Bait and Hook

In collaboration with the Massachusetts Council on Compulsive Gambling’s prevention efforts, Elizabeth S. Ross, Activities Coordinator at Morville House in Boston, has created and directed a 45-minute dramatic presentation entitled “Bait And Hook: Problem Gambling In Older Adults.” The dramatic presentation highlights the unique issues surrounding problem gambling in the older adult population. The subject matter is presented from the viewpoints of three older adults, showcasing the beginnings of their gambling, their descent into addiction, the effects it has on their lives, and their transitions into recovery. The accompanying slide-show contains facts on problem gambling in older adults and reiterates key points of the presentation. The performance was presented at the Council’s annual conference in May. The group plans to bring the performance to other community based older adult programs as well. For more information, please contact Jim Wuelfing, Prevention Director at the Massachusetts Council on Compulsive Gambling at 617-426-4554 or jim@masscompulsivegambling.org.

Older Adults and Gambling: Only a Game?

Gambling, or playing a game of chance for money or other items of value, is a popular activity for people of many ages—elder adults are no exception. However, gambling among older adults is different from gambling in younger age groups for the following reasons:

• Many older adults have suffered major loss such as the death of loved ones or isolation from family and friends; gambling may help fill the void of the loss
• Pensions and savings may be gambled away with little or no resources to replenish them
• Many older adults are living on a fixed income, some have access to a lifetime of savings
• Older adults may be drawn to gambling to fill their time or to be with other people
• Older adults may be more likely to hide their gambling because of the stigma associated with it
• Some older adults may have cognitive impairment that interferes with decision-making

Video Gaming, Texting, My Space...Oh My!

How’s Your Emerald City?

Written by: Vickie J. Lewis | Submitted by: Coleen Moore

Are you raising the “techno savvy” adolescent? In today’s society it is imperative that our youth learn about, and benefit from, technology. Technology in moderation can be educational, entertaining and imperative to know in the workplace. As parents of the technology generation we can become overwhelmed thinking about the accessibility, availability and actual usage of video gaming, texting, twittering, MySpace, Facebook, YouTube, computers, television, i-pods, cell phones and i-pads, etc. We can have feelings of inadequacy and helplessness and then comes that sense of “Are we losing our children to technology?” Will our youth still have “hands on” experiences, face-to-face conversations, and physical activity and develop goals for their future?

Parents begin asking, “How much is too much?” What is too much and how do I moderate it?

Pre-adolescent and adolescent development can be terrifying for a parent. Our children all of a sudden seem to revert back into that challenging age of “two,” they begin “again” searching for independence and questioning rules. They begin their journey and their sense of the world. The development of morals, values and ethics begin to arise and that sense of right vs. wrong materializes within them. As parents we are there to guide them along and OH! what a challenge that can become.

(Video Gaming, continued on page 6)
It makes one wonder about Dorothy, from the classic movie the “Wizard of Oz.” During Dorothy’s journey on the yellow brick road, think of the skills she had to use and develop such as decision making, problem solving, setting goals and effective face-to-face communication. Dorothy developed so many attributes as she faced independence straying from the yellow brick road into the haunted forest. These included empathy, honesty, trust, perseverance, facing fears, achieving goals, true friendship, and importance of family. And she did all this without technology.

Just think the Dorothy of today would be texting, Googling, gaming, messaging and using her GPS in order to find a quick way out of the haunted forest. Will today’s Dorothy physically and mentally be able to walk the yellow brick road and face the challenges of the haunted forest with perseverance? Will today’s Dorothy develop meaningful empathy and experience true friendship along the way. Will she be able to accomplish the goals that were dreamed while living in the Emerald City waiting to pursue her future, her home, and her place in the world? And will today’s Dorothy feel that concept of “there’s no place like home”?

Ok, this isn’t Oz, but reality is today’s youth are spending more than half their waking hours watching or using a screen device. According to the Generation M2 Media study and national survey conducted by the Kaiser Family Foundation between October 2008 and May 2009 on a sample of 2,002 3rd-12th graders shows students ages 8–18 years old, devote an average of 7 hours and 38 minutes using media devices during a typical day which is more than 53 hours per week, that is more than a full time job and more than the time spent with media, such as removing a TV from the bedroom.”

Jennifer Manganello, an assistant professor in the department of health policy, management, and behavior in the School of Public Health at the State University of New York at Albany says, “The fact that many of the youth who participated in the study say they have no rules regarding media use suggests we can do more to get information to parents about recommended practices to help decrease time spent with media, such as removing a TV from a bedroom.”

When today’s Dorothy begins to have negative effects from the technology and her world starts to collapse, how are her parents going to react? Let’s not react like the great wizard, let’s have a plan and, most of all, let’s attempt to prevent.

Parenting recommendations for healthy and moderate media use:

Education. Educate yourself as much as possible on all media devices, learn the language and stay in the loop of upcoming new sites and devices. Do not forget about checking the ratings, not only on movies, but games. Investigate the devices you buy such as cell phones; are they connected to the internet or is there limits on texting. Look into parental controls and decide if you need them.

Get Involved. Spend time with your child, watch that movie or play that game even if you don’t like them. Stay interested, ask your child about what they are playing or doing on media devices and have them teach you how to play or use a device.

Limit Time. Attempt to discuss with your child about setting limits and empower them by giving them the chance to help, by coming up with how many hours during school days, weekends and holidays for all media devices. Don’t forget about texting time, how many, and who are they texting. Make a schedule as part of the house rules.

Environmental Control. Either make the decision to ban devices in bedrooms or again set limits and make a schedule. Pick a time for cell phones to be plugged into chargers and put a safe central location. Make it a house rule that media devices will not be used during family times, during meal times, or sleep time.

Family Time. Schedule a time when just the family are together and mix it up, play board games, read a book, make a snowman, go fishing, go swimming, or go to the gym. Let each family member plan a day or night so that everyone feels involved and chooses activities they enjoy. Make sure all family members have to attend. Make meal times a family affair without TV or other media devices.

Friend Time. Help your child schedule friend time or sleepovers. Help plan activities so it’s not all game playing, movie/TV watching or cell phones. Plan activities such as cooking (have kids make their own pizza), board games, outside activities or go roller-skating.

Media device activity should be closely monitored, 10 percent of the youth who play video games are showing signs of addiction, as reported by the “Psychological science Journal”. They also have reported that 8.5 percent of the 1,178 kids ages 8 to 18 who were randomly sampled by a 2007 Harris poll showed at least 6 of the 11 addiction symptoms.

Video gaming addiction is on the rise, as well as addiction to other media devices. The following are symptoms to watch for:

1. Most of the child’s free time is spent on media devices.

(Video Gaming, continued on page 7)
For many criminal justice professionals, recognition of a problem gambler is not an easy task. Gambling is a common and normalized behavior in society today. Even so, 50–60 percent of pathological gamblers turn to crime as a result of this disorder. Simply put, when they run out of money from legitimate sources that can be used to continue gambling, they consider illegal sources.

Sometimes referred to as an “addiction,” pathological gambling frequently occurs in parallel with other mental and substance use disorders. Because it is not detectable through drug screening or through appearance or other outward signs, compulsive gambling is often an undocumented cause of relapse for recovering substance abusers.

Research suggests that substance abusers and criminal offenders have a significantly increased prevalence of pathological gambling (2–10 times that for the general population) and greater consequences from their gambling compared to other groups.

At present, only a small percentage of the offenders who have gambling problems are being identified by courts and correctional systems, as this addiction is not typically looked at in pre-sentence evaluations or by supervision or custody officers. Nonetheless, offender gambling has begun to attract attention from researchers in the U.S. and Canada and was the subject of the July 2004 National Institute for Justice (NIJ) Research for Practice issue. The evidence suggests that if we do not address a gambling addiction during supervision and treatment, it will continue unabated. Of equal concern, failure to address a coexisting gambling problem increases the chance of relapse for clients in recovery from a drug or alcohol addiction. Fortunately, there is a simple solution that is neither costly nor difficult.

Using an initial screen of 2–3 questions, individuals at greatest risk from gambling problems can be identified easily during re-entry planning, permitting them to be referred for evaluation or treatment, including self-help group participation. If the offender is released on parole, appropriate conditions can be included in the parole plan and supervision agreement. If a max-out, the offender will have a greater chance of remaining abstinent following community release.

Rehabilitation services that properly address offender problems increase the likelihood that they can become productive, law-abiding citizens. Referral of problem gamblers to treatment and/or self-help programs (such as GA) improves compliance with legal mandates, reduces likelihood of committing further crimes to support their addiction, and assists offenders to abstain from gambling.

Finally, lest we forget, reduced recidivism by non-violent or low-risk offenders serves to free up prison beds for offenders who pose a higher risk. In today's world, decisions are sometimes driven by economics, to the exclusion of other considerations. In this context, screening for compulsive gambling is a good bet — a win-win situation that promotes public safety while also supporting individual rehabilitation.

(Video Gaming, continued from page 6)

2. Tiredness, fatigue, falling asleep at school.
3. Not turning in homework all of the time or keeping up with homework assignments.
4. Grades have declined.
5. Lying about media usage or negative consequences such as privileges or devices taken away.
6. Choosing media devices over spending time with family and friends.
7. Choosing not to participate or drops out of social groups, clubs or sports.
8. Agitated, irritable or restless if not using media devices.
9. Attempts to quit or cut down using media devices, but unsuccessful.
10. Spending more time using media devices than intended.
11. Borrows money or spends all their money on media devices.

Any concerns, questions or to schedule an assessment please call the Illinois Institute for addiction Recovery at 1-800-522-3784 or contact us at our website at www.addictionrecov.org.

Resources:
http://www.businessweek.com/lifestyle/content/healthday/635134
U.S. Kids Using Media Almost 6 Hours a Day, By Steven Reinberger
http://health.usnews.com
Is Your Kid a Video-Game Addict? By Nancy Shute
http://www.mothernature.com
The Doctors Book of Home Remedies for Children Video Game Addiction Tips To Tame
http://www.kff.org
Generation M2: Media in the Lives of 8 to 18 Year Olds Kaiser Family Foundation
http://www.tellinitlikeitis.net
Video Game Addiction Symptoms and Treatment
Gambling: As a Family Disease
Submitted by: Mitchell E. Wallick

The apple does not fall far from the tree. While the gambler is the designated patient, frequently the family is just as “sick” as the gambler. Think about it this way. The gambler is addicted to gambling. The family is addicted to controlling and rescuing their addict.

Family members with the best of intentions seek to rescue the gambler. They pay bills, hire attorneys, etc. for specific purpose of minimizing the consequences to the gambler. Unfortunately, addicts enter recovery when the pain of their illness becomes less than their fear of changing. This means that what families perceive as love is in actuality enabling. Enabling allows the gambler to further the progression of their illness because they are not feeling the consequences which are signaling that it is time to change. Because of this the consequences that occur are far more devastating than they would have been if they were felt earlier in the cycle.

Teaching families more effective responses is sometimes referred to as “tough love.” Tough love is far harder on the people giving it than those receiving it. What families must remember is that the natural consequences of not doing what is right as opposed to what the gambler wants are far more serious than those imposed. True, it is often easier to give in. To those who do so and continue the enabling process, I suggest that they liquidate all their possessions, take out enough for the gambler’s funeral and give the rest to the gambler all at once. It will be far easier to just get it over with quickly.

The best way to tell the difference between enabling and love is to ask the following questions:

Is this being done to control, bribe or stop the gambler from behaving in a manner the family does not approve? If this is the case, it is enabling. If it is being done without any strings attached it is love and appropriate.

The family’s addiction to controlling the gambler, like all other addictions, is progressive, terminal and an incurable disease. The best methods for managing the illness include:

- **Gamanon** where families can share hopes, strengths and experiences. It is here that they will begin to learn that not only are they not alone, but that there is hope. Further, they will learn from the experiences of others techniques and methods for dealing with their own addiction and receive support in allowing the compulsive gambler to deal with their own recovery.

- **Therapy** for the family and the gambler may be an important support. Very frequently we find that there are underlying issues both for the individual family member and as a result of the dysfunctions caused by the gambling.

In short, families must ask: Do I want what is easy…or what is best?

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Strong Support for Comprehensive Problem Gambling Act, Through Several Hats
Submitted by: Jeffrey M. Beck

I believe the Comprehensive Problem Gambling Act is a sound approach for our nation. I urge support for this act. I wear many different hats and each one acknowledges and justifies the need for this important legislation.

I am the clinical coordinator at the Council on Compulsive Gambling of New Jersey, Inc. The Council oversees a treatment team made up of 12 individuals or agencies with expertise in addressing compulsive gambling. The council pays these providers on a fee-for-service basis. This is quite needed as most gamblers, by the time they seek treatment, have exhausted all funds and many insurance companies do not recognize gambling as a reimbursable disorder. From July 2009 to June 2010 we had approximately $300,000 allocated for gambling treatment for gamblers and their families. These moneys were exhausted prior to the expiration of the time period. We had to put financial caps on all providers. I believe we could easily have spent $500,000 on treatment services.

This year the Council has had its budget reduced by $120,000 and there will be $80,000 less dollars available for treatment. It is estimated that translates to 140 people who desire treatment but cannot get it. The Comprehensive Problem Gambling Act provides $50,000,000 over five years for treatment. The Council could apply for monies needed to provide treatment to all citizens who requested same. This additional treatment money is thus a supplement to existing treatment funding.

A second hat I wear is as a Certified Compulsive Gambling Counselor and President of the American Compulsive Gambling Counselor Certification Board. There are roughly 32 CCGCs in New Jersey; contrast that with over 1,600 licensed alcohol and drug counselors. We have a definite need for more gambling counselors, a need to expand the workforce. The Council has been providing free 30-hour trainings to get licensed or certified mental health or addiction counselors the necessary education to seek out a certified gambling counselor status. But the lack of funding in the field makes it unattractive for practitioners to foray into this field. If state funding of gambling treatment (funded in New Jersey by casino fines and off track wagering fees) could be augmented by federal money, I believe we could get more people into the gambling counseling field and thus provide more services for compulsive gamblers and their families.

I am Chairman of the National Problem Gambling Awareness Week Committee. This is a grassroots effort to provide information about compulsive gambling to the public and the medical field. We need to show the negative consequences of compulsive gambling for the individual and society in terms of individual pathology, family disruption and social costs. We need to convey the important message that compulsive gambling can be treated and people can recover. Today all funding and

(Submitted on page 10)
You Want to Strengthen My What?

Submitted by: Kent Dean, PhD, LAC, CCGC

We’re learning more and more these days about how our brains process their endogenous (i.e., internally-made) chemicals. The study of brain tissue (neurohistology) and brain structures (neuroanatomy) and ever-improving imaging techniques (such as positron emission tomography, or PET scanning) have made it possible for us to isolate and, to a remarkable degree, to “reconfigure” how specific structures work in the brain. It turns out that certain areas in the middle of the brain have been unstable; perhaps overactive at times and underactive at others.

For example: There’s an area of the brain that helps us make sense of contradictory impulses. It includes the thinking (cognitive) section of the anterior cingulate cortex (ACC), a section which would seem to be somehow deficient in helping people with addiction or compulsion decipher the difference between behaviors that are safe and those that aren’t. Excitement and fear get mixed up, “cross-wired,” so to say, and either of these states can trigger the parts of the brain that create craving for a pleasurable activity (even if indulging in the pleasure ultimately leads to heartache).

We can give patients basic routines that exercise this thinking part of the ACC. The exercises seek to help patients practice what is actually a very complex skill: not doing something. (We call this capability “inhibition.”) By the way, in terms of impulse processing, not doing anything isn’t exactly the same thing as simply declining to do something. You might think that not doing something would be easy, but it’s actually quite a challenge to not do something when you have strong impulses to do it! In compulsive disorders, people have become prone to do things without the normal check that the ACC puts on doing things; it’s as if they have no “brakes!”

In the exercise below, see how quickly you can zip through this series of colors, saying the color of the ink, not necessarily the name of the color as written. Go as fast as you can! By the way, as you move through Dr. Stroop’s exercise below, you’ll note that you experience your anterior cingulate cortex trying to decipher the difference between contradictory signals (in this case, the color of the ink on the page as sometimes opposed to the name of the color as written), something people with addiction and compulsion typically have a special difficulty in doing!

NCPG June 2010 Legislative Week Summary

NCPG held a Legislative Week in Washington, DC, June 21–25, to build support for the Comprehensive Problem Gambling Act. Advocates were asked to contact their representatives in Congress, either in person in Washington, or from home. Jeff Beck, Caleb Cooley, John Hostetler, Mike Ryan and Donna Zaharevitz came from New Jersey, Kentucky, Iowa, California and Connecticut respectively. NCPG worked with them to request appointments in advance, facilitate travel and hotel logistics, prepare materials and accompany them on the visits to Capitol Hill.

Thirty-three appointments were made during the week, another seven meetings were arranged by personally visiting the office, and materials were dropped off at an additional 34 offices. At least two sponsors were signed up during the week (Reps. McCollum and Sires) and it is expected several more will follow. The “Fight Gambling Addiction” lapel buttons generated good attention.

As you know CPG, the first-ever bill to fight gambling addiction, was introduced in the U.S. House of Representatives in June 2009 as H.R. 2906 by Representatives Moran (D-VA), Wolf (R-VA), Berman (D-CA) and Terry (R-NE), and as of July 2010 has 64 sponsors. The companion bill was introduced in the U.S. Senate in May 2010 as S. 3418 by Senators Merkley (D-OR), Johanns (R-NE), Casey (D-PA) and Brown (D-OH).

We still need your help to pass this historic legislation!

Contact Congress—ask your Representatives to support H.R. 2906 and your Senators to support S. 3418.

For legislative tools, tips and templates, goto:

www.ncpgambling.org/advocacy
Addictions Foundation of Manitoba has updated their website (getgamblingfacts.ca) with various multilingual resources available to anyone with access to the Internet. Sammy the Slot is one of the new additions. They’ve updated their video poker (WinVLT) program, Cost of Play Calculators. Please check out these resources. See below for a short description of each:

**Sammy the Slot** is a short video that provides some basic facts and bursts some common myths about the slot machine. To view Sammy, go to the www.getgamblingfacts.ca website. Sammy talks in English but has subtitles in French, Filipino, Simplified Chinese, Traditional Chinese, and Vietnamese (available in the corresponding language section).

**Cost of Play Charts** The charts provide the formulas and information necessary for players to calculate the average cost of play for certain table games and electronic gaming machines. The charts are available in English, French, Simplified Chinese, Traditional Chinese, Vietnamese, and Filipino. The Cost of Play Charts can be downloaded from the www.getgamblingfacts.ca (Helping Resource section).

**One Month At-A-Glance Gambling Log Sheet** is a one-page log sheet that helps gamblers keep track of their gambling expenses and is available in English, French, Simplified Chinese, Traditional Chinese, Vietnamese, and Filipino. The Logs Sheets can be downloaded from the www.getgamblingfacts.ca (Helping Resource section).

www.getgamblingfacts.ca is an educational website that helps players to understand how gambling works and how it will cost them money even though they may win occasionally. The site has Cost of Play Calculators that show the long term average cost of play including all wins and losses for a variety of games, and a program that provides annual cost projections for playing video poker. Other unique features are interactive educational games that demonstrate key gambling concepts such as Randomness and House Advantage. Information on gambling myths, signs of problem gambling, a self-assessment, strategies for dealing with problem gambling, impacts of problem gambling on family members, and a fun gambling quiz are also available. The site is currently in English, French, Simplified Chinese, Traditional Chinese, Vietnamese, and Filipino languages.

**Preparing for Change** is a gambling handbook that raises awareness about gambling and problem gambling for people in the Asian communities. It has become a welcomed resource for people from the other cultural communities as well as the first nation communities. The handbook is available in English, French, Traditional Chinese, Vietnamese, Filipino and Laotian. Preparing for Change can be downloaded from the www.getgamblingfacts.ca website (Helping Resource section).

(Support, continued from page 8)

I am Chairman of the Affiliates Committee, made up of 35 state Affiliates. Each has different funding sources: the state, gambling industry, percentage from gambling revenues; there is great diversity. As well, monies available for gambling treatment differ dramatically between states. The right to treatment for a gambling problem should not be controlled by what state you live in. We know that compulsive gambling is an equal opportunity addiction, affecting all genders, races, ethnicities and occupations. The treatment monies created by the Act could be used to fund those areas where funding is nonexistent or is seriously underfunded. As well, the authority vested in SAMHSA could lead to best practices documentation and TIPS, providing national standards of effectiveness.

Finally I note that I am a recovering compulsive gambler, having last placed a bet on January 12, 1997. I am first-hand evidence that recovery is possible, that compulsive gamblers can become productive members of society. Addressing my own gambling gave me the confidence to change careers, from law to counseling. It has permitted me to develop a new system of values and ethics, to attain structure and purpose in my life, to help others in need and to realize untapped potential. I believe that gambling treatment can make a huge difference in an individual’s life. The Comprehensive Problem Gambling Act makes it possible for more people to get treatment and to turn their lives around.

I conclude that the Comprehensive Problem Gambling Act is very important for this country and its citizens. The federal recognition of the problem would go a long way to eliminating the stigma that acts as a barrier to treatment. The $71,000,000 dollars over five years for treatment, prevention, research and public awareness is good sound policy. Reducing gambling problems will also reduce suicides, bankruptcy, divorces, insurance costs and will create a healthier environment for everyone. I urge you to contact your representatives in Washington and urge them to cosponsor and support this important legislation.
I am happy to say that I am starting to do Equine Assisted Psychotherapy with gambling addicted clients and having some wonderful success with their recovery. It has been a nice change of therapy instead of the typical traditional therapy. We are located in southern Indiana across the river from Louisville, Kentucky, so we can treat people from both Kentucky and Indiana. The business is called The Zuzeca’s Wisdom LLC. I gave my business that name because it means “Snake,” and snake can stand for healing, wisdom and initiation. Transformation and new beginnings. It is being able to shed the old and create the new. As the snake crawls away, it leaves the old/skin behind, never looking back thus creating a new beginning, symbolizing those wishing to break free. Shed your old ways and transmute into the new you. Let go and move on to your new beginnings. Embrace the wisdom “snake” has brought your way. It may be time to change something. “I am life and I renew daily.” I think that a new way of thinking is important and that is another reason I am doing Equine Assisted Psychotherapy (EAP). I feel that gambling addicts need a new way of therapy besides the old traditional way of therapy.
NCPG 2010 Awards

Advocacy – Jennifer Filmore
Given annually to recognize dedication to improving the lives of problem gamblers and their families through advocacy, training, or the promotion of public awareness.

Treatment – Dr. Eddie Chiu
Given to recognize achievement in the direct provision of services to problem gamblers and their families.

Prevention – Dr. Larry Ashley
Given for outstanding annual achievement in advocacy, development, integration, outreach, research or training in the area of prevention of problem gambling.

Corporate Social Responsibility – Potawatomi Bingo Casino
Given for their demonstration in commitment to social responsibility.

Reporting – Washington State’s King 5 (NBC)
Given to outstanding news reporting by a news organization in the past year in any format that has best covered problem/pathological gambling issues.

Public Awareness – British Columbia Lottery Corporation “Game Sense”
Given for the outstanding TV or radio public awareness message in the past year.

Website – Evergreen Council on Problem Gambling
Given for an outstanding website that has best raised public awareness of problem/pathological gambling.

Newsletter – Evergreen Council on Problem Gambling
Given for the outstanding problem gambling-related newsletter this year.

Outstanding Dissertation – Dr. Jennifer Zorland-Allison
Given for the outstanding graduate doctoral dissertation award in the area of problem gambling.

Outstanding Student Poster – Michael Razavi
Outstanding poster presented at the conference as judged by the NCPG Research Committee.

People’s Choice – California Office of Problem Gambling
Given to the most popular print public awareness message as voted on by the attendees at the National Council on Problem Gambling conference.

2010 National Conference

Partner Sponsors
International Game Technology
Oregon Lottery
Spirit Mountain Casino

Supporting Sponsors
Association of Gaming Equipment Manufacturers
Evergreen Council on Problem Gambling

Lunch Presentation/Keynote/Plenary Speaker Sponsor
Global Cash Access

Program Track Sponsors & Pre-Conference Workshop Sponsors
Association of Gaming Equipment Manufacturers
Evergreen Council on Problem Gambling
Oregon Tribal Gaming Alliance
Penn National Gaming

Morning/Afternoon Break Sponsors
Association of Problem Gambling Service Administrators
Harrah’s Entertainment

General Sponsor
Canterbury Park

Willamette river dinner cruise with NCPG staff and friends. L. to R. Megan Larsen, Linda Abonyo, Reece Middleton and wife, and Melissa Martin.
The Massachusetts Council on Compulsive Gambling, together with the New England Problem Gambling Consortium, is happy to announce that Boston, Massachusetts will be the location for the 25th National Conference on Problem Gambling. The oldest and largest conference on problem gambling in the world will take place from June 30–July 2 at the Boston Park Plaza Hotel and Towers, and is expected to draw more than 500 participants to the historic city.

For a quarter of a century, the conference has brought together leaders in prevention, education, treatment, responsible gaming, research and recovery to present the latest developments in their fields. The conference features a variety of high-quality content designed for a multitude of participants — from professionals who work with people experiencing problems with gambling to newcomers to gambling issues. Credit hours for Physicians, Licensed Professional Counselors, Social Workers, Certified Substance Abuse Counselors and Gambling Treatment Counselors will be offered.

According to Marlene Warner, Program Director of the Massachusetts Council on Compulsive Gambling, “We are looking forward to hosting the conference — building public awareness of problem gambling, and offering the latest research and information to professionals from all over the world. This conference is especially important as Massachusetts continues a debate about whether to expand gambling in the Commonwealth. We invite all attendees and their families to stay through the July 4th holiday weekend in 2011 in our wonderful city.”

Conference sponsorship opportunities are available. For more information on the upcoming conference or other training opportunities provided at the Massachusetts Council, please visit www.masscompulsivegambling.org or contact Marlene Warner at 617-426-4554 or marlene@masscompulsivegambling.org.

National Conference Coming to Boston in 2011
Submitted by: Margot Cahoon

Calendar of Events
For more information on these events, please visit www.ncpgambling.org

AUGUST 2010
COUNSELING THE PATHOLOGICAL GAMBLER (I AND II)
Sunday, August 1 – Tuesday, August 31 • Web Based, On Demand
COUNSELING THE PATHOLOGICAL GAMBLER I: This online course provides the opportunity for mental health practitioners, health care providers and addiction professionals to develop the skills necessary to effectively diagnose and assess the pathological gambler, provide individualized treatment, and define the necessary components for effective development of a gambling treatment program.
COUNSELING THE PATHOLOGICAL GAMBLER II: This online course provides the opportunity for mental health practitioners, health care providers and addiction professionals to develop the advanced skills necessary to recommend or integrate effective treatment interventions.

The Education Committee has approved this course for 4–60 hours.
Contact: Elizabeth George, info@nati.org, 218-722-1503
For more information, visit www.nati.org.

CASAT (CENTER FOR THE APPLICATION OF SUBSTANCE ABUSE TECHNOLOGIES): HEALTH AND HUMAN SCIENCES (HCS) 440/640 – EXPLORING GAMBLING BEHAVIORS
Wednesday, August 25 • Web Based, Online
This course will orient students to the definitions, history and incidence of problem and compulsive gambling. Students will learn the characteristics of compulsive gambling behaviors, stages of progression of the disorder of pathological gambling, distinctions and connections to other addictions, as well as the effect on families and communities relative to financial, legal, and social issues. Students will gain an understanding of the impact of gambling in Nevada as an industry and the prevalence of the problem in Nevada compared to other states and countries.
Contact: Terra Hamblin, thamblin@casat.org, 1-866-617-2816
For more information, visit casat.org.

SEPTEMBER 2010
COUNSELING THE PATHOLOGICAL GAMBLER (I AND II)
Wednesday, September 1 – Thursday, September 30 • Web Based, On Demand
COUNSELING THE PATHOLOGICAL GAMBLER I: This online course provides the opportunity for mental health practitioners, health care providers and addiction professionals to develop the skills necessary to effectively diagnose and assess the pathological gambler, provide individualized treatment, and define the necessary components for effective development of a gambling treatment program.
COUNSELING THE PATHOLOGICAL GAMBLER II: This online course provides the opportunity for mental health practitioners, health care providers and addiction professionals to develop the advanced skills necessary to recommend or integrate effective treatment interventions.

The Education Committee has approved this course for 4–60 hours.
Contact: Elizabeth George, info@nati.org, 218-722-1503
For more information, visit www.nati.org.
We’re Ready to Listen.
If you or someone you know has a gambling problem, give us a call.
The National Problem Gambling Helpline provides toll-free, confidential help 24 hours a day.

1-800-522-4700