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TO: The Honorable Senator Lee Beyer, Chair
Senate Business and Transportation

FROM: Nicole Corbin, LPC
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SUBJECT: HB 3317a

Chair Beyer and members of the committee; I am Nicole Corbin, Addiction Services Manager with the Oregon Health Authority (OHA), Addictions and Mental Health Division (AMH). I am here to provide information on HB 3317a, which directs the Oregon State Lottery Commission, in coordination with Oregon Liquor Control Commission, to report biennially on the distribution and concentration of video lottery game terminals in relation to measures of socioeconomic status of neighborhoods or communities in which premises of video lottery retailers are located. AMH supports this bill.

Problem gambling is a public health concern. Greater accessibility of gambling opportunities is shown to increase gambling among adults and youth, money spent on gambling, and the numbers of problem gamblers. Access to gambling has continued to expand in Oregon over the past 20 years. Because of this growth and accessibility, it is essential to mitigate the risks and consequences associated with problem gambling. This is done through access to prevention and treatment services, responsible gambling guidelines, policies and practices, and data collection and reporting.

It is estimated that 81,000 (2.7 percent) of adult Oregonians meet the criteria for Gambling Disorder, and for each disordered gambler, many others are affected (e.g., spouse, children, employer). Taken as a group, Oregon's disordered gamblers produce over 500 million dollars in social costs annually, impacting the criminal justice system, the human services system, and Oregon's overall economic health.

Disordered gambling is an addiction, not a behavior problem, a moral failing, or a choice. Disordered gambling, previously referred to as problem or pathological gambling, is classified in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) in the chapter devoted to Substance-Related and Addictive Disorders. It was previously described as an impulse control disorder. The new manual reflects decades of research findings showing that gambling disorder is similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology, and treatment.

In fiscal year 2013-14, 1,119 gamblers received treatment services, along with 146 family clients through publically funded problem gambling treatment programs in Oregon. Of the 1,119 problem gambling clients, 88.7 percent reported their primary gambling activity as machines and 74.1 percent reported their primary gambling location as a video lottery retailer. As the data shows, the majority of problem gambling treatment seekers are addicted to video lottery terminals (VLTs).

HB 3317a would provide useful information to OHA's problem gambling services for the purposes of strategic planning and programming. That is, this information may identify high risk areas and once identified, OHA problem gambling services can target those high risk areas with problem gambling prevention and education messaging to reduce the risk and harm from gambling, and improving referral pathways to treatment services for those in need.

I appreciate the opportunity to share this information with you and would be happy to provide any additional information you need as you consider this bill.