

Date: March 9, 2018

## MEMORANDUM

**TO:** Veterans and Legal Affairs Committee

**FROM:** Department of Health and Human Services

**SUBJECT:** Annual Report regarding the Gambling Addiction Prevention and Treatment Fund

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The Gambling Addiction Prevention and Treatment fund established per statute in 2009 provided the Maine Department of Health and Human Services (Office of Substance Abuse and Mental Health Services, SAMHS) \$100,000 per year to prevent and address problems associated with gambling. When DHHS began receiving the funds in SFY 11, collaborative relationships with key statewide stakeholders were re-established through regular conference calls. Members of this collaboration included, but were not limited to the Maine Council on Problem Gambling, SAMHS, Maine Bureau of Alcohol Beverages and Lottery Operations (BABLO), the Gambling Control Board, Maine 211, treatment and prevention providers, and Hollywood and Oxford Casinos. In February 2016, the substance use prevention team under SAMHS that is responsible for the oversight of this funding and programming was moved to the Maine CDC (within DHHS.) Currently, the Tobacco and Substance Use Prevention and Control Program at the Maine CDC is responsible for managing this program. Program Manager, Christine Theriault, is the contact person within Maine DHHS who oversees these services.

From 2010 to 2017, problem gambling services were implemented by Maine DHHS staff and through contracted services. From 2017 to the present time, problem gambling services are implemented by AdCare Educational Institute (AdCare) with oversight by Maine CDC, following a competitive bid process. AdCare is responsible for implementation of services with their subcontractor, the Maine Council on Problem Gambling.

### **Prevention:**

A national prevalence study completed in 2012 showed a need for educating the public about problem and responsible gambling. An estimated 2.2% of Maine adults (29,242 citizens) were shown to manifest a gambling disorder<sup>i</sup>. Maine currently has no other prevalence data to identify the extent of problem gambling in Maine.

- Starting in 2011, nine Community Prevention Coalitions (across Maine) were contracted to disseminate information and educate the public about responsible/problem gambling. This was done through community presentations and distribution of campaign materials.
- Maine DHHS developed a responsible gambling campaign called, Safe Bet. Safe Bet, in print and online advertising, educates the public about how to gamble responsibly and recognize the signs of a potential gambling problem. It directs the public to the 2-1-1 call center for help. To reach

more people, Maine DHHS developed cocktail napkins showing Safe Bet information on them, to be used in casino restaurants. For more information visit:

<http://www.maine.gov/dhhs/mecdc/population-health/prevention/gambling/safebet/index.htm>

- Collaboration with BABLO and the casinos led to more messages, including on lottery tickets and through radio advertising.
- In 2017, the Maine DHHS in collaboration with the Maine Council on Problem Gambling developed public service announcements to educate the public on responsible and problem gambling.

### **Intervention:**

- Until 2014, the only place a person could self-exclude was at a casino or the Gambling Control Board Office. Through collaboration with the Gambling Control Board, legislation was passed that added nine sites across the State designated to serve as Self-Exclusion locations. (Self-Exclusion is a self-directed intervention in which some individual bans himself from a casino, through a signed agreement.) In 2017, additional sites were established following AdCare's role in program implementation.
- Maine DHHS developed a website and brochure where people could get information and resources about the self-exclusion process, locations and general information about problem and responsible gambling. For more information visit: [www.maine.gov/selfexclusion](http://www.maine.gov/selfexclusion)
- A "find help" pocket card that contained a screening tool on one side and how to find help on the other were developed by Maine DHHS and disseminated through the efforts of the community coalitions which house the nine designated self-exclusion sites and have continued to be disseminated through the two casinos in Maine.

### **Treatment:**

Maine DHHS has implemented multiple treatment pilot projects to increase the number of people accessing problem gambling treatment.

- The latest pilot developed a network of treatment providers trained specifically on problem gambling (Problem Gambling Treatment Network).
- Ongoing trainings have been offered for treatment providers to become members of the network. Eligible providers receive reimbursement when they provide treatment to individuals and their families who have no other means to pay for treatment. This has continued to be an underutilized service for many reasons. AdCare has developed additional strategies to enhance this project, including a needs assessment and increased training opportunities.
- Maine DHHS collaborates with 2-1-1 to advertise and provide the gambling hotline. The hotline (2-1-1) refers callers to the list of specially trained problem gambling treatment providers bringing resources closer to home for Maine people. They also promote Problem Gambling Awareness month and provide Maine DHHS with data on calls to 2-1-1.

### **Other:**

- Maine DHHS has held bi-monthly conference calls with the key stakeholders identified above. AdCare has continued this collaboration. Maine DHHS has hosted annual conferences in March of each year to highlight Problem Gambling Awareness Month. The conference is aimed to provide education to Prevention, Intervention, Treatment, and Recovery providers to assist with professional development.

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<sup>i</sup> Williams, R.J., Volberg, R.A. & Stevens, R.M.G. (2012). The Population Prevalence of Problem Gambling: Methodological Influences, Standardized Rates, Jurisdictional Differences, and Worldwide Trends. Report prepared for the Ontario Problem Gambling Research Centre and the Ontario Ministry of Health and Long