

 PDF version of: [This Article \(x KB\)](#) | [This Issue \(x MB\)](#)



service profile

Intro

Feature

Research

Opinion

Profile

Review

Letters

Submissions

Links

Archive

Subscribe

[This article prints out to about five pages.]

Oregon's Problem Gambling Services: Public health orientation in a stepped- care approach

Contact person:

Jeffrey J. Marotta, PhD
Manager
Problem Gambling Services
Oregon Department of Human Services
Mental Health & Addiction Services
500 Summer Street NE E86
Salem, Oregon, U.S.A. 97301-1118
Phone: (503) 945-5763
Fax: (503) 378-8467
E-mail: jeffrey.j.marotta@state.or.us
Web site: <http://www.dhs.state.or.us/addiction/>

Program description:

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 will follow the framework recommended by the Continuum of Care of the Institute of Medicine.

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 delivered by three separate, yet related, administrative bodies.

1. Department of Human Services' Problem Gambling Services orchestrates actions to prevent gambling-related problems, promote informed and balance 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 \$400,000 dollars 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 \$700,000 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 campaigns uses TV, radio and print media.

Outreach. County governments' "gambling prevention funds" may be used either for 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, which produces approximately 2,500 referrals to problem gambling treatment programs per year. (Oregon has a population of 3.42 million).

Treatment delivery: A stepped-care approach. A frequent access point to treatment is a call made to the state's Problem Gambling Help-Line (877-2-STOP-NOW). The 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 judgment 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 .05 interventions, Level I treatments and Level II treatments.

Level .05 interventions are considered the least restrictive approaches and consist of either local Gamblers Anonymous

groups or the Gambling Evaluation And Reduction (GEAR) Program. Participants utilizing the GEAR program are mailed a manual for self-change and provided the opportunity to review workbook assignments with a counselor during scheduled telephone sessions. All GEAR participants receive 24-month evaluation and referral services.

Level I treatment is broadly defined as outpatient, professionally delivered, face-to-face intervention. 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 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 a network of regional centers that offer crisis-respite services after referral from an outpatient gambling treatment program. Oregon operates three crisis-respite programs that offer short-term residential services. One center is medically based, one is operated out of a residential alcohol and drug treatment facility and one is a joint venture between a shelter care and an outpatient treatment program.

During the 2003-2005 biennium, Oregon plans to invest \$3.65 million a year to minimize the negative effects of gambling for Oregonians. An Oregon statute requires 1% of the State Lottery's net proceeds be placed into a Gambling Treatment Fund.

Philosophy of service:

Oregon's newly redesigned Problem Gambling Services are guided by a public health paradigm and approach that take 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 gamblers, their 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.

Description of our treatment clients:

In 2002, the average age of gamblers enrolling in treatment was 43 years and males were significantly more likely to be younger than females. Males comprised approximately 53% of the gambler clients

and only 31% of the family clients. Slightly over 90% of the clients were white and approximately 41% reported being married. The average annual household income was \$36,246. Over 71% of the clients reported they were employed full time.

Gambling patterns and consequences. The primary gambling activity of both males and females who requested treatment was video poker (74%) followed by slot machines (10%), cards (5%), betting on animals (2%), Keno (2%) and bingo (1%). Approximately 70% indicated their primary gambling was at a lottery retailer and 22% at a casino or Native American gambling center. The average distance traveled to gamble was 13 miles. The average gambling-related debt was \$22,840 with several clients reporting debts well over \$100,000. Approximately 24% of the gambler clients reported being divorced or separated or having otherwise lost a significant relationship as a result of gambling. Fifteen percent reported losing a job as a result of gambling, 40% committed illegal acts related to their gambling and about 10% attempted or had plans to commit suicide within the six months previous to enrolling in a treatment program.

Program evaluations and research involvement:

The prevalence of combined current problem and probable pathological gambling in Oregon decreased from 3.3% in 1997 to 2.3% in 2000. The decline in prevalence rates has been attributed to Oregon's system of problem gambling services. A list of research publications on gambling in Oregon is available at:

<http://www.gamblingaddiction.org/> A detailed evaluation of our services is at:

<http://www.gamblingaddiction.org/STATE2002/ORGAMEVAL02.pdf>

Treatment outcomes:

On average, problem gambling treatment consisted of 13 individual and/or group counseling sessions that took place over a four-month period. The average cost for treating an individual with a gambling problem was \$715. For clients who completed their full course of recommended treatment, on average, treatment consisted of 25 sessions occurring over an eight-and-a-half-month period and cost \$1439.

Based on follow-up evaluation, 75% of problem gamblers who enroll in Oregon's publicly funded gambling treatment programs report either no gambling or reduced gambling following case-closure. This high success rate is in spite of the large proportion (70%) of problem gamblers who do not complete their full course of recommended treatment. Follow-up data indicated that 37% of these clients reported *no gambling* at 90 days and an additional 29% reported

gambling *much less* than before treatment. Interestingly, those who left treatment before completing the entire program were significantly more likely to report more severe symptomology than those who remained longer in treatment.

Of the clients who completed their full-course of recommended treatment, at the time of discharge, 98% reported either abstinence (71%) or reduced (27%) gambling. At six-months post-discharge, 90% reported either abstinence (46%) or reduced gambling (44%) compared to before treatment. A similar rate of abstinence and reduced gambling was reported at 12 months post-discharge.

Nearly 96% of the clients were willing to recommend the programs to others. They found that the most helpful elements of the treatment were gaining a better understanding of themselves and their relation to gambling, learning alternative ways to solve problems and being able to share the experience with peers under the direction of skilled counselors.

*This service profile was not peer reviewed.
Submitted: June 17, 2003*

The Electronic Journal of Gambling Issues: eGambling invites clinicians from around the world to tell our readers about their problem gambling treatment programs. To discuss a submission, please contact the editor:
Phil_Lange@camh.net.

issue 9 — october 2003



Centre
for Addiction and
Mental Health
Centre de
toxicomanie et
de santé mentale

[intro](#) | [feature](#) | [research](#) | [clinic](#) | [case study](#) | [service profile](#) | [first person account](#) | [reviews](#) | [opinion](#) | [letters](#)
[archive](#) | [submissions](#) | [subscribe](#) | [links](#)

Please note that these links will always point to the current issue of *EJGI*. To navigate previous issues, use the sidebar links near the top of the page.

Copyright © 1999-2003 The Centre for Addiction and Mental Health

Editorial Contact: phil_lange@camh.net
Subscribe to our automated announcement list: gamble-on@lists.camh.net
Unsubscribe: gamble-off@lists.camh.net