

## APPENDIX D: PROBLEM GAMBLING MITIGATION

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### *Definition and Prevalence*

A majority of Americans, about 86%, report having gambled at least once in their lifetime<sup>6</sup>. Most people gamble for recreational purposes without the behavior becoming a problem. Studies, however, estimate that 0.4%-1.6% of the United States population can be classified as pathological gamblers.<sup>7,8</sup> Pathological gambling has been commonly associated with relationship problems, employment issues, and significant financial difficulties.

The American Psychiatric Association (2004) defines a pathological gambler as a person who features a continuous loss of control over gambling. Furthermore this gambler illustrates a progression, in gambling frequency and amounts wagered, in the preoccupation with gambling and in obtaining monies with which to gamble. However, problem gambling is a more loosely defined term and is commonly associated with gaming-related difficulties that are considered less serious than those of a pathological gambler. For the sake of this report we will utilize the definition by noted researchers Cox, Rosenthal and Volberg which defines problem gambling as a pattern of gambling behavior that compromise, disrupt or damage personal, family or vocational pursuits.<sup>9</sup>

The National Research Council<sup>10</sup> utilizes a three-level metric. Level 1 gambling is considered social and or recreational gambling with no appreciable harmful effects. Level 2 gambling is synonymous with problem gambling. Level 3 gambling is synonymous with pathological gambling. Problem gambling is an urge to gamble despite harmful negative consequences or a desire to stop. It is often defined by whether harm is experienced by the gambler or others, such as the gamblers family, significant other, spouse, friends, or coworkers. A problem gambler may or may not be a pathological gambler. Pathological or compulsive gambling is defined as a mental disorder characterized by a continuous or periodic loss of control over gambling, a preoccupation with gambling and with obtaining money with which to gamble, irrational thinking, and a continuation of the behavior despite adverse consequences.

Prevalence rates to determine adult problem gambling rates are measured by administering a survey (often a variation of the South Oaks Gambling Screen or a modified DSM-IV questionnaire) to a statistically valid sample of the adult population of the jurisdiction being measured. Adolescent rates are measured in a similar manner. Such a method and analysis of data that accompanies the process is referred to as a general population prevalence study.

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<sup>6</sup> James KC, Bible WA, Dobson JC, Lanni JT, Leone RC, Loescher RW, et al. *National gambling impact study commission final report*. National Gambling Impact Study Commission. 1999.

<sup>7</sup> Shaffer HJ, Hall MN, Vander Bilt J. "Estimating the prevalence of disordered gambling behavior in America and Canada: a research synthesis." *Am J Public Health*. 1999

<sup>8</sup> Petry NM, Stinson FS, Grant BF. "Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: results from the national epidemiologic survey on alcohol and related conditions." *J Clin Psychiatry*. 2005

<sup>9</sup> Cox, S., H. R. Lesieur, R. J. Rosenthal & R. A. Volberg. 1997. *Problem and Pathological Gambling in America: The National Picture*. Columbia, MD: National Council on Problem Gambling.

<sup>10</sup> National Research Council, pp. 20-21.

Jurisdictions, both domestically and internationally, have conducted studies to estimate the percentage of the population that could be classified as having some level of problem gambling behavior. These studies, commonly referred to as prevalence studies, are designed to reflect the scope and severity of problem gambling behavior.<sup>11</sup>

One of the most frequently cited studies on prevalence rates is *Estimating the Prevalence of Disordered Gambling Behavior in the United States and Canada: A Meta-analysis by the Harvard Medical School Division on Addictions*. The meta-analysis method of estimating prevalence rates has been used in related addiction fields of drug prevention and patterns of alcohol use and alcohol treatment. It is considered a more cost-effective method than a national study since it makes use of existing research already conducted in a field.

The Harvard Medical School study, believed to be the first to use meta-analysis measurements for problem gambling prevalence rates, analyzed 152 distinct previous prevalence studies available for review by June 15, 1997. The study determined that 2.0 percent of the adult population could be considered as Level 2 of disordered gambling (often referred to as problem gambling) and 0.9 percent of Level 3 or disordered gambling (also referred to as pathological gambling) during the past year. The vast majority of adults in the general population, then, do not experience gambling-related problems of any clinical significance.

The meta-analysis raw data was given to the Committee on the Social and Economic Impact of Pathological Gambling of the National Research Council (NRC) in its analysis for the National Gaming Impact Study Commission. After an extensive review, the NRC agreed with the above rates of problem gambling and used the numbers in its own analysis of problem gambling in its final report.

The introduction of casino gambling has the potential of negative social impacts. These potential impacts can be controlled and minimized through proper planning, awareness campaigns, and prevention and treatment programs applied in a coordinated manner by all relevant stakeholders. By utilizing some of the many proven prevention and treatment programs, the potential social impact of the advent of gaming can be minimized. Allocating funds to problem gambling services can help mitigate problem gambling and promote responsible gambling.

As an example, by devoting more resources to prevention and treatment, Connecticut was able to cut prevalence rates despite further gaming development. In 1996, Connecticut had only a single clinic, but by the time of an updated study in 2008, the state had 17 clinics.<sup>12</sup> Prevalence rates declined substantially during that period, despite the opening of Mohegan Sun late in 1996 and further expansion at Foxwoods, including the opening of Grand Pequot Tower hotel in 1997.

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<sup>11</sup> *Estimating the Prevalence of Disordered Gambling Behavior in the United States and Canada: A Meta-analysis*, Harvard Medical School Division on Addictions, 1997.

<sup>12</sup> Spectrum Gaming Group, *Gambling in Connecticut: Analyzing the Economic and Social Impacts*, prepared for the State of Connecticut, Division of Special Revenue, June 2009.

**Table 67: Connecticut Prevalence Rates**

	2008 Survey	1997 Study
Problem Gamblers	0.90%	2.20%
Probable Pathological Gamblers	0.70%	0.60%
Total Disordered Gamblers	1.60%	2.80%

Source: Spectrum Gaming Group.

## *Responsible Gaming and Harm Minimization*

Responsible gambling/gaming programs take several forms in an effort to combat and prevent gambling-related harms. Instances of problem gambling manifest in two categories of harm: (1) personal harm, including effects on health, well-being, and relationships, and/or (2) economic harm. Research on responsible gaming falls short of the levels of scientific analysis necessary to develop responsible gaming “best practices.” While various publications have attempted to synthesize existing research on common responsible gaming and harm minimization practices, the field of research often lacks peer-reviewed scientific analyses.

In their current form, the most common responsible gaming practices reflected in the field of research are self-exclusion programs, gambling help lines, tracking behavioral characteristics, setting gambling limits, providing responsible gaming-oriented game features, and employee training. Each of these strategies will be discussed below.

As a condition of licensing, commercial casino states may mandate that casinos prepare and submit for approval a wide-ranging plan for addressing responsible gaming issues. Required elements of the plan often include employee training and public awareness efforts along with other policies that various states have addressed specifically through standalone statutes, or regulations, that address only a single subject. The required elements of these plans vary by state.

In Maryland, for example, a responsible gambling program must consist of mechanisms that both mitigate the effects of problem gambling in the State and maximize the access of individuals with a gambling problem to problem gambling resources.<sup>13</sup>

Massachusetts makes the issuance of gaming licenses contingent upon the submission of a plan to “address lottery mitigation, compulsive gambling problems, workforce development and community development [,] and host and surrounding community impact and mitigation issues.”<sup>14</sup> The State intends for these requirements to advance its objective of providing a gaming environment that is safe and productive for all stakeholders. In furtherance of this objective,

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<sup>13</sup> Maryland responsible gaming plan statute. COMAR 36.01.03.07(B).

<sup>14</sup> Massachusetts responsible gaming statute. M.G.L. Ch. 23K, § 15(6).

Massachusetts prompts gaming licensees to develop plans that train employees to identify patrons exhibiting problems with gambling, and prevention programs for vulnerable populations.<sup>15</sup>

Other states, such as Ohio, connect their responsible gaming plans to other mitigation mechanisms, such as voluntary exclusion programs, to better protect vulnerable groups.<sup>16</sup> Overall, the development of responsible gaming plans serves to establish concrete frameworks to better promote safe gaming.

## Self-Exclusion Programs

Voluntary self-exclusion programs, typically operated by casinos and online gambling sites or gaming regulators, give individuals the ability to exclude themselves from gambling activities. Many states require that patrons have the ability to authorize a casino to refuse their right to gamble and to expel them if they are found gambling or, in some cases, otherwise found on the premises. Program management models vary; in some cases, they are run by the state or a state-appointed group, in others they are managed directly by licensees. State statutes vary in the length of the self-exclusion periods available – typically ranging from a six month ban to lifetime restriction – and in the procedures for reversing self-exclusion. In some states, third parties also have the ability to voluntarily exclude patrons exhibiting problem gambling behavior. Many state laws specify that, in addition to banning play, the casino must also eliminate direct promotional outreach to these individuals as well as exclude them from complimentary offerings (“comps”) or access to credit. Such programs illustrate efforts to mitigate the potential social harms of expanded gaming in a state, including mental health issues, relationship concerns, and financial and work problems resulting from problem gambling.<sup>17</sup> As one of the most investigated responsible gaming strategies, self-exclusion programs benefit from a robust body of research conducted around the world.

Generally, the research on the effectiveness of self-exclusion programs concludes that this method is a safe and, for some gamblers, effective form of intervention against problem gambling. As one study suggests, self-exclusion may have similar outcomes to counseling and may reduce harm in the short-term. Additional research has indicated that self-excluded persons also engage in treatment, self-help groups, or other forms of support experience more positive outcome than those who do not. This research suggests that self-exclusion programs that serve as a gateway to treatment are most successful for individuals harmed by problem gambling. Research has also indicated that problem gamblers appear to be more receptive to self-exclusion mitigation strategies when compared to self-led efforts to seek professional help.<sup>18</sup> Ultimately, self-exclusion has transitioned from a “punitive” enforcement model to one that aims to provide individual assistance in order to connect vulnerable persons with counseling and other support services.

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<sup>15</sup> M.G.L., Ch. 23K, § 18(6)

<sup>16</sup> See e.g., Ohio Regulation 3772-12-06.

<sup>17</sup> Nerilee Hing, Barry Tolchard, Elaine Nuske & Louise Holdsworth, *A Process Evaluation of a Self-Exclusion Program: A Qualitative Investigation from the Perspective of Excluders and Non-Excluders*, 12 INTERNATIONAL JOURNAL OF MENTAL HEALTH AND ADDICTION 509, 510 (2014), [10.1007/s11469-014-9482-5](https://doi.org/10.1007/s11469-014-9482-5).

<sup>18</sup> Hing, *supra* note 5, at 510.

The framework for self-exclusion programs varies from state to state, but many states mandate that patrons have the ability to refuse their right to gamble and to expel them from the premises.<sup>19</sup> In Kansas, for example, the voluntary exclusion statutes require that each self-exclusion applicant “refrain from visiting gaming facilities, pari-mutuel licensee locations, and fair association race meets.”<sup>20</sup> Kansas’ statutes also enable the gaming commission to “prohibit the applicant from entering the premises of all gaming facilities.”

Similarly, Massachusetts enables a person to be placed on a self-exclusion list by “acknowledging that the person is a problem gambler and by agreeing that, during any period of voluntary exclusion, the person shall not collect any winnings or recover any losses.”<sup>21</sup> Massachusetts also prohibits gaming establishments from marketing “to persons on any excluded persons list,” and requires gaming establishments to deny access to complimentary credits. Ultimately, Massachusetts identifies voluntary self-exclusion as “one means to help address problem gambling behavior or deter an individual with family, religious, or other personal concerns from entering . . . a gaming establishment.”<sup>22</sup>

Various challenges interfere with the effectiveness of self-exclusion. First, the number of gambling facilities within a jurisdiction may make the enforcement of self-exclusion impractical; if alternative facilities can be easily accessed, the effectiveness of self-exclusion may be compromised. Notably, statutorily required training may not sufficiently prepare officials responsible for self-exclusion enforcement.<sup>23</sup> The diversity of socioeconomic and psychological conditions among voluntary self-excluders may require responsive enforcement mechanisms. Furthermore, the need to apply for placement on a self-exclusion list within a gaming facility may compromise the integrity of the process, thereby deterring potential self-excluders from participating.

Individual compliance poses another well-documented challenge to the effectiveness of self-exclusion programs. For example, one study determined that more than half of the participants for whom self-exclusion was still in effect had returned to a casino or breached their contracts by the six month follow-up interview. Additionally, a study of self-excluded individuals in Missouri found similar breaches, indicating that the benefits of the program were attributable more to the act of enrollment than to enforcement. This research has led to the frequent conclusion that responsibility for self-exclusion lies with both the gaming industry and the self-excluding individual.

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<sup>19</sup> Regulatory Management Counselors, *Comparative Governance and Regulatory Structure of Gaming Regulations Related to Expanded Legalized Gaming Activities in the Commonwealth of Virginia* (Aug. 5, 2019), at 160 (hereinafter *Comparative Governance Report*).

<sup>20</sup> *Id.* at 161.

<sup>21</sup> *Id.* at 169.

<sup>22</sup> *Id.* at 171.

<sup>23</sup> Hing, *supra* note 5, at 511.

In conclusion, voluntary self-exclusion programs may reduce the urge to gamble and increase the perception of control over personal behavior.<sup>24</sup> While self-exclusion alone cannot substitute for dedicated treatment, it provides an external control mechanism that may limit problem gambling and encourage voluntary excluders to seek professional help.

### **Tracking Behavioral Characteristics**

In an effort to predict the likelihood that a patron will experience harm from gambling and to introduce preventative interventions before the onset of such problems, gaming jurisdictions have implemented systems to track player behavioral characteristics. These behavioral tracking systems are based on algorithms of play. Implementation strategies vary with the form of gaming: whereas in online gaming environments tracking procedures benefit from access to all player transaction information, in brick-and-mortar environments, the strategy is often designed around player tracking systems (e.g., Players Clubs) that depend upon an individual patron's participation.

Research on the effectiveness of tracking frameworks has produced informative findings. Based on analysis of player habits, studies have suggested that efforts to promote responsible gaming should be tailored to each type of gambling offered at a gaming location, rather than adhering to a general mitigation program. By studying behaviors and thoughts patrons use to control the amount they gamble, such as attempts to set a budget or to seek help, research has identified characteristics that could be used to develop prevention and early intervention programs for problem gamblers. Research dedicated to tracking the behavioral characteristics of online gamblers has determined that patrons who engaged in more than two types of gambling within their first month of play, with high variability of wagers, were more likely to benefit from responsible gaming programs.

The study of behavioral characteristics remains a highly-variable task. Given the limitations inherent in the use of personalized player data, there remains a lack of definitive evidence of any behavioral algorithm that can accurately predict patterns of gambling disorder.

### **Setting Gambling Limits**

The ability to set gambling limits, a process also known as pre-commitment, allows gamblers to predetermine the amount of time or money they are permitted to devote to gambling activities before play begins. Depending on the gaming venue or website, spending limits can include deposit, play, loss, win, bet, and time limits.

Research on the effectiveness of pre-determined gambling limits has demonstrated mixed outcomes and has illustrated positive and negative results of this mitigation technique. Studies have indicated that requiring individuals to set such limits may reduce overall money spent on gambling, but evidence is still lacking to suggest that this spending reduction occurred in individuals who were experiencing gambling-related harms, or that gambling-related harm was reduced. Furthermore, research has indicated that voluntary money limit setting was more effective than time limits in reducing problem gambling behavior. While self-limiting has been found to

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<sup>24</sup> Robert Ladouceur, Caroline Sylvain & Patrick Gosselin, *Self-Exclusion Program: A Longitudinal Evaluation Study*, 23 J. GAMBLING STUDIES 85, 85 (2007), [10.1007/s10899-006-9032-6](https://doi.org/10.1007/s10899-006-9032-6).

reduce the variety of games played and the number of bets placed, gambling limits have not been found to reduce the amount wagered per bet. Additionally, research has indicated that pre-commitment may have little effect on decreasing gambling expenditures, especially among those who are intent on continued gambling and who are likely to find methods of circumventing gambling limits.

Finally, the emergence of GameSense, a program that employs in-house responsible gaming information centers or advisors, and other limit-setting programs like PlayMyWay, signal that the future direction of gambling mitigation plans is likely to employ gambling limits. Further research will be required to produce evidence that supports the effectiveness of pre-commitment initiatives.

### **Responsible Gaming-Oriented Game Features**

This harm minimization technique involves the modification to the structure or operation of games to assist patrons in making informed choices about their gambling activity, and to encourage responsible gaming behavior. While research on this mitigation strategy is often focused on the use of warning messages, select studies have explored the use of additional modifications, such as slowing down the rate of play, posting clocks around gambling facilities, and offering “play money” modes.

A threshold study evaluating the effectiveness of five game features (messages, bank meters, clocks, demo mode, and charity donations) found that most participants were aware of at least one feature, but that only a small portion actually utilized the features. Further research concluded that, when compared to warning messages that appear on the periphery of a screen, messages that appear in the middle of a screen are more frequently recalled and considered more useful. Patrons in one study also identified a cash display as helpful to controlling gambling activities.

The research on responsible gaming-oriented game features has provided varying insights on the effectiveness of such features. While evidence confirming the efficacy of responsible game features is mixed, little research has shown that game features reduce gambling-related harm in a real-world setting.

## **Employee Training**

Training of gaming facility employees in responsible gaming is a nearly universal practice. Some states require that this training include instruction on the complex question of how to identify problem gamblers on the gaming floor. Other states provide for in-depth education on the nature and symptoms of problem gambling.<sup>25</sup> With this training, employees of gambling facilities can better serve patrons who may be identified as problem gamblers by providing information about problem gambling programs. Delaware, for example, requires that the rules for state lottery games provide “procedures for the display and presentation of messages concerning responsible gaming and the regulations, procedures and training for identification of and assistance to compulsive gamblers.”<sup>26</sup>

While few studies exist that explore the effectiveness of employee training programs, research has determined that there is considerable disparity in employee ability to accurately identify problem gambling behavior among patrons. Studies indicate that employee training can improve employee knowledge of responsible gambling, however, there is limited evidence that this enhanced understanding enables employees to more accurately identify patrons with a gambling disorder.

Additional obstacles to the effectiveness of employee training are found in the difficulty, awkwardness, and uncertainty present in the act of confronting a patron. Studies have indicated that gaming facility employees often experience difficulty when approaching patrons due to uncertain estimations of a patron’s potential problems or in an attempt to avoid causing a patron embarrassment.

Ultimately, the spectrum of harm from problem gambling manifests differently from state to state. As a result, the role of employee training may vary with the extent of a state’s understanding of the gambling problems its residents face.

## **Public Health**

By understanding gambling and its potential impacts on public health, policymakers and health practitioners alike can work to minimize gambling’s negative impacts, while promoting its potential benefits. Today, public health perspectives are not limited to the biological and behavioral dimensions of gambling. Rather, a contemporary public health perspective can also target the social and economic determinants of gambling, such as income, employment, and poverty. Four principles have emerged as the basis for a public health framework on gambling: (1) scientific research is the foundation of public health knowledge, (2) public health knowledge is derived from population-based observations, (3) health initiatives are proactive (i.e., health promotion and prevention are primary, while treatment is secondary), and (4) public health is balanced and considers both the costs and benefits of gambling. This framework can stimulate a

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<sup>25</sup> Mississippi employee training: MGC Regs. Title 13, Part 3, Rule 10.6

<sup>26</sup> Delaware employee training: 19 Del. C. § 4805(a)(29).

better understanding of gambling, further elucidate the determinants of problem gambling, and indicate a range of intervention strategies.

Throughout the past decade, publicly-funded problem gambling services have received increased support in the United States. The total number of states that reported publicly-funded problem gambling services increased from 37 in 2010 to 40 in 2016, and the total amount of public funding allocated to problem gambling services increased from \$60.6 million in 2013 to \$73.0 million in 2016. Among the states that provided funding, the most commonly supported services were problem gambling awareness programs, counselor training, helplines, and problem gambling treatment. Despite the continued growth of problem gambling efforts throughout the United States, in 2016, about one quarter of one percent of people who needed problem gambling treatment received publicly-funded care from a gambling treatment specialist.

### **Public Education and Informed Choice**

Across gaming jurisdictions worldwide, governments and gaming providers have recognized the importance of providing patrons sufficient information to make informed decisions about their gambling. While individuals retain the ultimate responsibility over their gambling choices and level of participation, optimal decision-making depends significantly on the availability of reliable and comprehensive information. This concept of the “informed decision” is pervasive in systems of law and economics and remains an essential component of effective problem gambling mitigation efforts.

Several environmental factors may influence gambling behavior simultaneously, making it difficult to determine the local impact of any one factor. Advertising to promote problem gambling awareness, for example, has attempted to influence gambling behavior and reduce gambling-related harm. Various studies have concluded that the impact of advertising is not likely to be overt, and it may be difficult to measure the impact of advertising efforts to promote problem gambling awareness.

States may require that casinos post signs and/or offer brochures identifying the risks of gambling, signs of gambling disorder, the odds of casino games and/or toll-free phone numbers and other resources for assistance. Common practices among the states include requirements that gambling facilities ensure their advertisements display problem gambling help-line phone numbers. Additionally, some states, like Maryland, require that radio, television, and video advertisements contain a gambling assistance message.<sup>27</sup>

Some states provide regulations that specifically address risk-related advertisements for internet and mobile gaming. Delaware, for example, mandates that internet lottery websites include advertisements for and links to information for treatment, education, and assistance of compulsive

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<sup>27</sup> Maryland advertising requirements. COMAR 36.03.06.03(B)(5).

gamblers and their families.<sup>28</sup> Similarly, West Virginia requires online sportsbooks and mobile gambling applications to display links to responsible gaming resources.<sup>29</sup>

Gaming jurisdictions have acknowledged that different messaging approaches may work better for different groups. One Canadian study prospectively detailed the most effective messaging approach for different styles of gaming. For casual gamblers (new and occasional gamblers), programs that enhance gambling literacy, including key safeguards and main risk factors, are essential. Frequent gamblers (i.e., those that gamble at least once per month, but not weekly) need a deeper understanding of how gambling works, including information on house edge, randomness, and independence of events. Finally, the study concluded that intensive gamblers (i.e., those who gamble weekly or more often) need to be informed of their play activity, offered self-assessment tools that draw attention to the consequences of their gaming habits, and made aware of the options available for help in addressing gambling-related problems.

### **Additional Mitigation Strategies**

In addition to the main mitigation techniques discussed above, various jurisdictions also employ additional strategies to promote healthy gambling practices. These strategies include restrictions on alcohol, treatment and research funding, and casino credit restrictions along with bet limits.

#### ***Restrictions on Alcohol***

Several states require casinos to limit alcoholic beverage service on the gaming floor, or to limit access to gambling services for patrons who are visibly intoxicated. The extent of restrictions on the sale of alcoholic beverages varies across different states. Some states, like Michigan and Kansas do not impose any restriction on alcohol service in gaming facilities. Other states, however, like Massachusetts and Maryland limit the time and place of alcohol sales.

Many states that restrict alcohol service mandate that gambling facilities refuse to sell or serve alcohol to patrons that appear intoxicated, or are younger than 21-years old.<sup>30</sup> Maryland, for example, requires that video lottery licensees prevent intoxicated individuals from playing video lottery or table games and prohibit intoxicated individuals from entering areas where such games are located. Maryland further restricts alcohol service by prohibiting licensed operators from providing complimentary alcoholic beverages.<sup>31</sup>

As a further restriction on alcohol service in gambling facilities, Massachusetts requires gambling facilities to obtain a gaming beverage license in order to serve alcohol on the premises of such a facility.<sup>32</sup> The sale of alcohol must adhere to the conditions of the issued gaming beverage license, which may be imposed on such license “in the interest of the integrity of gaming and/or public

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<sup>28</sup> Delaware advertising requirements. 29 Del. C. § 4826.

<sup>29</sup> West Virginia advertising requirements. WV CSR § 179-9-13.4.

<sup>30</sup> See e.g., 4 Del. C § 706; Md. Code Ann., State Govt. Law, § 9-1A-24(c)(1); 205 CMR 136.02.

<sup>31</sup> COMAR 36.03.10.09(A)(2)

<sup>32</sup> M.G.L. Ch. 23K, § 26.

health, welfare, or safety.”<sup>33</sup> Massachusetts further requires that gaming licensees promulgate a system of internal controls to monitor the sale of alcohol. At minimum, such a system must include procedures to (1) ensure proper training of employees involved in the service of alcoholic beverages, (2) prevent serving alcoholic beverages to underage or visibly intoxicated individuals, (3) ensure that visibly intoxicated or impaired patrons are not permitted to play slot machines or table games, and (4) ensure that alcohol is properly secured and stored.<sup>34</sup> In addition, Massachusetts prohibits the sale of alcohol between 2:00AM and 4:00AM to patrons who are not in the gaming area and not actively engaged in gambling.<sup>35</sup>

Restrictions on the sale of alcohol play a significant role in the gambling regulations of several states. While the extent of such restrictions may vary, the motivation to promote public health and welfare remains widely relevant.

### *Treatment and Research Funding*

States may implement financial commitments to support treatment for problem gamblers, education services concerning problem gambling, and research to advance responsible gaming and prevent problem gambling. Most states that implement such commitments earmark certain state revenues from gaming for these programs.

Pursuant to advancing public health efforts, Massachusetts assesses an annual fee in proportion to the number of gaming positions at each gaming establishment. This fee is meant to cover the costs of public health services and programs dedicated to addressing problems associated with compulsive gambling.<sup>36</sup> Monies within the Fund may be expended to assist social service programs that address gambling prevention, substance abuse services, and educational campaigns to mitigate the potential addictive nature of gambling.<sup>37</sup> Massachusetts also imposes upon each gaming licensee a requirement to provide on-site space for independent substance abuse, compulsive gambling, and mental health counseling services.<sup>38</sup>

Efforts in other states pursue a more targeted approach, focusing treatment funding specifically on problem gambling, rather than on addictive behavior in general. Kansas, for example, established the Problem Gambling and Addictions Grant Fund to provide assistance for the treatment of “persons diagnosed as suffering from pathological gambling.”<sup>39</sup>

The scope of research efforts varies from state to state. Massachusetts has established an annual research agenda to study the social and economic effects of gaming in the State and to obtain

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<sup>33</sup> 205 CMR 136.02.

<sup>34</sup> Massachusetts alcohol service restriction: 205 CMR 138.12.

<sup>35</sup> Massachusetts alcohol service restriction: 205 CMR 136.07(7)(i).

<sup>36</sup> Massachusetts research statutes. M.G.L., Ch. 23K, § 56(e).

<sup>37</sup> M.G.L., Ch. 23K, § 58.

<sup>38</sup> M.G.L., Ch. 23K, § 21.

<sup>39</sup> Kansas problem gambling treatment statutes. K.S.A. §79-4805(c)(1).

scientific information relative to neuroscience, psychology, sociology, epidemiology, and etiology of gambling.<sup>40</sup> Similarly, Michigan reserves a significant portion of the monies within its Compulsive Gambling Prevention Fund for, among other things, “research, and evaluation of pathological gamblers and their families.”<sup>41</sup>

The majority of states have implemented treatment and research funding provisions to make gaming as healthy for participating individuals, and the environment around them, as possible.

### *Casino Credit Restrictions and Bet Limits*

Some state laws aim to protect patrons from betting more than they can afford to lose by banning casinos from offering credit advances and limiting bet amounts. Methods to limit credit advances include both patron-driven efforts, such as voluntarily placing one’s name on a credit exclusion list, and facility efforts, including policies and procedures that limit those patrons to whom a gambling facility may issue credit.

Generally, the procedures established by states aim to ensure that a gaming facility does not extend credit to patrons beyond an amount that those patrons lack a reasonable ability to repay. Regulations may range from broad mandates to gaming operators to exercise caution and good judgment in extending credit<sup>42</sup>, to more specific rules that identify groups to whom credit should be limited. As an example of targeted restrictions, Massachusetts requires that a gaming licensee’s policies prevent the extension of credit to patrons who self-identify as problem gamblers, place themselves on a voluntary credit suspension list, or are on public assistance.<sup>43</sup>

While the use of credit restrictions as a mitigation tool may vary across states, the desired effect of such restrictions and limitations remains similar. The promotion of safe gambling habits through credit restrictions and bet limits emerges as a primary goal of many states.

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<sup>40</sup> Massachusetts research statutes. M.G.L., 23K, § 71.

<sup>41</sup> Michigan problem gambling research statutes. MCL 432.253.

<sup>42</sup> Delaware credit restrictions. 10 Del. Admin. Code 204-6.1.10.

<sup>43</sup> Massachusetts credit restrictions. 205 CMR 138.43(1)(d).