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The Social Health of Nevada

Leading Indicators and Quality of Life in the Silver State

Problem Gambling and Treatment in Nevada

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Chapter Highlights

- Problem gambling has followed a "from sin to sickness" trajectory, and is treated as a public health matter in Nevada today.
- Recent state-level budget cuts have hit problem gambling treatment, research, and prevention programs hard.
- However, the state boasts several internationally recognized programs, including the pioneering Problem Gambling Center (whose roots date back to the 1980s) and the Nevada Council on Problem Gambling.
- Follow-up data collected by UNLV seems to suggest that problem gambling treatment works for those who access state-funded services.

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For many years, it was moral experts, rather than medical and academic ones, who told us who gambled "too much." Speaking from pulpits rather than podiums, church leaders informed us that gambling was uniquely subversive of the American way of life, for its something-for-nothing promise threatened to undermine the popular ethic of honest toil and gradual accumulation of goods. Samuel Hopkins, in an 1835 sermon on "The Evils of Gambling," captured this sensibility: "Let the gambler know that he is watched, and marked; and that . . . he is loathed. Let the man who dares to furnish a resort for the gambler know that he is counted a traitor to his duty, a murderer of all that is fair, and precious, and beloved among us" (Hopkins, 1835:17-18).

In those days, problem gamblers were seen as especially weak manifestations of an evil enterprise. Even those who sought to *help* problem gamblers (those who "dared furnish a resort," in Hopkins' words) were often seen as immoral. More recently, we have arrived upon a kinder understanding of those whose gambling has become a problem, and we now treat as "sick" those whom we once labeled as "evil."

In Nevada, the history of those who gamble too much is a predictably complex one, owing to our unique relationship with the "product" that problem gamblers indulge. Early on, Nevada's gambling establishments were reputed to have a soft spot for gamblers who were "down on their luck." Stories abound of casino employees handing bus tickets home to those who gambled too much during their stay in the Silver State. More recently, casinos have developed formalized "responsible gaming" policies for their employees and patrons. In the policy world, we have recently seen reason for optimism, as the state legislature has recognized problem gambling as a legitimate public health concern, outlining a broad agenda for action and state dollars to support it. As a result, we are now on the brink of what promises to be a new era in Nevada's history of dealing with those who gamble too much in the gambling capital of the world. However, like so much that has happened of late in Nevada, a great deal depends upon the impacts of the Great Recession – and the potential recovery that follows.

The Gambling Capital of the World and Gambling Nevadans' Health

Jurisdictions around the world have often turned to Nevada for expertise when it comes to gaming. After all, the state has been at this the longest, and through trial and error has developed world-class approaches to everything from regulation to architecture to marketing. In the problem gambling field, however, the state came to the metaphorical table later than most gaming locales.

The first major victory for the state's problem gamblers came during the 2005 Nevada State Legislature. After similar bills died during the two previous legislative sessions, Senate Bill 357, was signed by Governor Kenny Guinn on August 9, 2005. The 2005 version was authored by State Senator Dennis Nolan, after pioneering efforts of Mark James in previous legislative sessions.

For the very first time in our state, this bill set aside dollars for assisting problem gamblers, allocating $1 per gaming machine in 2006 and $2 per gaming machine in 2007. The money, which was collected through the Nevada Gaming Control Board, totaled just more than $2.5 million for the biennium. This bill also established the Advisory Council on Problem Gambling (ACPG), a specially-appointed advisory panel, who act to ascertain the needs of communities for the prevention and treatment of problem gambling, and to determine which service providers receive support from the fund for problem gambling services.

Between 2006 and 2011, the ACPG awarded grants and contracts to problem gambling service providers working in any of four areas of service: prevention and education, workforce development, research and evaluation, and treatment. However, this changed following the 2011 legislative session. In this session, the legislature initially proposed to eliminate government funding for problem gambling treatment, education, and research. The backlash from media, gaming industry representatives, and those in the problem gambling community was swift and intense, with the critics pointing out that such cuts would not only hurt the lives of problem gamblers and their families but also cost the state by shifting the burden to its health care and criminal justice systems (disclosure: the authors of this report receive funding from this source). At the end of February 2011, the Nevada State Senate approved "sweeping" funds from the reserve

accounts for problem gambling, effectively eliminating all state support. Just weeks later, however, the State Legislature reinstated a portion of slot machine taxes earmarked for problem gambling. Rather than eliminating the funding for problem gambling assistance and other social services, the fund was cut approximately in half.

This change in funding has meant that only half of the previous service areas have received funding since the 2011 fiscal year – the vast majority of funds are earmarked for treatment, with a relatively small amount of funds set aside for research and evaluation. This allocation was driven strategically: the ACPG agreed unanimously that treatment was the most crucial resource needed to address problem gambling in Nevada. Additionally, research and evaluation services were recognized as essential in producing solid analyses about the impacts of these programs – ensuring that these funds are not simply allocated, but that they are evaluated via a public health "best practice" approach currently overseen by this article's authors.

Treatment Programs in Nevada

As of this writing, there are currently five service providers funded by the state of Nevada to provide problem gambling treatment services: (1) Bristlecone Family Services, (2) New Frontier Treatment Center, (3) Pathways, (4) Reno Problem Gambling Center, and (5) The Las Vegas Problem Gambling Center.

While many of these service providers have existed in the communities they serve for some time, the majority have only begun providing problem gambling services in the latter portion of the last decade. One notable exception is The Las Vegas Problem Gambling Center, whose origins date back to 1986, when Nevada's first professional problem gambling clinic was established for Nevadans. (Gamblers Anonymous, it should be noted, had been around for some time since it was first established in California in the 1950s). That year, Dr. Robert Custer, the acknowledged "founding father" of problem gambling treatment, came to Las Vegas to start a treatment program based upon the practices he had established in a VA hospital in Brecksville, Ohio. Dr. Custer affiliated with the local Charter Hospital organization, a for-profit mental health center, and selected Dr. Rob Hunter to open the state's first treatment facility for those with gambling problems.

The Charter program brought positive publicity to the state, as the national media noted local efforts to help those who gambled too much in the gambling capital of the world. The program was helped by a successful and memorable ad campaign that asked of residents: "If you don't get help at Charter Hospital, please, get help somewhere." This campaign revealed the importance of not only having successful treatment programs available, but in also encouraging awareness of these programs. After all, it did not do Nevadans any good to have strong programs about which its citizens knew nothing.

In the 1980s and 1990s, the U.S. mental health field changed dramatically, and cuts in mental health care were common. As a result, large inpatient programs, including the Charter problem gambling center, had to adapt to the adverse financial environment by mutating into smaller outpatient programs. More generally, the field of mental health

underwent drastic macro-economic changes, leading Charter Hospital, along with many others, to go out of business in the late 1990s.

In Nevada, the leaders of what was formerly the Charter program re-configured as a non-profit, which now operates as The Las Vegas Problem Gambling Center. The program has remained under the direction of Dr. Hunter, treating more than 3,000 individuals over the years, and currently serving a few hundred problem gamblers annually in Southern Nevada. Impressively, the Center has also served as the model for recently-opened problem gambling centers that offer treatment services in Seoul, Korea, and Sydney, Australia. In 2005, the Las Vegas Center helped launch the Reno Problem Gambling Center**,** which now operates as the largest treatment facility in northern Nevada.

Meanwhile, Gamblers Anonymous (GA) is the 12-step organization devoted to helping problem gamblers admit and address their problems. In Nevada, GA offers approximately one hundred weekly meetings, in which the only "admission criterion" is the desire to overcome a gambling problem. The organization's 12-step approach offers assistance from those who probably know this problem most intimately – other problem gamblers. A partner organization, Gam-Anon, also offers meetings for the relatives and friends of those with a gambling problem.

While Bristlecone and New Frontier are newer to the world of problem gambling treatment, both have a long history serving Northern Nevada communities as non-profit alcohol and drug addiction treatment facilities, and provide the only residential treatment options for problem gamblers in the state of Nevada. In Southern Nevada, PGC and GA are joined by Pathways in providing outpatient services to problem gamblers. Pathways is a private practice headed by Lynn Stilley, MFT, LADC, CPGC, offering services to individuals and couples who seek to address problem gambling behaviors and other mental health needs.

Beyond the treatment providers mentioned, a handful of other organizations have offered treatment services to specialized populations. The late Dr. Rena Nora, for instance, moved to the state from New Jersey and continued her pioneering work with VA hospitals. A winner of the Nevada Council on Problem Gambling's Shannon Bybee Award, Dr. Nora also served as a key advisor to a number of state policy entities.

Research on Problem Gambling in Nevada

In 2002, the state of Nevada funded two problem gambling prevalence surveys. The Nevada Department of Human Resources, along with Gemini Research, released two reports: "Gambling and Problem Gambling in Nevada," and "Gambling and Problem Gambling among Adolescents in Nevada." These studies yielded a series of findings central to our discussion.

Adult Problem Gambling: Volberg Report, 2002

According to the authors of Volberg Report,

- "the combined current (adult) prevalence rate of problem and probable pathological gambling in Nevada in 2000 is 6.4%," a rate that the authors contend is "higher than in every other jurisdiction where similar surveys have been carried out."

This rate is arrived upon by using the SOGS (the South Oaks Gambling Screen), an instrument that until recently served as the foundation for virtually every major prevalence study conducted in the U.S. and quite a few studies abroad. It should be noted that the SOGS has come under criticism, for it tends to yield higher numbers that can be compared with other jurisdictions' figures. Comparability is achieved, but perhaps at the cost of accuracy. In fact, the other instrument used in the study tends to yield lower rates, and did so in this instance.

The authors also take these prevalence rates of the study and project them onto the populace, declaring that

- between 40,100 and 63,900 Nevada residences can be classified as current probable pathological gamblers. In addition, between 32,700 and 53,500 Nevada residents can be classified as current problem gamblers."

It should be noted that due to administrative errors, the Nevada adult study does not inspire a great deal of confidence in its findings. Because the number of high-frequency gamblers was much higher than anticipated by the research team (and indeed, higher than is commonly found in other jurisdictions), the interview process was scaled back considerably. Thus, rather than administering the problem gambling questionnaire to all of those who indicated that they had been gambling monthly or more often, the decision was made to administer the survey to those who had been gambling weekly or more often. This means that a relatively large number of gamblers were not given the problem gambling questions. Furthermore, the completion rates for the survey were low – even by the standards of telephone survey research, a methodology whose response rates have declined in recent years.

The firm that produced the study, Gemini Research, has been admirably up-front about these shortcomings. In a responsible manner, it outlines the limitations the project encountered. It seems that a change in management at the survey center that Gemini hired to conduct the local survey contributed significantly to these problems. Given these limitations, it may well be that the definitive study on adult problem gambling rates in Nevada has not yet been done.

Adolescent Problem Gambling: Volberg, 2002

When it was released, the adolescent problem gambling study report was widely viewed as "good news" for our gambling state. (We should note, however, that this report does not suffer from the same shortcomings as the adult problem gambling project discussed above). While the adult report dealt with on higher prevalence rates, the adolescent report focused on relatively low (but not insignificant) prevalence rates for Nevada's youth. After surveying 1,004 Nevada residents aged 13-17, the report found that:

- "Compared with adolescents in Georgia, New York, Texas, and Washington State, where similar surveys have been carried out, adolescents in Nevada are less likely to gamble weekly or more often."

- "Furthermore, the prevalence of problem gambling among adolescents in Nevada is lower than among adolescents in three of the other four states where similar surveys have been conducted."

There are a number of plausible hypotheses that might explain these phenomena. Most intriguing is the observation that in a state where gambling has normalized, gambling is simply not that rebellious an act for those seeking to rebel. In much the same way that European youth may not have the hang-ups about drinking that their North American counterparts do, early exposure may "inoculate" Nevada's youth to gambling.

Southern Nevada Community Assessment: Southern Nevada United Way and Nevada Community Foundation, 2002

In 2003, the Southern Nevada United Way and the Nevada Community Foundation joined forces to support the region's first-ever Community Assessment, which utilized both previous research and new large-scale surveys to determine the scope of a wide variety of social problems. The 2003 Community Assessment asked a large sample of Southern Nevadans about the problems that plagued their communities and their households. When asked about their concerns,

- Southern Nevadans rated "gambling problems" 10th out of a list of 45 *community* concerns, with 55% stating that this was a "major" issue.

- More strikingly, 31% of Southern Nevadans indicated that someone in their *household* had experienced a challenge with a gambling problem during the past year, and 6.4% said that this was a "major" challenge.

In light of these and other data on addictions, the researchers concluded that

- "These are significant findings for a community in which outside-of-the-norm behaviors are visibly and explicitly encouraged among those who come here to play (think of Las Vegas' current ad campaign, "what happens here, stays here"). As a group, Southern Nevadans are extremely concerned about the specific mental health issues faced by those battling behaviors of excess."

These findings are interesting in that they do not rely upon "expert" assessment, but rather reflect residents' own perceptions of problems that plague their homes and communities. It should also be noted that these data cannot speak to non-Southern Nevadans, as the inquiry was limited to the greater Las Vegas valley. Still, we may conclude that problem gambling is a community issue that concerns many residents (for a more comprehensive presentation of the community and household concerns summarized in this report, consult the tables in the "Supplementary Materials" section at the end of this paper).

The Nevada Problem Gambling Project: Intake Research

Beginning in April, 2006, all problem gambling treatment providers receiving grant funds from the State of Nevada began collecting data from their clients in an effort to help the state understand just who their grant monies were helping. Research teams at the University of Nevada, Las Vegas' International Gaming Institute took this "intake" data and analyzed it, in order to answer the question: *Who are these clinics serving?* What was clear in the outcome of their research was that these state-funded programs are reaching a large target population of problem gamblers. What is more, these individuals are in desperate need, as they suffer from a striking number of physical health, mental health, legal, occupational, familial, social, financial, and other major life problems.

UNLV's IGI has found that, on average, the typical individual who shows up for treatment at state-funded problem gambling clinics in Nevada is male, White, approximately 43 years old, has an annual household income of $35,000 or less, and is not currently married. Only about half of the clients receiving PG treatment were employed, and almost 40% were unemployed at the time they started treatment. Similarly, only about half reported having some form of health care coverage (which does not mean that problem gambling treatment services are necessarily covered). This is especially important when you consider that nearly one in four indicated that they had gambling debts in excess of $10,000, with just over 2%indicating that their gambling debts had reached $100,000 or more. The high rates of unemployment and debt, combined with low rates of health care coverage, suggest that this population is particularly unlikely to afford treatment if state-funded programs were not available.

When clients were asked about personal losses they had experienced due to their gambling, over a third indicated a loss of mental stability, and over a quarter indicated they had lost romantic relationships, close friends, or suffered the estrangement of family. Overall, this means that many within the clientele are going through their treatment programs without the support of family and friends – and hence, are dependent on the support provided in these clinics.

IGI researchers also found a high level of comorbid health disorders amongst problem gamblers seeking treatment in state-funded treatment clinics. Almost half the respondents reported smoking as an addictive activity, over a third reported an addiction to alcohol, and almost a quarter reported an addiction to methamphetamines, while about 28% report having no chemical addictions. Additionally, over half of all clients have a family history of addiction, 60% of which have a family history specific to problem gambling.

The vast majority of clients in Nevada is treated with cognitive behavioral therapy (CBT) and is involved in both individual and group therapies. Additionally, about half of clients participate in family therapy. About 70% of clients receive outpatient treatment, while the remainder of clients is treated at a residential facility. For over two-thirds of respondents, the cost of treatment is free, a crucial issue for a group of individuals who by definition have depleted financial resources.

The Nevada Problem Gambling Project: Follow-Up Research

In 2006, the International Gaming Institute at the University of Nevada, Las Vegas began investigating the efficacy of state-funded problem gambling treatment programs. Using the Mental Health Statistics Improvement Program (MHSIP) questionnaire, questions about previous and current gambling and other addictive behaviors, as well as open ended questions, the IGI gauged the problem gamblers' evaluation of their treatment services, the impact of those services on quality of life and functional well-being, and the relationship between service quality and reductions in gambling behaviors.

IGI conducted a total of 599 follow-up interviews among 416 different respondents in 6 different gambling treatment programs: Bristlecone, Comprehensive Therapy Centers (which transitioned into Pathways), Las Vegas Problem Gambling Center, New Frontier Treatment Center, Reno Problem Gambling Center, and Salvation Army.

Overall, the treatment participants provided very positive assessments that ranged over an impressive variety of spheres – including access to services, treatment quality and helpfulness, treatment effectiveness, and overall ratings of the quality of service. Over 80% of respondents provided positive ratings for almost every item on the survey. Based on an analysis of both quantitative and qualitative data, IGI found that respondents were most positive about the cost of treatment services, treatment access, individual and group counseling, the educational information provided, staff encouragement, relationships with counselors, and the bonds they shared with their peers in treatment.

While just under half of respondents indicated that they had gambled again after completing treatment, it is important to understand how gambling treatment can help to *reduce* levels of gambling and the harms associated with gambling. Although treatment programs and outcomes studies for pathological gambling historically viewed total abstinence as the only acceptable criteria for success (Ladouceur 2005; Rosecrance 1989), more recent problem gambling scholars, as well as scholars studying other addictions (Adamson and Sellman 2001), have been moving away from pure "abstinence" based models toward a broader spectrum of post-treatment maintenance, including an emphasis on *reducing* levels of gambling (Dowling et al. 2009; Robson et al. 2002) and minimizing the harms associated with gambling (Dickerson et al. 1997). This is important given our finding that 92% of respondents have reduced their gambling since the period of time when they gambled most heavily. Further *almost all* of the respondents who currently gamble reported that they currently spend less money per gambling episode (94%), gamble fewer days per week (96%), and gamble fewer hours per episode (94%). Ultimately, treatment program participants expressed feelings of self-awareness, acceptance, achievement, and hope after the completion of their treatment. Participants indicated that these programs helped to increase their confidence, empower them, give them the strength to avoid gambling, and in many cases, saved their lives. Finally, this research suggests that participation in problem gambling treatment may help with other co-morbid addictive problems as well. Overall, majorities of clients in all groups reported sizeable and significant reductions in their other addictions after treatment for their gambling problems.

These measures of the evaluation of treatment services and improvements in quality of life and gambling behaviors provide strong evidence that problem gambling treatment works. Through the Mental Health Statistics Improvement Program (MHSIP) survey and additional questions about past and current gambling behaviors, IGI was able to assess participants' thoughts and feelings about their access to treatment services, the quality and helpfulness of those services, and the effectiveness of services on their daily lives. Participants were overwhelmingly positive about their treatment, especially as those services related to their relationships with their counselors and their experiences in group counseling. Almost all respondents indicated that they have reduced their gambling since completing treatment or discontinued gambling altogether. These strong outcomes represent a major victory for those dedicated to helping problem gamblers recover from their addiction and improve their overall quality of life. From a policy perspective, this research demonstrates the importance of continued support for these crucial services, even during difficult economic times.

Community Resources for Problem Gamblers

Treatment organizations are not the only state facilities that have helped Nevada's problem gamblers. The Nevada Council on Problem Gambling is a non-profit organization focused on education and awareness of problem gambling. Notably, this organization (as well as the Las Vegas Problem Gambling Center) was started with significant financial support from gaming businesses; it is doubtful that these organizations could have gotten off of the ground without it.

The Council, led by Carol O'Hare, offers a toll-free hotline (1-800-522-4700) that connects callers with treatment providers. It also offers community outreach programs that target specialized sub-populations, including school district programs, after-school programs, and programs targeting military enlistees. Finally, the Council provides training for employees of gaming businesses as well as mental health providers. Overall, its awareness and education thrust complements nicely the treatment offerings in the state.

At the university level, both UNLV and the University of Nevada, Reno offer programs designed to recognize and research problem gambling. Down South, UNLV's International Gaming Institute (IGI) mandates the inclusion of problem gambling education in every 101-level hotel management course. The IGI has also offered specialized problem gambling education programs to students, regulators, and gaming industry employees, and it continues to conduct internationally-recognized research.

In the UNLV counseling department, Larry Ashley has started a ground-breaking program designed to train counseling students to treat problem gamblers and their families. In the university's Student Health program, Steven Oster (current president of the Nevada Council on Problem Gambling) has devoted his office's resources to students on campus who have developed a gambling problem.

Up north at the University of Nevada, Reno, Dr. William Eadington's Center for the Study of Gambling and Commercial Gaming has pioneered research and conference

programs on both youth and problem gambling. As the dean of gambling research in the U.S., Dr. Eadington's publications on macro-level impacts of gaming in society serve as an important resource to all Nevadans.

Prospects for the Future and Policy Recommendations

Moving forward, the state should strongly consider the following recommendations to enhance its efforts to help Nevadans with gambling problems:

Continued State Support for Problem Gambling Services

The 2005 Nevada State Legislature's decision to support problem gambling services was commendable. However, service providers are understandably concerned that they will have to fight for these funds every two years – when the Legislature meets again. As a state, Nevada is maturing into a world-class tourist destination, offering a range of recreational opportunities as diverse as Lake Tahoe's slopes and Lake Bellagio's fountains. We must demonstrate to a world that has only recently (and grudgingly) come to respect this state's offerings that we are committed to "taking care of our own" communities and residents.

A Public Health Approach

Recently, a number of prominent scholars in the field have suggested that a problem as complex as gambling addiction requires a comprehensive solution. A public health approach ensures, among other things, that the entire range of gambling behaviors is taken into consideration – from no risk to at-risk to problem and pathological gambling (see Figure 1 in the Appendix for an illustration of this approach). In this model, prevention or "harm reduction" programs might target at-risk populations who have not yet developed problems, while education programs would target a range of vulnerable populations and treatment for gamblers with a full-blown addiction. The state should encourage collaborative efforts from a public health perspective – relying, wherever possible, upon the latest in scientific research.

Public Awareness Campaigns

Nevadans need to know that this is a potentially severe disorder – yet one that is treatable when help is made available and affordable. These messages need to be heard not only in gaming environments (as they currently are), but also in broader health and educational settings.

Insurance for Treatment of Problem Gambling

The state and its service organizations should work with insurance companies to help improve coverage for treatment for those with gambling problems. As mentioned above, by the time they reach treatment providers, the problem gamblers often find themselves in dire financial straits. It is hard to imagine a change more far-reaching in its scope than one that would allow problem gamblers to access treatment independent of their financial status.

Research-based Solutions

This analysis would be incomplete without a strong pitch for more research. In the young field of problem gambling, this is especially important, and especially in a state

whose revenues are so dependent upon gambling. As numerous scholars have pointed out, gambling's recent boom times should be considered with caution, for the industry has enjoyed dramatic peaks and valleys in the past. In Nevada, we have banned gambling twice – and legalized it three times. Gambling's most knowledgeable historians note that what has brought the entire industry to a halt in the past has been an inability to deal with public backlash over everything from problem gambling to moral codes to a thrown World Series in baseball. To protect the well-being of all of Nevada's citizens, then, we need to commit to an aggressive research agenda designed to monitor the issue that has produced gambling's loudest social protests – problem gambling and its impacts on individuals, families, businesses, and communities. More specifically, we should monitor in an ongoing fashion problem gambling prevalence rates, problem gambling awareness levels, treatment efficacy, and all of the other public health efforts that we develop to combat this disorder. To do otherwise would be ignorant of our own history.

Conclusion

Many are of a mind that Nevada's problem gamblers face an impossible burden, and hence should move away from a state where gambling opportunities seem to be ubiquitous. This "solution" fails on at least two levels. There are no longer gambling-free environs to move *to* (especially with the advent of internet gambling), and as we have seen in this report, Nevada actually has a strong network of social service organizations helping problem gamblers and their families.

While we no longer "treat" problem gamblers by subjecting them to social ostracism and scathing moral judgments, it is important to remember that the problem gambling field is still a young one. Hence, while Nevada's citizens and leaders should recognize that we have come a long way, we also need to understand that we have a long way to go.

In the acclaimed documentary *In the Fog of War*, former U.S. Secretary of State Robert McNamara explores the vicissitudes of a professional life he led in the most visible offices in the land. In the midst of a number of articulate laments, McNamara's face glows when speaking of one decision in particular. When serving as president of Ford Motors in the post-WWII era (a period in which the company enjoyed a dramatic resurgence), McNamara and his colleagues at the company became painfully aware that some users of their product – cars – were devastated by their interactions with Ford's product. This was the time when we were just beginning to understand the toll of automobile crashes, which were caused in part by problems with the product and in part by problems with the drivers. It was at this moment that McNamara and Ford decided to commit to the then-novel concept of seat belts, determining that these belts would take care of those harmed by the product they so proudly engineered. Movingly, at the end of his career, McNamara takes special pride in a decision to help those hurt by "his" product – a decision that has since saved many thousands of lives.

The gaming industry and those at its helm may now face a similar historical moment. Of course, this is an imperfect metaphor, as there are plenty of differences between automobiles and slot machines (as well as in the ways that these products are used). However, it seems that this too is a moment when we are beginning to understand the

nature of the pains and the problems that some "customers" endure, and we are also beginning to understand how we might mitigate them. With strong efforts today, generations from now we as Nevadans might also take special pride in the decisions that we made about those harmed by "our product," and in the positive results that followed.

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Community Resources

UNLV Student Health provides problem gambling assistance to undergraduate students. Tel. 702-895-3627.

UNLV Counseling provides the nation's only problem-gambling specific counseling program. Tel. 702-895-3935

The UNLV International Gaming Institute develops research and provides educational programs on problem gambling. Tel. 702-895-2935

The University of Nevada Institute for the Study of Gambling and Commercial Gaming develops conferences, conference proceedings, and publications on problem gambling research. Tel. 775-784-1442.

The Nevada Council on Problem Gambling provides educational outreach programs, workforce development programs, and a toll-free 24 hour help line. Tel. 702-369-9740. Toll-free helpline: 1-800-522-4700.

The Problem Gambling Center Las Vegas provides outpatient treatment programs as well as one-on-one counseling. Tel. 702-363-0290.

Reno Problem Gambling Center provides outpatient treatment programs as well as one-on-one counseling. Tel. 775-284-5335.

The Veteran's Administration Medical Center provides problem gambling services for veterans. Tel. 702-259-4646.

Bristlecone Family Resources provides outpatient treatment programs, one-on-one counseling, and residential treatment. Tel. 775-954-1400

New Frontier Treatment Center provides outpatient treatment programs, one-on-one counseling, and residential treatment. Tel. 775-423-1412, 24-hour line: 775-427-4040 Toll Free: 800-232-6382

Pathways provides outpatient treatment programs as well as one-on-one counseling. Tel. 702-430-4596

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APPENDIX

United Way/Nevada Community Foundation Rankings of Concerns

The following tables reflect Southern Nevadans' concerns with a wide variety of social issues, based upon large and random-digit-dialed telephone samples of residents in 2003. Table 1 displays ranked concerns for the *community*, based upon respondents' answers to questions about the severity of these social issues in their home community. Table 2 displays ranked concerns for respondents' *households*, based upon their answers to questions about the severity of these social issues in their own homes. In Table 3, responses are broken down according to income, which helps demonstrate that the poor have different concerns than the non-poor.

Table 1

Ranking of Community Concerns

Priority Rank	*Issue in Southern Nevada – Public Survey*	*Mean Score in Rank Order*	*Percentage stating "Major Issue"*
1	Lack of affordable medical care	3.51	67.6
2	Lack of funding for quality teachers and programs	3.50	70.2
3	Drug abuse	3.46	64.6
4	Traffic congestion	3.43	62.1
5	Overcrowded classrooms	3.39	64.7
6	Crime	3.38	56.4
7	High drop out rates	3.36	57.9
8	Alcohol abuse	3.36	61.0
9	Lack of affordable dental care	3.36	57.6
10	Low student achievement	3.32	53.7
11	Gambling problems	3.32	55.4
12	Water availability	3.24	55.3
13	Gang problems	3.21	50.6
14	Child abuse/neglect	3.19	49.3
15	Air quality	3.18	44.3
16	Water quality	3.17	48.4
17	Tobacco/Smoking issues	3.16	48.6
18	Homelessness	3.12	45.5
19	Unemployment	3.11	43.7
20	Domestic violence	3.11	43.3
21	Teen pregnancy	3.11	42.3
22	Lack of living wage	3.01	43.1
23	Unsafe school environments	3.00	38.0
24	HIV/AIDS	2.95	35.3
25	Mental illness	2.91	33.3
26	Adult illiteracy	2.89	34.1

27	Lack of affordable or quality day care for children	2.89	36.1
28	Underemployment	2.87	32.9
29	Lack of a sense of community	2.87	32.8
30	Lack of after school programs	2.85	34.0
31	Lack of adequate services for seniors	2.78	31.7
32	Exposure to toxics (chemical, nuclear)	2.77	35.2
33	Animal welfare	2.77	30.0
34	Land use/open space	2.74	28.5
35	Poor/inadequate road conditions	2.72	30.5
36	Shortage of affordable housing	2.71	27.1
37	Threatened wildlife	2.65	25.4
38	Substandard housing	2.60	21.2
39	Overcrowded housing	2.57	23.8
40	Noise pollution	2.52	18.8
41	Racial/ethnic discrimination	2.52	21.0
42	Inadequate public transportation	2.46	21.5
43	Lack of affordable cultural activities	2.44	19.6
44	Poverty	2.39	38.6
45	Shortage of public recreation facilities	2.33	17.1

Table 2

Ranking of Household Concerns

Priority Rank	*Challenge or issue – Public Survey (N=600)*	*Mean Score in Rank Order*	*Percent experiencing issue in household*
1	Finding it difficult to budget money	2.24	68.4
2	Having a lot of anxiety, stress, or depression	2.20	63.1
3	Not having enough money to for medical expenses	2.18	57.6
4	Not being able to find work	2.01	54.0
5	Tobacco/smoking addiction	1.82	44.6
6	Not being able to afford recreation/entertainment	1.81	46.0
7	Children being unsafe at school	1.80	45.2
8	Not having enough money to buy necessities	1.77	48.3
9	Not being able to afford legal help	1.76	41.8
10	Not having enough money for food	1.74	46.9
11	Children or teens experiencing behavior/emotion problems	1.69	40.0
12	Being victims of crime	1.67	41.5
13	Not being able to care for a person w/disability or an elder	1.65	36.2
14	Not having enough money to pay for housing	1.56	35.8
15	Alcohol and/or drug problems	1.53	33.6
16	Not being able to afford care for children	1.51	32.8
17	Difficulty in reading well enough to get along	1.48	35.8
18	Gambling problems	1.48	31.3
19	Not having room in house for people who live there	1.47	31.4
20	Experiencing discrimination in any form	1.45	27.3
21	Being threatened by gangs	1.44	31.8
22	Housing needs major repairs/unsafe	1.42	30.2
23	Not being able to get transportation for person w/disability or elder	1.42	28.7
24	Experiencing physical conflict in household	1.37	28.8

Table 3

Priorities Compared by Income Level

Priority Rank	*Challenge or issue – Public Survey Respondents*	*Mean Score For Low Income* (N=111)*	*Mean Score for High Income (N= 357)*
1	Not having enough money to for medical expenses	2.88	2.12
2	Finding it difficult to budget money	2.80	2.11
3	Not being able to find work	2.73	1.81
4	Having a lot of anxiety, stress, or depression	2.67	2.12
5	Not being able to afford recreation/entertainment	2.58	1.65
6	Not having enough money for food	2.54	1.56
7	Not having enough money to buy necessities	2.49	1.62
8	Not being able to afford legal help	2.26	1.62
9	Being threatened by gangs	2.26	1.36
10	Tobacco/smoking addiction	2.25	1.75
11	Not having enough money to pay for housing	2.21	1.40
12	Not being able to care for a person w/disability or an elder	2.13	1.48
13	Children being unsafe at school	2.05	1.70
14	Children or teens experiencing behavior/emotion problems	2.02	1.60
15	Being victims of crime	1.93	1.59
16	Not being able to afford care for children	1.91	1.41
17	Experiencing discrimination in any form	1.81	1.39
18	Not having room in house for people who live there	1.78	1.39
19	Not being able to get transportation for person w/disability or elder	1.78	1.30
20	Difficulty in reading well enough to get along	1.69	1.42
21	Alcohol and/or drug problems	1.68	1.49
22	Gambling problems	1.68	1.43
23	Housing needs major repairs/unsafe	1.66	1.35
24	Experiencing physical conflict in household	1.60	1.30

Ranked highest to lowest for respondents reporting annual income below $30,000