

NEW YORK STATE ASSEMBLY
ASSEMBLY STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE

PUBLIC HEARING
PROGRAMS FOR THE PREVENTION AND TREATMENT OF PROBLEM
GAMBLING

250 Broadway, Room 1923, 19th Floor

New York, New York

Thursday, December 20th, 2012

11:12 a.m. to 2:22 p.m.

Committee on Alcohol and Drug Abuse, 12-20-2012

ASSEMBLY MEMBERS PRESENT:

ASSEMBLY MEMBER STEVEN CYMBROWITZ, Chair - Committee on
Alcoholism and Drug Abuse

ASSEMBLY MEMBER MICHAEL G. DENDEKKER

ASSEMBLY MEMBER CARMEN E. ARROYO

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(The public hearing commenced at 11:12 a.m.)

ASSEMBLY MEMBER STEVEN CYMBROWITZ,
CHAIR, COMMITTEE ON ALCOHOLISM AND DRUG ABUSE:
I'm Assemblyman Steven Cymbrowitz. Joining me
this morning is Assemblyman Michael Dendekker.
As Chairman of the New York State Assembly
Committee on Alcoholism and Drug Abuse, I would
like to welcome you to the public hearing on
programs for the prevention and treatment of
problem gambling.

I'm pleased to see everyone here today
and prepared to talk about this very important
issue. We have convened this hearing so the
Committee can review the programs and services
currently being funded for the prevention and
treatment of problem gambling.

Additionally, through your testimony and
our discussion today, we hope to better
understand the state's capacity to meet the
existing needs of New Yorkers suffering from
gambling problems, identify strategies that will
enhance the state's prevention, and treatment

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2 model for delivery of services to persons who may
3 be suffering from a gambling problem as well as
4 examine any adverse impact on communities due to
5 the increase of gambling opportunities in New
6 York state.

7 In New York State it has been estimated
8 that there are nearly one million New Yorkers who
9 have a gambling problem. More specifically,
10 according to a survey conducted by the Office of
11 Alcoholism and Substance Abuse Services, 5% of
12 adults and 10% of students in grades seven
13 through 12 experience problem gambling and may
14 need treatment services. Also an additional 10%
15 of students may be at risk of developing a
16 gambling problem.

17 Further, the survey revealed that 45% of
18 students in grades seven through 12 who have a
19 substance abuse problem are at risk or have a
20 current gambling problem. And 28% of adults who
21 have a current gambling problem also have a
22 substance abuse disorder. It is clear from these
23 statistics that problem gambling is a concern in
24 our state and needs to be examined.

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By providing effective and accessible services we may alleviate the negative consequences associated with problem gambling. I am eager to hear from all of you and I would like to thank you in advance for your contribution to today's public hearing. Assemblyman Dendekker?

ASSEMBLY MEMBER MICHAEL G. DENDEKKER:

Thank you Mr. Chairman. I look forward to hearing the testimony on the problem gambling and the services that are currently available, as well as their effectiveness. And also I agree with the Chairman on the many aspects of cross addiction.

Some people that are duly addicted or some people that have a replacement factor where they're maybe being treated for one type of addiction and then cross over to another addiction to satisfy the need of that excitement that they get from whatever substance or gambling that they may be abusing.

So it is a very interesting aspect to talk about all this and especially how it's affecting our youth as the chair mentioned, our

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students are very at risk right now and I'm just looking forward to listen to all the testimony from everyone here. I just thank you all for coming.

ASSEMBLY MEMBER CYMBROWITZ: Thank you. The assembly has a new procedure. The video, which by the way will be telecast on the assembly channel either on Friday or Monday I believe, we don't use a stenographer anymore so this is the official record. So when you do begin speaking, please state your name, position and name of the organization.

So we want to begin now with our first witness. We want to thank her very much for being here. The Commissioner of OASAS, Arlene Gonzalez-Sanchez. Thank you so much for being here.

MS. ARLENE GONZALEZ-SANCHEZ,
COMMISSIONER NEW YORK STATE OFFICE OF ALCOHOLISM
AND SUBSTANCE ABUSE SERVICES: Good morning,
Assemblyman Cymbrowitz and Assemblyman Dendekker.
It's a pleasure to be here today with you. May
name is Arlene Gonzalez-Sanchez, Commissioner of

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2 the New York State Office of Alcoholism and
3 Substance Abuse Services. The Office of
4 Alcoholism and Substance Abuse Services currently
5 allocates 2.1 million dollars to support gambling
6 prevention and treatment services which includes
7 but is not limited to 24 outpatient treatment
8 programs located throughout the state.

9 In addition, in-patient treatment
10 services are available at the OASAS operated
11 Saint Lawrence Addiction Treatment Center in
12 upstate New York. OASAS also funds a 24-hour
13 helpline known as the "Hope Line" which is
14 operated by the Mental Health Association of New
15 York City to provide information and referral
16 services. To help promote the awareness of this
17 service, the Hope Line number is printed on all
18 lottery tickets and is made available in casinos
19 and racetracks throughout the state.

20 More recently and in partnership with
21 the New York State Counsel on Problem Gambling,
22 OASAS has just developed palm cards to expand
23 public awareness of the Hope Line. These palm
24 cards are available in several languages to

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2 increase accessibility to diverse cultures
3 including Spanish, Chinese and Korean. I believe
4 that the Coalition will share those palm cards
5 with you.

6 So as most folks would agree,
7 professional development is key to our prevention
8 and treatment strategy. So subsequently to this,
9 OASAS in conjunction with the Counsel on Problem
10 Gambling provides supervision and training for
11 problem gambling professionals. To date, 798
12 addiction professionals have received the problem
13 gambling credential.

14 Moving forward, OASES has reinvested
15 \$700,000 in problem gambling prevention
16 initiatives that build upon our current
17 relationship with the Counsel on Problem
18 Gambling. The Counsel will use \$250,000 for the
19 following purposes; to continue state-wide
20 training and supervision of addiction counselors
21 with a gambling specialty, to administer
22 quarterly public opinion polls, to support
23 training and technical assistance to problem
24 gambling provider organizations, and to manage a

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state-wide awareness campaign.

The remaining funding will be used to provide \$450,000 in mini grants. 12 mini grants will be targeted at \$10,000 apiece for parent education. 12 mini grants at \$10,000 a piece for enforcement, and 21 mini grants at \$10,000 a piece for treatment and outreach. The enforcement strategy will rely on local prevention providers to confirm that the lottery vendors are checking the age appropriateness of purchasers.

This effort will also include compliance checks for the posting of age restrictions and the display of the OASAS Hope Line telephone numbers. In addition, OASAS will develop a guidance document for the field that incorporates best practices in the areas of training, education and public awareness.

In closing, OASAS will continue to educate the public about problem gambling, the effectiveness of prevention and treatment, and the hope for recovery. I would like to thank you again for your interest in this important issue

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and I am now able to take your questions. Thank you.

ASSEMBLY MEMBER CYMBROWITZ: Thank you, Commissioner. In our last budget that was done, there was dollars that were taken away from gambling and the problem gambling initiatives and they were going to be integrated into those agencies that are doing chemical dependency work. Can you give us an update on how that integration has worked out?

MS. GONZALEZ-SANCHEZ: Well I believe you are referring to the \$700,000 that I just indicate. Those have just recently been procured through the counsel. And that's where the mini grants will now moving forward we anticipate that we will procure those mini grants that I spoke about.

ASSEMBLY MEMBER CYMBROWITZ: There were, I believe there were several million dollars that was cut by the governor.

MS. GONZALEZ-SANCHEZ: Mm-hmm.

ASSEMBLY MEMBER CYMBROWITZ: And the idea was to use chemical dependency agencies,

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that if the chemical dependency agencies are dealing with gambling, well the same counselors can do that.

MS. GONZALEZ-SANCHEZ: And that has been in existence. And according to the data that we get, the reporting data that I get from the agencies, it's going well. We still have capacity in those avenues.

ASSEMBLY MEMBER CYMBROWITZ: Will there be further--will you continue to provide more dollars towards those agencies for them to use?

MS. GONZALEZ-SANCHEZ: Well as you well know, we've had a flat budget for the past two years. And I anticipate that the funding will be maintained at that level moving forward.

ASSEMBLY MEMBER CYMBROWITZ: So the agencies will have to continue to do what they're doing at a flat rate?

MS. GONZALEZ-SANCHEZ: Yes.

ASSEMBLY MEMBER CYMBROWITZ: I'm sure they're thrilled about that. How will you determine, going back to the grants, how will you determine how those groups will be getting those

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mini grants?

MS. GONZALEZ-SANCHEZ: Well remember, that's the coalition will have the moneys allocated and in partnership with OASAS. There will be criteria built in to ensure that the money goes to the efforts that we have indicated in those three areas, which is enforcement education, and outreach and treatment.

ASSEMBLY MEMBER CYMBROWITZ: Can you describe what your agency is doing to prevent underage gambling?

MS. GONZALEZ-SANCHEZ: Well we continue to forcefully address the underage gambling with environmental strategies that we have done in the past and continue to do and have continued to proven to be very effective. And we continue on those efforts.

ASSEMBLY MEMBER CYMBROWITZ: Is there a collaborative effort between agencies to work on underage gambling issues?

MS. GONZALEZ-SANCHEZ: I sure hope there is. I mean we do have a plan. We have an advisory group that we meet with regularly on

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2 underage gambling, underage drinking, that
3 advises us in terms of environmental programs
4 that are being developed in the various
5 communities. And we've been very happy with the
6 results.

7 Actually this past year we had a visitor
8 from the White House come and visit one of our
9 programs in uptown Manhattan as a matter of fact.
10 Because of the environmental programs that they
11 developed to address underage drinking as well as
12 gambling.

13 ASSEMBLY MEMBER CYMBROWITZ: Are those
14 programs for underage gambling going to be
15 expanded? Or is that going to be through OASAS,
16 are you doing it through the agencies? What's
17 the plan?

18 MS. GONZALEZ-SANCHEZ: The underage, it
19 was done--it is being done through OASAS. And
20 like I said, we will continue to monitor all
21 these programs and address, you know, the needs
22 as it comes up.

23 ASSEMBLY MEMBER CYMBROWITZ: But there
24 are no specific programs. Are you working with

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schools, public schools, private schools?

MS. GONZALEZ-SANCHEZ: We have, we currently do have prevention programs in schools, yes.

ASSEMBLY MEMBER CYMBROWITZ: For a certain age group? I mean, can you describe what those--

MS. GONZALEZ-SANCHEZ: Middle school and high school.

ASSEMBLY MEMBER CYMBROWITZ: Could you describe what those programs are doing? What they're like?

MS. GONZALEZ-SANCHEZ: Well, they use peer supports. They use individuals, you know, high school and to help peers that may have a gambling problem. You know, especially on the internet. Also refer to, you know, counseling, assist in the referral to counseling. So those are the kinds of environmental programs that, you know, exist in the school programs.

You know, you also have to understand that, you know, the Board of Ed has their own initiatives in place which we often try to work

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with and sometimes we're successful. Sometimes we're not. But for the most part, they have proven to be very effective, those that we are able to fund and monitor.

ASSEMBLY MEMBER CYMBROWITZ: So you're working with the DOE to develop those programs? Or they're doing that on their own?

MS. GONZALEZ-SANCHEZ: Both. DOE has their own system in place and there are some schools that we are able to partner better than others.

ASSEMBLY MEMBER CYMBROWITZ: Does that go by neighborhood? I mean how do, can you give us an idea how that works?

MS. GONZALEZ-SANCHEZ: Does it go by neighborhood? I really couldn't tell you that it goes by neighborhood. We do have various programs. It really depends on the county. You know, in New York City we have the Board of Ed. You have counties like Nassau that doesn't have a Board of Ed. You have to work through boses [phonetic] or the individual districts. So it becomes a little bit more complicated.

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Bottom line is that at every step of the game we try to work with what we have and try to ensure that we get the best that we can, the best outcomes and given the situations.

ASSEMBLY MEMBER CYMBROWITZ: Is Nassau County more successful than New York City?

MS. GONZALEZ-SANCHEZ: I wouldn't say that.

ASSEMBLY MEMBER CYMBROWITZ: Any specific reason? No, I'm just joking. No, no, no, when you were in Nassau County, and that's the only reason I'm asking that, you did a terrific job in putting those programs together. So I'm just wondering have you had that type of success. Has New York City been open to your, you know, the agency's suggestions?

MS. GONZALEZ-SANCHEZ: New York City has been definitely a good partner. But again, I have to take it back to it depends on the district. It depends on--yeah, it depends on the district. And there are districts that are more amenable to working with us. There are others that are not. But we still try to intervene

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wherever we can to, you know, to ensure that we have the appropriate programs in place.

Certainly that there are communities that are at higher risk than others, which is where we focus on. You know, communities of color, communities you know, that obviously have a higher tendency of, you know, alcohol and gambling addiction. So we target those and we try to the best of our ability to work with the superintendents and the districts to the best of our ability.

ASSEMBLY MEMBER CYMBROWITZ: Is there any relationship between the areas that already have gambling, the Indian reservations, those school districts that are close by? Has there been an increase in gambling that you've seen?

MS. GONZALEZ-SANCHEZ: I have not seen that, no. Not at all.

ASSEMBLY MEMBER CYMBROWITZ: So you're not working more closely with those communities, those districts?

MS. GONZALEZ-SANCHEZ: We work with every district, Assemblyman. We really try to

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work with all the districts that are willing to work with us that we know may have a tendency to have an issue with gambling and alcohol addiction. To sit here and say that because you have a casino in a certain area, you're going to see, that I have seen an increase; I can't say that. Because all of the data that we have does not support that theory.

ASSEMBLY MEMBER CYMBROWITZ: Assembly member Arroyo, welcome.

ASSEMBLY MEMBER CARMEN E. ARROYO: Thank you. Merry Christmas. I'm sorry I'm here late, but coming from the Bronx here, driving from the Bronx here is not a very easy target. I have a question. How the program is identified and targeted?

MS. GONZALEZ-SANCHEZ: Which program? I'm sorry.

ASSEMBLY MEMBER GONZALEZ-SANCHEZ: For example, is in this community this type of program exists. How is it identified and how was it targeted?

MS. GONZALEZ-SANCHEZ: How do we target

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programs? Is that the question?

ASSEMBLY MEMBER GONZALEZ-SANCHEZ:

That's right, because I think that is not magic.

MS. GONZALEZ-SANCHEZ: Yeah. Well you know, the programs that we have, the funding does come through OASAS and it's usually RFP'd unless it's a environmental strategy which is then, you know, going--it goes through the coalition which is the main partnership that we have the coalition and requests are submitted. We review the requests and if the information shows that there is a need and we're able to develop a program then we do.

ASSEMBLY MEMBER CYMBROWITZ: You mentioned the help line in your testimony. What feedback have you received about its effectiveness in dealing with a problem gambler?

MS. GONZALEZ-SANCHEZ: You know the Hope Line has recently been very, very, very effective. The data that we're showing, because of course they are also not only just basing themselves on a phone number, they are also on the internet, on the web. So that especially

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young people could, you know, access their services that they need to.

You know, there are young folks and even older folks that you know, don't want to pick up the phone and talk to somebody and say I need to, you know, I have a problem. I feel like I need help. They are able to access it any time 24/7 on the web, you know, on the internet. And it's been very effective. The numbers have not increased, if that's where the question is going.

But the access and people tapping for information, especially younger folks seem to have--that part has increased in the last few months and year maybe. Because of the difference in the access to the information, which is on the web, Twitter and all this and that. So I believe it has been very effective and successful.

ASSEMBLY MEMBER CYMBROWITZ: What changes would you make to the help line if you have the opportunity?

MS. GONZALEZ-SANCHEZ: You know, what changes? They're doing a great job.

ASSEMBLY MEMBER CYMBROWITZ:

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Improvements, I mean on the help line.

MS. GONZALEZ-SANCHEZ: They are just, I would have said, you know, to transfer over to the web and do other things. But they're already doing it. I mean they're doing a great job. I really couldn't, right now I couldn't really tell you what else they could do to do a better job than what they're doing.

ASSEMBLY MEMBER CYMBROWITZ: So once they, once somebody goes online and asks for help, how are they screened? How are they?

MS. GONZALEZ-SANCHEZ: Well you know, the--this is manned by professional clinicians. So they know what questions to ask. They know how to respond. They have a very good system which I actually experienced because I came down and went through it and watched them, observed them. They get back--the most important thing here is that whenever anybody calls and asks for assistance, they actually follow up.

And it's not just one day or two days. They follow up until they actually make contact with the individual to ensure that that

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individual has gone from point A to point B. And so, you know, that's what's really made the outcome so much better. So to answer your question, that's what they do.

They monitor all the calls. They call back at least a minimum of three times. And they follow through. And this is, you know, care coordination, case management at it's best. This is what sometimes people need, to know that the person on the other side of the phone or on the other side of the computer really care.

And the way they really care is not just by calling and saying, "Okay go to point B" and assuming they are going to do it, but following through to ensure that they have gotten there. And if not, is there something else we could do type of thing.

ASSEMBLY MEMBER CYMBROWITZ: Have they been able to identify certain characteristics of those people who are calling or those who are on the internet?

MS. GONZALEZ-SANCHEZ: Characteristics?

ASSEMBLY MEMBER CYMBROWITZ: Of the

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individuals who are reaching out for help.

MS. GONZALEZ-SANCHEZ: Yeah, I don't think I could answer that question. I don't want to answer for them. All I could say is that they have to have some basic preliminary understanding in order to be able to of course refer. So I would assume that they do, because if not they wouldn't be able to refer to the next level.

Again, these are all clinician level individuals, so you would assume and anticipate that they have the capacity and the ability based on the questions to be able to refer individuals and have an overall idea of who they are dealing with.

ASSEMBLY MEMBER CYMBROWITZ: Do we know what the issues are? For example, is it sports gambling? Is it?

MS. GONZALEZ-SANCHEZ: Oh sure. That is documented. And you know, if the members would like to see a report that we get to show what the questions are, where you know, how to process it. I'll be more than glad to submit that to you, to you all. And also it's, you know, we have other

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2 languages as well, you know. It's not just
3 English.

4 ASSEMBLY MEMBER CYMBROWITZ: Does OASAS
5 you know, if you had the ability to come up with
6 different ways of screening. Say that the
7 funding was available, what would that be? How
8 can you identify more problem gamblers, if that
9 was open to you?

10 MS. GONZALEZ-SANCHEZ: Well, you know,
11 that's a tricky question because it's not as
12 simple as it sounds. There are a lot of
13 fundamental things that we have to change to get
14 to that point of developing like a good for lack
15 of better words, a screening process. You know,
16 first and foremost, you know, like most
17 addiction, you know there is a sense of denial.
18 In some areas more than others.

19 You know, gambling still is a, you know,
20 there's an addiction in gambling but it's also
21 accepted in society. It's not like, you know, an
22 addiction to illicit drugs which people may frown
23 in society. So, you know, we have to start like
24 educating the general public. You know, and

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trying to get people to understand that it is a problem, it could be a problem.

There are some early signs that need to be addressed in time so that it doesn't get to that pathological gambling stage which is what really requires the treatment. So we have to, it's like a multi-prong situation. We have to outreach to the community.

We have to educate the community around what problem gambling really is. And also get the community to a point or individuals to a point where they acknowledge and accept that they may have a gambling issue or gambling problem. And if they don't address it it will get worse.

So it's not just a straight answer. We have to do multiple efforts, you know, from the education, from the enforcement side. And from the training side to be able to identify and really start getting our arms around the whole, you know, gambling--pathological gambling issue.

ASSEMBLY MEMBER CYMBROWITZ: One of the things that I'd like to see done as we move forward and identify the seven new casinos is to

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have a source of funding, where the governor is now talking about a billion to a billion four hundred million dollars in revenue. I think what we need to do is get a percentage of those dollars to provide better education, better prevention and treatment programs through OASAS.

Is that something that OASAS can do?

For example, if you received a stream of dollars, is that something OASAS could do or would you work with different agencies? And what would you do?

MS. GONZALEZ-SANCHEZ: Well I think that it's premature to answer that question. The current system that we have in place currently has capacity to address gambling prevention or gambling treatment issues. I believe we need to address the situation as it comes along.

ASSEMBLY MEMBER CYMBROWITZ: I think that the legislature is going to be voting in the next few months. I'm sure something will be done by the time the new budget--I believe the governor wants to do this before April. So I think we're going to have to get to that point to

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feel comfortable as to who will provide those additional services.

MS. GONZALEZ-SANCHEZ: Well OASAS is, you know, one of the core issues is to address addiction and substance use disorder in the state. And under that jurisdiction we will continue to do what we have to do as mandated by law.

ASSEMBLY MEMBER CYMBROWITZ: Can you talk a little bit about what the gaming facilities, the existing gaming facilities are doing to deal with problem gambling?

MS. GONZALEZ-SANCHEZ: I really couldn't speak to that right now?

ASSEMBLY MEMBER CYMBROWITZ: Are you--is OASAS working with them on issues?

MS. GONZALEZ-SANCHEZ: We have not.

ASSEMBLY MEMBER CYMBROWITZ: Is that something you would like to do or do you want to leave that to the agencies, to the council or other agencies to work directly with them?

MS. GONZALEZ-SANCHEZ: Well I'm--I would welcome a discussion and to see how we could

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2 partner in those areas, of course.

3 ASSEMBLY MEMBER DENDEKKER:

4 Commissioner, first of all thank you very much
5 for your testimony today. I agree with a couple
6 of points that you said immediately. There's a
7 big difference between, in my opinion, gambling
8 addiction and alcoholism addiction and chemical
9 dependency addiction. And in that fact it's more
10 easily identifiable.

11 So for example, somebody is having a
12 problem with alcoholism in general, it may be
13 observed by other family members. They may get
14 into some sort of situation at work where they're
15 not coming in and the employer notices and has
16 employee assistance available. They may get a
17 DWI. If it's chemical dependency they may
18 overdose.

19 With the gambler, it's only the gambler
20 might know what he or she is doing, other than
21 maybe the immediate family. So what I would like
22 to see, as much as we advertise the Hope Line, I
23 would think if you had a new stream of funding
24 available to do more outreach, the outreach

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program might include possibly addressing parents about if your child is gambling and you know about it.

Or addressing spouses to say are you aware that a member of your family is gambling away money that is needed for household income? Or have you--or questioned it like, you know, has a member of your household ever gambled money away that was needed to pay a bill and then told you not to worry about it or something so that we can identify the gambler?

Because the only outreach that we have right now is directly to the gambler. And if the gambler is in denial that he or she has a problem, they're not going to call the Hope Line.

MS. GONZALEZ-SANCHEZ: Right.

ASSEMBLY MEMBER DENDEKKER: And we need I think to do more outreach to spouses and families and ask them to help us identify that gambler so then we can look into first of all, we may find out that we may have a very small number actually identified and it may be inflated much more, and then that would create that need of a

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2 new stream of funding to be able to educate
3 better.

4 MS. GONZALEZ-SANCHEZ: Right.

5 ASSEMBLY MEMBER DENDEKKER: So would you
6 possibly agree with that scenario?

7 MS. GONZALEZ-SANCHEZ: I agree and that
8 was part of the testimony. That's where that
9 \$450,000 that has been procured through the
10 coalition. Remember I said that there will be
11 ten mini grants for education and outreach and
12 training and treatment. That's what that's all
13 about. Those are going to be the environmental
14 prevention strategies that we're talking about
15 moving forward.

16 Because I agree. We need to do more
17 outreach. We need to do more parent education,
18 you know, spouse, family education. And that's
19 why we have targeted those dollars in that
20 direction.

21 ASSEMBLY MEMBER DENDEKKER: And there
22 may be other flags that we could put in place
23 possibly. And again, this is just an open
24 discussion so anything is possible. But you

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might even want to contact hypothetically the banking industries. And if there's a husband and wife that have a joint credit card and either one of them are taking cash advances against a credit card, maybe the other member should be notified that cash advances are being taken off a credit card.

Because we know a lot of problem gamblers, when they reach their withdrawal limit of the day, if they want to continue gambling will do things like taking cash advances against credit cards, etcetera etcetera. And the other spouse may not even know that any of this is occurring and may not even realize there's a problem.

And usually that is the case until it's too late. Until the household financial situation is in such disarray that the spouse or the family members now find out that there even was a problem. Because unlike again the substance abuse or the alcoholism, it's not always visible to someone who is in constant contact with a client like that.

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So that would just be my suggestion that if we can come up with a new stream of funding, that's where I think we need to go. I think we need to reach out more to identify the clients that are going to need assistance and then once you start to do that then you can find out what the need is going to be for more programs and counseling.

MS. GONZALEZ-SANCHEZ: Right. And obviously that's why we decided to divide the \$450,000 the way we did because we agree. You know, we need to do more outreach. We need to do more awareness, public awareness. We need to do more enforcement. These are all areas that we need to do more in which is why we decided to do these mini grants to start that process.

ASSEMBLY MEMBER DENDEKKER: And I greatly appreciate all that, and I don't want to make this the wrong way, but in my opinion \$450,000 is a horrible, small amount of money for the State of New York. I understand you're doing the best you can with what you have. And that's what we're talking about. How much more could we

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do if we had more?

Because I don't believe \$450,000 is sufficient to do any type of outreach program other than probably maintaining--doing these mini grants and maintaining Hope Lines and hoping people that have issues, if they need help when they contact us we can respond to them. I don't think we're being really proactive. I think we're being more reactive, that if someone calls us we're going to try to find them the services and we'll have some services available.

I would much rather see us be able to give you more funding and for us to outreach more. That's just my opinion and not of the chair of the committee, but that's the direction I think we need to be going in. And I hopefully will be able to work with the chair and hopefully will be able to find you more funding and would like for you to at least try to think if you do get it how much better we can make these types of programs.

MS. GONZALEZ-SANCHEZ: Thank you.

ASSEMBLY MEMBER DENDEKKER: Thank you.

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MS. GONZALEZ-SANCHEZ: I'll take that under advice.

ASSEMBLY MEMBER CYMBROWITZ: We also have the opportunity, just to add to what the assemblyman said, right now with the dismantling of NYRA [phonetic], we are going to be--the legislature and the executive will be looking at how that money is divvied up, how much the track gets, how much the horse owners get, how much you know, the trainers get and so on and so forth.

And one of the things that I would like to see is for us to get involved as well. I've already spoken to the speaker's office to programming council to say we should be getting some additional dollars. We should be getting a revenue stream from there for prevention and treatment dollars as well to give to OASAS so that they can not only have the stream of the casino, the new casinos, but of the take from the tracks.

So the original question and what the follow up by the assemblyman is if you had this money, what could be done with it? I mean, you

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know, you're the expert on it. We would like to provide the dollars to you. And we would also like to see a plan of how you would use it?

MS. GONZALEZ-SANCHEZ: I would be more than glad to discuss that with you at the time.

ASSEMBLY MEMBER GONZALEZ-SANCHEZ: Yeah I would like to interject the question, how many areas in the state you are going to cover with 21 little grants?

MS. GONZALEZ-SANCHEZ: I'm sorry?

ASSEMBLY MEMBER GONZALEZ-SANCHEZ: How many areas in the state could you cover with 21 little grants? Probably one thing that we can do is sit down and say hey, 21 and how many others doesn't have nothing. That when we develop a budget we can look at the numbers and apply the money accordingly. It's simple.

MS. GONZALEZ-SANCHEZ: Well I just want to remind everyone too that it's not, you know, this is in addition to what we already have in place. It's not just that--

ASSEMBLY MEMBER GONZALEZ-SANCHEZ:

[Interposing] No, excuse me. But my point is,

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2 and going back to my colleagues here, our
3 responsibility as legislature are to serve the
4 entire state. That is our responsibility. What
5 I'm trying to bring you help is that you are
6 putting aside \$450,000. Probably we can sit down
7 and just submit a proposal that the \$450,000 is
8 short of how much to complete services in each
9 region of the state.

10 MS. GONZALEZ-SANCHEZ: Okay. And I
11 would suggest that we, you know, you discuss that
12 with the coalition as well who will be
13 spearheading the actual mini grants.

14 ASSEMBLY MEMBER CYMBROWITZ: Okay, all
15 right. Anything else?

16 ASSEMBLY MEMBER GONZALEZ-SANCHEZ:
17 That's it.

18 ASSEMBLY MEMBER CYMBROWITZ: All right.
19 Commissioner, thank you very much.

20 ASSEMBLY MEMBER GONZALEZ-SANCHEZ: Thank
21 you very much.

22 ASSEMBLY MEMBER CYMBROWITZ: Thank you
23 for being here.

24 MS. GONZALEZ-SANCHEZ: Thank you.

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ASSEMBLY MEMBER CYMBROWITZ: All right, we're going to change the order a little bit. Okay, our next speaker, Steve Zeltser. Or Ronnie Tawil, would you like--Ronnie would you like to go? Ronnie Tawil, please, from Stop the Casino in Brooklyn.

RONALD TAWIL, STOP THE CONEY ISLAND CASINO: My name is Ronald Tawil. I am here on behalf of the Stop the Coney Island Casino. The other capacity I serve as is co-chair of the Safati Community Federation [phonetic] based in Brooklyn and an office in Manhattan.

Mr. Chairman and committee members, thank you for the opportunity to make a short presentation. My colleague, our Executive Director Steve Zeltser will provide a lot of the specific and some of the data that he's researched with regard to the presence of casinos in various areas.

My focus if you don't--with your permission is to take about the history of the Safati community based in Brooklyn and southern Brooklyn. Even though our forefathers came to

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this country in the early part of the 1900's,
about early 1900, 1910, we still consider
ourselves an immigrant community because we
stayed. We didn't go to other areas of the city
or other areas of the state or out of state.

We stayed and today this Safati
community has grown to about 40 or 50,000
residents, all of them in southern Brooklyn. And
over those years, we built a lot of
infrastructure, whether it be religious
institutions, social service agencies, community
centers, parochial schools and other
infrastructure that we built to support the
growth of this community.

Many of our members are successful
business operators within the city and employee
lots and lots of employees. We have a lot that
we've invested and we plan with the Lord's help
to stay there for a very long time. We are very
proud of what we've done.

We consider ourselves very good
neighbors and as such we join together with other
members of the southern Brooklyn area,

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2 particularly the east Asian communities, the
3 Asian communities, the Russian community, the
4 Catholic Church, other areas--partners in the
5 area that have a vested interest in the
6 infrastructure and in the stability of the area.

7 Within our own community, we formed an
8 organization about seven years ago called "SAFE"
9 which is involved in substance abuse treatment
10 and gambling addiction and prevention. One of
11 the programs that they do is they go into the
12 schools and they've actually prepared curriculum
13 where they're dealing with younger students both
14 in middle school and high school to try to help
15 prevent the problems from beginning.

16 They're also dealing with adults who are
17 family members, whether they be spouses or
18 breadwinners within families that are really
19 suffering from gambling addiction. So our
20 position is pretty simple. You mentioned about
21 prevention services. We are doing that and we
22 know the state is also doing that in many
23 agencies and been assisting us in that regard.

24 But the adverse impact is the best way

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to do it is to try to have casinos not in such populated areas, not so close to residential areas that are really the core fabric of the city and the state. So one of the places, please don't put it in Coney Island.

And I understand that the legislature will be voting on this and I'm hoping and praying that not only will the vote go forward, if it's going to be the law of the state that they have to have seven casinos and some of them have to be in the City of New York I would strongly urge the assembly and the legislature to please put them in areas that are a little less populated so that somebody doesn't have to take a bus or a subway just to go throw their money away.

One of the ideas has been perhaps where there are racinos already, perhaps that's an ideal area, if something has to be. The infrastructure is there. The highways are there. The parking facilities are there. And the areas surrounding them have already been impacted and to whatever degree that they have been impacted.

But we ask personally, Coney Island is

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really not the place. We want Coney Island to be a place where it can grow responsibly and can really develop into what it really needs to be an area for the entire city to enjoy in a wholesome and proper manner. With that I close my remarks and thank you for the opportunity to speak. If anybody has any questions I'm happy to answer them.

ASSEMBLY MEMBER CYMBROWITZ:

Assemblywoman?

ASSEMBLY MEMBER GONZALEZ-SANCHEZ: No, I have no questions.

ASSEMBLY MEMBER CYMBROWITZ: Okay, you mentioned SAFE.

MR. TAWIL: Yes.

ASSEMBLY MEMBER CYMBROWITZ: Can--is it something that you feel comfortable talking about or about their programs? Or because they obviously feel that by going into the schools and dealing with the issue head on, they will be more successful with these youngsters, with these young people and as they get older.

MR. TAWIL: Well I can't speak

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2 specifically about it because I'm not a member of
3 their board. However, as part of the Safati
4 Community Federation we do advocate for funding
5 programs which I know the assembly has been very
6 helpful in doing that. And I'm well aware of the
7 success that they've met with in doing those
8 programs.

9 And it's easier when they use the
10 cliché, you know, "nip it in the bud." We can
11 try to address the problems before they occur.
12 And the school programs have been immensely
13 successful to the point where all the schools are
14 wanting to participate in these programs as they
15 see the benefits of them in the schools that are
16 already in place.

17 ASSEMBLY MEMBER CYMBROWITZ: Why do you
18 feel that, you know, let's talk about Coney
19 Island for a minute. You're right up--the
20 community is right up the road from Coney Island.

21 MR. TAWIL: Just about, a mile and a
22 half away down Ocean Parkway.

23 ASSEMBLY MEMBER CYMBROWITZ: Okay. Why
24 do you think that's a bad location for a casino?

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I mean obviously many people in Coney Island think that that will help the community to be revitalized, especially after the storm.

MR. TAWIL: My colleague will give you some of the specifics. But there's been a lot of data that shows that even though there are benefits that are perceived, in fact those benefits really don't in fact happen. And more importantly, sometimes there's detriment. And many of the jobs do not go to local areas and much of the development just happens within narrow pockets of where these casinos are located and everything around them just festers and really decays.

My colleague has a lot of data which he'll present in his presentation and I think it will be rather convincing.

ASSEMBLY MEMBER CYMBROWITZ: Okay. All right, thank you very much.

MR. TAWIL: Thank you very much. I really appreciate your time. Thank you for your excellent efforts on behalf of the state.

ASSEMBLY MEMBER CYMBROWITZ: Thank you.

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Steve Zeltser? Identify yourself, please Steve.

STEVE ZELTSER, EXECUTIVE DIRECTOR, STOP THE CASINO-BROOKLYN: My name is Steve Zeltser and I'm the Executive Director of Stop the Coney Island Casino. Chairman Cymbrowitz and members of the Committee, thank you for convening this hearing on an issue that is of utmost importance to all New Yorkers, as you just met my colleague Ronald Tawil.

Stop the Coney Island Casino is a not for profit coalition of residents, businesses, community groups and elected officials formed to force the growth and development of Coney Island through sensible economic measures that will help revitalize the community and surrounding neighborhoods.

We are opposed to and dedicated to stopping any and all efforts of bringing a casino to Coney Island and instead focused on bringing real economic development and prosperity to the community. As you are aware, the New York City legislature has begun the process of legalizing the statewide expansion of non-tribal full scale

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gambling casinos.

This process, which requires a
Constitutional amendment, has already passed the
first hurdle when the legislature passed the bill
on March 15th, 2012. In this upcoming
legislative session, the new legislature will
once again have to vote on the bill to make it
official.

If the bill is passed and is successful
on the voter referendum and seven new Las Vegas-
style casinos are built in New York State, we
will have a true problem gambling epidemic on our
hands. According to the National Council on
Problem Gambling, problem gambling is a gambling
behavior which causes disruptions in any major
area of life; psychological, physical, social or
vocational.

The term "problem gambling" includes but
is not limited to the condition known as
"pathological or compulsive gambling," a
progressive addiction characterized by increasing
the pre-occupational gambling, a need to bet more
money more frequently, restlessness or

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irritability when attempting to stop, chasing losses and loss of control manifested by continuation of the gambling behavior in spite of mounting serious negative consequences.

It is estimated that two million US adults meet the criteria for pathological gambling in a given year, and that of four to six million people, about two to three percent of the population would be considered problem gamblers; that is they do not meet the full diagnostic criteria for pathological gambling, but meet one or more of the criteria and are experiencing problems due to their gambling behavior.

15 million more American adults are at risk for problem gambling. Today's culture is one that unfortunately embraces gambling as a form of social activity. The proof is in the 85% of US adults that have gambled at least once in their life and six percent in the past year alone. Some form of legalized gambling is available in 48 states, while 16 states have Las Vegas style gambling casinos.

Gone are the days where a gambling

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2 experience required one to either drive or fly
3 several hours. The chance of developing a
4 gambling addiction has been conveniently placed
5 in front of almost every American by the gambling
6 industry and state governments.

7 In regards to New York State, according
8 to Steven Shafer [phonetic], Chairman of the
9 Coalition Against Gambling in New York, who is
10 actually here in attendance and will testify
11 later, there are approximately 170,000
12 pathological gamblers in our state.

13 If non-tribal casinos are expanded, he
14 predicts 82,000 new pathological gamblers to
15 develop. That is an alarming 47% increase. In
16 addition, there are currently 420,000 problem
17 gamblers in New York State. With the passage of
18 the casino expansion bill, that amount can rise
19 by another 47% with the development of 202,000
20 new problem gamblers.

21 According to a survey done by OASAS,
22 they found that 5% of adults, or 668,000
23 individuals exhibited problem gambling behaviors
24 within the past year alone. The issue of problem

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gambling is also not limited to adults. In the same survey, seven through twelfth grade students in New York State revealed that 10% or 140,000 students showed signs of problem gambling in the past 12 months.

Nationally, certain studies report that close to 80% of persons 12 to 17 years old have gambled in the last twelve months and nearly 85% had gambled in their lifetime. Again, these alarming statistics are all due to the current generation of adolescents being raised in a society that promotes gambling as mere entertainment.

In fact, poker tournaments among high school students, some of which are even sponsored by the schools themselves, seem to be a social norm. In an effort to crack down on negative effects of post-prom parties, some high schools have even promoted casino nights as alternatives. Such sanctioned gambling events present gambling as an acceptable behavior, but in the end is not an acceptable alternative.

Other specific populations that are

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prone to developing gambling problems are minority groups and the elderly. Pathological gambling is more prevalent among minority groups, especially African Americans, Hispanics and Asians and among Caucasians. Specific reasons as to why certain minority groups are more vulnerable may be related to a higher group gambling participation rates and the location of gambling establishments which tend to be in urban settings.

Atlantic City and Resorts World Casino in Queens are prime examples. The elderly, who in the past two decades have been targeted by the gambling industry in their attempts to lure them to new casinos have higher participation rates than ever before. Older adults represent a growing proportion of callers to problem gamblers hotlines in the US.

Specific reasons as to why the elderly are more at risk to develop problems related to gambling include living on fixed incomes, having little or not structure or social support in their lives, and simply because gambling provides

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them excitement entertainment. Furthermore, elderly individuals with physical handicaps are still able to use almost any of the gambling devices in the casino.

It does not take much for someone who is wheelchair-bound to access a Blackjack table or a slot machine. Casinos provide elevators and handicap ramps to make sure of this. And although only 15% of individuals become gambling addicts, only 10% of that population survive the addiction and manage to become functional members of society.

And even though casinos create jobs, ten times more addicts are created than hires. Problem gambling is not just a financial problem, but an emotional problem that has financial consequences. According to the American Psychiatric Association, pathological and problem gamblers are more likely than other gamblers or non-gamblers to have been on welfare, declared bankruptcy, and to have been arrested or incarcerated.

Pathological and problem gamblers in the

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United States cost society approximately five billion dollars per year and an additional 40 billion dollars in life time costs for productivity reductions, legal costs, social services, and creditor losses. However, these calculations are totally inadequate if one considers the intra-familial cost of divorce and family disruption associated with problem and pathological gambling.

Compulsive gamblers also have a much bigger tendency to be involved in crime with an incarceration rate three times the expected rate. As I just mentioned, bankruptcy is a common effect associated with gambling problems. Issues of bankruptcy arising from gambling addictions reach alarming levels when casinos come to town.

The National Gambling Impact Study Commission calculated bankruptcy rates to be 18% higher in communities located within a 50 mile radius of casinos. According to an October 30th, 2012 article in the Washington Post titled, "Studies; casinos are bringing jobs but also crime, bankruptcy and even suicide," Thomas

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2 Garrett [phonetic] and Mark Nichlos [phonetic] of
3 the Federal Reserve Bank of Saint Louis found
4 that the Mississippi Riverboat gambling increases
5 bankruptcies not just in Mississippi but in
6 counties outside the state where many residents
7 gamble in Mississippi.

8 If the casinos have such detrimental
9 effects on nearby counties and states, it is safe
10 to say communities neighboring Coney Island will
11 be negatively affected, if not devastated.
12 However, before neighboring communities can feel
13 the full effects should a casino come to Coney
14 Island, Coney Island itself will feel, will first
15 feel the brunt of it.

16 One of the purposes of this hearing is
17 to examine any adverse impact on communities due
18 to the increase of gambling opportunities in New
19 York State. Legalizing the expansion of non-
20 tribal full-scale casinos is a prime example of
21 increased gambling opportunities. Placing a
22 casino in Coney Island is a prime example of how
23 a community will be devastated by one.

24 Coney Island is a densely urban and

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populated community with over 70,000 residents, many of which would live a few short blocks from the casino. The median income for the area is \$31,000 with 20% of residents living in poverty. Most residents of the area receive some form of governmental assistance. As I previously stated, pathological gamblers are more likely to be on welfare than non-gamblers.

It is no secret that casinos generate most of their revenues from problem gamblers. In one study it was estimated that 52% of revenue at the typical casino comes from problem gamblers. A 1999 study by the Louisiana Game and Control Board determined that problem gamblers accounted for 30% of spending on riverboat casinos, 42% of spending at Indian casinos and 27% of betting on video lottery terminals and electronic games.

These statistics must not be ignored. Residents of Coney Island and surrounding communities in south Brooklyn, which is comprised of minority groups and the biggest elderly population in New York City, will be the victims of what many people call the "Reverse Robin Hood

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Effect." That is New York State allowing wealthy casino owners to essentially steal from the poor and middle class, while socio-economic groups that frequent casinos more than others.

In the end, we are presented with a great opportunity to transform one of America's most beloved and historic neighborhoods into something big again. Let's not squander this chance by taking the easy yet disastrous path out. Casinos are nothing more than a false hope for struggling communities and debt-ridden states.

We must decide whether we want to help our communities by attracting small businesses, clean community fun and new residents, or casinos that drain much needed resources and deplete our sense of identity and community. Do we want to turn Coney Island to something grand that people of all ages can enjoy, or simply a one stop for casino owners to take advantage of our neighbors and family member's weaknesses?

Mississippi has bet their entire future on casinos. And yet it's still the state with

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the highest rates of poverty and racial polarization. Other than the casinos, nothing else in the state of Mississippi creates jobs. And now their residents are more prone to bankruptcy and expose an overall decrease in the quality of life than ever before.

Our decisions in the upcoming months will impact generations to come. Let's make the right ones. Thank you. I'd be happy to answer any questions.

ASSEMBLY MEMBER DENDEKKER: I don't think you want me to make a comment.

ASSEMBLY MEMBER CYMBROWITZ: Well no, I think any comment you make, I think you know.

ASSEMBLY MEMBER DENDEKKER: Well, I'm sorry. The only comment that I would make is what I'm hearing, and please don't take this with any disrespect. I can tell you love your community. And saying not to build it in Coney Island, that's not what this panel is discussing.

MR. ZELTSER: Right.

ASSEMBLY MEMBER DENDEKKER: At all. We don't make that decision. We have no bearing on

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2 that decision.

3 ASSEMBLY MEMBER CYMBROWITZ: Well, you
4 know.

5 ASSEMBLY MEMBER DENDEKKER: So although
6 you don't want it in Coney Island, I mean you
7 know, if it goes in Queens or it goes here or it
8 goes there, that's not the issue here. The issue
9 is problem gambling in general.

10 MR. ZELTSER: Right.

11 ASSEMBLY MEMBER DENDEKKER: So we are,
12 like my colleague said, we represent the whole
13 state. So although there are, they--if
14 hypothetically it doesn't get built in Coney
15 Island and they build a casino in Yonkers,
16 there's still people that are going to be
17 affected by problem gambling.

18 MR. ZELTSER: Right.

19 ASSEMBLY MEMBER DENDEKKER: So it's not
20 where the casino is, it's how to work with the
21 problem that we currently have, what we need to
22 do to outreach more and what services we can make
23 available; not where the casino will be. Because
24 if we had that attitude, we wouldn't have any

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bars in any of your neighborhoods because I'm sure you have a very high rate of alcoholism in your area just like you do substance abuse and then we shouldn't have any pharmacies located in your neighborhood.

MR. ZELTSER: Right.

ASSEMBLY MEMBER DENDEKKER: So it's the same thing. And that's the only thing that, I don't want to make a comment on because that's not the bearing. That's not the reason why I'm here at least.

MR. ZELTSER: Right.

ASSEMBLY MEMBER CYMBROWITZ: All right, well that was one of the questions and one of the reasons that we have the hearing is what the impact is on the communities. And there have been studies, and I believe other people will talk about what the impact has been in neighboring communities.

And this was something that we discussed before we came today, that this was an appropriate venue to discuss the fact that this organization has taken the position that the

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Coney Island would be--would have a negative effect on neighboring communities just like there are cheerleaders and one of them is our terrific borough president, who has been terrific for the borough and feels that, you know, the solution or one of the solutions to bringing back Brooklyn, which he has begun, would be casino gambling in Coney Island.

And I think there have--sides have been taken, not only by elected officials but by community leaders and residents of the communities. And I think there's a certain fear at this point of people that there's a short window.

There's maybe four months, if that much, that we will have to make a decision on where those communities are going to be. And I think it's appropriate.

ASSEMBLY MEMBER DENDEKKER: I'm just saying this committee won't make that decision.

ASSEMBLY MEMBER CYMBROWITZ: That discussion begin, you're right. This committee will not make the decision where those

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communities will be, but the legislature will.

You know, and hopefully we will be part of that.

ASSEMBLY MEMBER GONZALEZ-SANCHEZ: Yeah, but what I think that is not only the part of, I as a legislator, as a member of the assembly and a minority person, could learn, you know, from both sides the impact that this type of decision could have. In a moment in my life, in the assembly I will have the opportunity to vote or speak in favor or against and thanks for the education that you are giving us.

ASSEMBLY MEMBER CYMBROWITZ: Steve, thank you.

MR. ZELTSER: Yeah, thank you.

ASSEMBLY MEMBER CYMBROWITZ: Judith Mezey? Is that how you pronounce it?

JUDITH MEZEY, ASSISTANT DIRECTOR FOR COMMUNITY BASED PROGRAMS, STUDENT ASSISTANT SERVICES: Mezey.

ASSEMBLY MEMBER CYMBROWITZ: Mezey, okay.

MS. MEZEY: Good afternoon. My name is Judith Mezey. I am Assistant Director for

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2 Community Based Programs for Student Assistant
3 Services, a licensed non-profit substance abuse
4 and gambling prevention agency in Westchester,
5 New York. And I wanted to thank you for the
6 opportunity to speak to you today and also thank
7 you for your leadership in this area. I think
8 it's really important and really commendable.

9 I'm speaking really on behalf of youth
10 and families impacted by problem gambling.
11 That's who our agency works with. And really
12 talking about the importance of prevention and
13 restoring significant funding for prevention. In
14 June of 2011, 41 community based prevention
15 programs in New York were de-funded for their
16 gambling prevention programs.

17 And with the amount of access that we
18 currently have to gambling, that's like having a
19 system of highways and bridges without any guard
20 rails. And we would never think to do that. So
21 we shouldn't be doing that to our youth either.
22 Student Assistance Services is a prevention
23 program and when we had our prevention funding
24 for gambling, we did work with parents, with

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youth, with schools. We are in 40 middle schools and high schools throughout Westchester.

We had a newsletter specifically on gambling prevention. We worked with the media on getting the information out about gambling. And we did compliance checks to make sure that gambling tickets and lottery tickets etcetera were not accessible to underage people. So to answer Chairman Cymbrowitz's question about rolling when those programs were defunded, asking substance abuse agencies to continue to do the work but roll it in to what else we do, we'd just like to say we've continued to do more and more with less and less.

We are--we have tried to maintain a focus on gambling prevention, but we have our hands full with substance abuse prevention as it is. When we had dedicated funding for gambling prevention, we had a dedicated part time person. And she would go around to all the 40 schools. She would train our counselors who were in the schools to recognize signs and symptoms. She would speak to parents. She would speak to

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faculty.

And we had a much more, a much greater impact because we had a person who really was up to date on the research and really knew her stuff and could really increase our reach into the schools. I want to put a personal face on what we hear in the schools. When we had our gambling prevention program, remarkably there was a principal who when we spoke to him about coming in and doing a gambling prevention program he applauded us and said that every single fight that had occurred among boys in his school was related to gambling debts.

We heard counselors tell us that after March madness and other big sporting events they were flooded with students who had bet more than they could afford to pay. We do--we would do presentations for parents, as Assemblyman Dendekker said, we would talk to them about the signs and symptoms, we talked to them about watching their credit cards because kids can get their parent's credit cards and do online gambling and the kids--the parents may not know

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if they're not checking regularly.

Parents were really well meaning but often clueless about what their young people were up to. And after our presentations it was not uncommon for our gambling person to have a series of parents come up to her and ask her for more information and access to resources. We know that brain development does not complete until the early twenties, which means that our high school students have an accelerator that's on overdrive and a brake system that hasn't yet fully developed yet.

And as adults, we need to be those external brakes for our students, but we can't do that unless we have the resources to really help them out in that area and that's what prevention is all about. As we see so much revenue coming in from gambling in the state, we are really struck by how just a small percent of that revenue could really impact prevention.

And I applaud Assemblyman Dendekker's comments about what that revenue could be used for. Everything you mentioned is everything we'd

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like to do more of; awareness, education, working with the media. I would also say I think it was the Chairman who asked about working with casinos.

So Westchester has Empire City and when we had our dedicated funding, our gambling prevention person brokered a lovely relationship with somebody at Empire City and we were really just about to get involved in helping them do some training for their staff on further--I mean, I'm sure they do stuff already, but further recognizing signs and symptoms and getting help. But in the absence of that funding and not having the dedicated person, it's hard to maintain that level.

So I would end with a very bad metaphor, that in terms of gambling that we really need to stack the odds in our youth's favor and support strong prevention programming. And I'd be pleased to answer any questions.

ASSEMBLY MEMBER CYMBROWITZ: Thank you. Can you talk a little bit about the integration of services? The fact that you now have to do

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problem gambling services with the same dollars
that you had before.

MS. MEZEY: It's hugely problematic. I
don't know if everybody is following what's going
on in the paper, but in northern Westchester
we've seen a number of heroin overdoses that's
not among high school students but it's among
kids just outside of high school. That's an area
that calls our attention. Underage drinking,
marijuana use, prescription drug abuse, I could
go on and on.

It's not an easy problem to work with
and the thing about having even just a small
amount of gambling money for student assistant
services is really that we had a dedicated person
just part time who really could focus her efforts
on gambling prevention. So she for instance made
banners for all of our schools for gambling
awareness month--week, I'm sorry. Gambling
awareness week.

And she had made these gorgeous banners.
Our counselors picked them up. They displayed
them in their schools. She came up with

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2 resources that math teachers could use to show
3 kids about what the odds, how the odds are
4 stacked against them with gambling. Having that
5 one person--really she was just a clearinghouse
6 to get the information out. But it made a huge
7 difference because everybody else is so overtaxed
8 at our agency doing all the other work that we
9 do.

10 We still do ask youth about their
11 gambling. We still do try to get them help if
12 something comes up. But in terms of having
13 somebody really focused on that that can help our
14 agency continue to focus on that, it's been
15 problematic.

16 ASSEMBLY MEMBER CYMBROWITZ: So you
17 don't have someone who is actually doing that
18 work there, those youth that are coming in with a
19 substance abuse problem are then being asked if
20 there's a gambling issue. They're not coming in
21 for the gambling issue.

22 MS. MEZEY: Well, right. And I'm not
23 sure that any of them--don't even know they have
24 a substance abuse problem when they come in

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either. They're coming in for, you know, they had a fight with their boyfriend or they had a, you know, so they come in for all sorts of different reasons. But yes, we don't have a dedicated person anymore for the gambling issues. That's correct.

ASSEMBLY MEMBER CYMBROWITZ: Why didn't you, the agency continue working with Empire Casino? I mean if you were so close?

MS. MEZEY: Well, you know, so much of prevention work is about relationships. And our gambling prevention person was remarkable in what she was able to do. And she's the one who really developed that very strong relationship with one person there. So, you know, it was just at that stage where it was just sort of budding. And when it's hard to pick that up. You know, so much of what happens really is about building trust. And then to have that disappear.

We're open to it, but it's you know, when you call--when you build a relationship and you call, somebody picks up the phone because they know it's you. Now if it's me, they might

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not, you know, pick up the phone as readily, so it became more challenging.

ASSEMBLY MEMBER CYMBROWITZ: So they knew it was you and they didn't want to pick up the phone. Is that what you're saying?

MS. MEZEY: I did just say that.

[Laughter]

ASSEMBLY MEMBER CYMBROWITZ: Okay.

MS. MEZEY: It's not what I meant. I meant just that it's just hard when the, you know, in the beginning phases of a relationship it so much depends on the trust that's built between the people having the original conversations, so.

ASSEMBLY MEMBER GONZALEZ-SANCHEZ: A quick question.

MS. MEZEY: Yes?

ASSEMBLY MEMBER GONZALEZ-SANCHEZ: Do you think that there is a need for legislature?

MS. MEZEY: For what sort of? For?

ASSEMBLY MEMBER GONZALEZ-SANCHEZ: Well for that point, because if there is a legislation in place that that falls to dedicate a certain

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percentage of their, you know, money to help that community then you have no problem calling.

MS. MEZEY: I think that if revenue, that even if just a tiny percentage of revenue that's being made on gambling was put into prevention, it would make a huge difference in terms of prevention.

ASSEMBLY MEMBER GONZALEZ-SANCHEZ: Yeah well we should change that word "tiny."

MS. MEZEY: Whatever.

ASSEMBLY MEMBER GONZALEZ-SANCHEZ: To a large number.

MS. MEZEY: If just a--

ASSEMBLY MEMBER GONZALEZ-SANCHEZ:
[Interposing] Because they're making money.

MS. MEZEY: Right, exactly. But I guess what I'm saying is--

ASSEMBLY MEMBER GONZALEZ-SANCHEZ:
[Interposing] And you know they're making money from our pockets.

MS. MEZEY: Okay.

ASSEMBLY MEMBER GONZALEZ-SANCHEZ: Let's be honest, okay? They're making money from our

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pockets in general. Them, let them put part of that money back into the communities.

MS. MEZEY: Well I would totally agree with that.

ASSEMBLY MEMBER GONZALEZ-SANCHEZ: Thank you.

ASSEMBLY MEMBER CYMBROWITZ: How much money did you lose when they integrated services?

MS. MEZEY: I think that our--I think we were getting \$60,000 a year. So we had a part time person and we did some media campaigns. We had some money to help pay for young people to go in and try, you know, to do some compliance checks. We did some; we had some money for the pamphlets and the banners that we produced. I'm going to--thank you.

ASSEMBLY MEMBER CYMBROWITZ: So \$60,000.

ASSEMBLY MEMBER GONZALEZ-SANCHEZ: Peanuts.

ASSEMBLY MEMBER CYMBROWITZ: I'm sure Empire could take that out of one small pocket.

MS. MEZEY: Right.

ASSEMBLY MEMBER CYMBROWITZ: To provide

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2 the services that your community desperately
3 needs, as well as other communities. I would
4 suggest that you make that phone call and if you
5 have difficulty making the phone call, you know,
6 I'm sure that there are a lot of people here
7 today who would be glad to make that call for you
8 and work with your community.

9 MS. MEZEY: It's a good suggestion.
10 Thank you.

11 ASSEMBLY MEMBER CYMBROWITZ: Okay.

12 ASSEMBLY MEMBER DENDEKKER: The only
13 thing I'd like to say first of all is thank you
14 very much for your testimony. The \$60,000 that
15 your one agency lost? Is that correct?

16 MS. MEZEY: Mm-hmm.

17 ASSEMBLY MEMBER DENDEKKER: If we
18 compared that to what OASAS was saying, which was
19 \$450,000 for the entire state, you can see why I
20 mentioned it, it's such a--

21 MS. MEZEY: [Interposing] Right.

22 ASSEMBLY MEMBER DENDEKKER: --minute,
23 small amount of money that we're spending on
24 this. So it's a huge issue. And I think this

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stream of funding is extremely necessary, because obviously you're doing more with less, but when you lose money for a core service like this and you have to encompass, you see what the loss is because the relationship you started to build up with that one particular entity--

MS. MEZEY: [Interposing] Right.

ASSEMBLY MEMBER DENDEKKER: You know, that's where we go where we saved a penny now and it's going to cost us a lot of dollars to try to get back to that point where you were for the few pennies that we saved at that point. And that's what we try to bring out to our colleagues and the general public. Sometimes when you see a small savings on paper, you don't realize how much it really cost you in real dollars later.

You know, hopefully we can address this now and try to get some sort of funding stream put in place before any expansion of any consideration of gambling in this state. But thank you again for your testimony.

MS. MEZEY: Thank you so much.

ASSEMBLY MEMBER CYMBROWITZ: I think

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we're ready for the big guns now. Mr. Maney?

Welcome.

JIM MANEY, EXECUTIVE DIRECTOR, NEW YORK

COUNCIL ON PROBLEM GAMBLING: Good morning.

Thank you for having me. I appreciate--I've been doing public hearings since 1997 on gambling related issues.

ASSEMBLY MEMBER CYMBROWITZ: Introduce yourself first, please.

MR. MANEY: Oh. My name is Jim Maney. I'm the Executive Director for the New York Council on Problem Gambling. Our job is to--the mission of the Council is to raise the awareness of problem gambling in the state of New York and to get services for New Yorkers that need them.

I've been doing public hearings since 1997 on gambling related issues and this is the first time that it hasn't been about the expansion or about what about horse racing. So it is really wonderful that you put this together about treatment and prevention.

I was listening to the Fred Decker Show [phonetic] the other day and he was interviewing

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the Governor. And they were talking about asking money for Hurricane Sandy. And Fred Decker said, "Aren't you concerned about the big number, 30 billion dollars? And some of the Congressional folks are saying that's too big with this financial fiscal cliff going on?"

And the Governor said, "I work for the people of New York. And it's my job to get the services that are needed as a result of this hurricane. And I will do my job and make sure that the services that are needed are got." So I feel the same way today. Our job is to make sure that we get services for New Yorkers.

And we need prevention and treatment services, education, recovery, public awareness, research for all New Yorkers. So currently right now if you call the New York State help line and you live in the Bronx or you live in Queens, or you live in Monroe County, or you live in Brooklyn, they will tell you that there are no state-funded gambling services in your community.

So you finally got up the courage to call and say you have a gambling problem. And

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you call the help line number that you see on every slot machine at every racino, at the back of every lottery ticket and you call looking for help because you're hopeless, helpless, despaired, and they tell you that you can't get any services in your community. But you can go to Staten Island.

When I came out of the Aqueduct Racino [phonetic] the other day and I was trying to get a cab to the Brooklyn Marriott. And the cab driver did not know where the Brooklyn Bridge was. So I could imagine someone trying to get to Staten Island for services. So that's the first thing we have to take a look at, that there's not services for folks that need them in New York whatsoever.

If you call you can't get help. So that's the first thing that we have to take care of. As you know, there aren't any prevention services currently. The Council does some work but not like what Judy was talking about. The integration is not there. It is not working. You heard what Judy had to say about her

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2 organization. They try to do the work. It's
3 impossible to do in today's climate.

4 We need dedicated funding for prevention
5 and treatment and all the other services that we
6 need. While Mega-millions was going crazy, while
7 the whole world was talking about it, we had four
8 articles in the paper at the time, which was
9 really good to see that reporters were starting
10 to talk about problem gambling. Very sad, but
11 it's the truth.

12 In Far Rockaway we had a 28-year-old man
13 get murdered as a result of his gambling debt.
14 We just saw the dean of Saint John's commit
15 suicide. And her involvement was as a result of
16 gambling problems. In Albany the comptroller of
17 the Tregion House [phonetic], which is a
18 retirement community run by the Catholic diocese
19 embezzled 1.5 million dollars. And then we have
20 the gambling nun up in Octavia [phonetic] who
21 embezzled \$128,000 in the rural communities.

22 So we had four stories during that time
23 just emphasizing what problem pathological
24 gambling looks like. And you just think about

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the other one million stories that are going on that we don't read about, that are affecting not only themselves, their loved ones, their work places and their communities.

So I will conclude with that, that I think we can never stop until services are for all New Yorkers and not just for some. And I'll take any questions you have.

ASSEMBLY MEMBER CYMBROWITZ: Can you just talk about the social impact on the state?

MR. MANEY: Well.

ASSEMBLY MEMBER CYMBROWITZ: The impact that gambling has on the state itself and what impact it will have once we bring online those seven additional casinos.

MR. MANEY: Well currently what we know is that the last prevalent study that was done by OASAS is there is about a million people that are having gambling difficulties. We know--

ASSEMBLY MEMBER CYMBROWITZ:
[Interposing] When was that study? When was that last study?

MR. MANEY: '06 I think. Don't quote me

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on that, '06 maybe. But I think Assemblyman what we can take a look at is how much money is lost every year just from state-sponsored gambling. And it's about 3.8 billion dollars that is lost. And if you take a look at--and what I do is I've been to every racino, every casino, every VLT parlor in the state, and you just take a look at how much money they are making and who is losing it.

We've been asking for a social impact study since 1996 to help make good policy. We think it was probably the most important thing that needed to be done for us to do anything. We take a look at hydrofracking and how many studies have we done? We've done study after study after study to determine it. But we haven't done any studies on gambling expansion. We haven't done anything on what the social cost would be.

I don't know what we'd find out. I don't think it would be too good. I don't think it would be too good at all. I think we'd find out just what everybody is going to be talking about, the devastation that it's causing. And we

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need the services put in place to help. We need to educate our people. We need to talk about the warning signs. We have to do--we have to have a public awareness campaign like the lottery does.

The lottery is so successful. Every one of us knows the commercials, don't we? Everybody knows the lottery commercials. They do a wonderful job of public awareness. We need to do the same thing about a public awareness about problem gambling. We need to do everything we possibly can to raise the awareness of problem gambling in the state of New York because of the unique role that government plays in sponsoring it.

The unique role that we do in promoting the same addiction that's causing all the problems. So we need to do more and more and more and more.

ASSEMBLY MEMBER CYMBROWITZ: Would you have a guess as to what the social impact study would cost?

MR. MANEY: I think the last time that we talked to folks it would be about \$750,000

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dollars. But I think the danger in doing that, Assemblyman, I don't know if that's your question or not, is that would--I don't think the results, I mean the results would be used for policy. But I think the results would be about a year, year and a half off by the time we did that.

And I think we know already what the problems are. I mean, we had the prevalence. We know the difficulties that are seen and we know the people that are coming to treatment. We see the arrests in the paper. We see the embezzlement. We see the suicides. We know it already. So the public--the social impact study would help us do some policy, but I don't think the results are going to be any different than we already know what they are.

ASSEMBLY MEMBER CYMBROWITZ: Other states, neighboring states have gambling initiatives already. What can we learn from them? What programs have they instituted that will help us in prevention and treatment programs?

MR. MANEY: I think there's a couple.

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We'll use Massachusetts first, that just started obviously passing casino gambling last year. They've set aside 20 million dollars, all right, for the prevention, the treatment, public awareness and a variety of things for I don't know what, Massachusians [phonetic]? I know we call them New Yorkers, whatever they're called over in Massachusetts.

But they've taken the proactive stands and made sure there's dedicated funding in there. We need to do that first of all. We need dedicated funding. There's more than enough funding. New Yorkers are losing more than enough money for funding top-notch prevention programs, top-notch treatment programs, top-notch public awareness campaigns.

And in Pennsylvania I think what they've done uniquely is in their gaming commission they have, right in their gaming commission one of their programs, you know, like the lottery has one, casino gambling has one, and problem gambling is its own division on the gaming commission. I think that is very important

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because of the unique role that government plays in promoting it.

So I think of those two major things, we could take a look at that. Now other countries have done a wonderful job of prevention. And we should take a look at what they're doing in Canada, what they're doing in New Zealand, what they're doing in Australia.

Some people call them very "radical," like you know, changing hours and not letting people gamble 24 hours a day. Or slowing up the rate of spins on the wheel. Or making sure that there's no ATM machines in the casinos. That was just done in a pilot program in Australia and it saved 62 million dollars because people weren't able to keep going, going, going, going, which is one of the first signs that we talk about when we train casino folks.

The first sign is, you know, going to the ATM machine. The first sign that you are not living amongst your limits of what you came to spend. So there's a variety of things that are being done throughout the world that are great

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prevention, that are great for treatment, that are great for public awareness.

And I think for New Yorkers, that's what we need to do. We need to get the best. We need to put the resources aside to make sure that we're taking care of our folks.

ASSEMBLY MEMBER CYMBROWITZ: What resources, what dollar amount would you think we should be looking at? If we're talking about a billion dollars, a billion four in revenue a year, okay?

MR. MANEY: Of new revenue.

ASSEMBLY MEMBER CYMBROWITZ: Of new revenue, yes.

MR. MANEY: Of new revenue, on top of the 3.8 billion of existing.

ASSEMBLY MEMBER CYMBROWITZ: Right. We're talking about a new revenue stream of 1.4 billion dollars.

MR. MANEY: Right.

ASSEMBLY MEMBER CYMBROWITZ: What percentage of that money would you like to see go towards prevention and treatment programs?

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MR. MANEY: What we've always advocated for was always one half of one percent of all revenue which is--it would be the 3.8 billion which would be 19, 20 million dollars. We would like to see about 20 million dollars go into the system to give to OASAS so we could have prevention, treatment, public awareness, education, recovery and research in every community of New York.

So if you're going to ask me quickly; 20 million dollars.

ASSEMBLY MEMBER CYMBROWITZ: So we're not talking about the \$450,000 that the Commissioner mentioned.

MR. MANEY: 20 million I think would be a little bit better. I've just got a feeling that we could do better. We could help New Yorkers more. And I think we'd be able to put together programs that would actually really assist and really do the things that I think we all would like to do. I mean--

ASSEMBLY MEMBER CYMBROWITZ:

[Interposing] Give us an idea of what those would

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be?

MR. MANEY: Sure. You know, if we go backwards, I think a public awareness campaign is probably the first thing that we need to talk about, is to make sure everybody is aware of what is going on. What are the signs? What are the symptoms? What is problem gambling? Does your wife know about it, you know? What is your kid doing? You know, what are the signs and symptoms.

We do it for everything else. We do it for smoking. We do it for alcohol. We do it for substance abuse. But opposite what we do for gambling is all we do is talk about the positives of gambling in New York. Every kid knows about you've got to be in it to win it. A dollar and a dream. But every kid also knows the dangers of cigarette smoking right now. My kids do.

So we need to make sure we have a top-notch public awareness campaign to level the field so people are aware. You know, and our job is to raise the awareness and then let people make decisions. But I think we need to make sure

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2 that there's safeguards in place, you know,
3 industry safeguards in place. We need to
4 enlighten our communities. We need to take care
5 of our families. And then we've got to make sure
6 that individuals have personal responsibility
7 about this issue.

8 So I think, you know, if we were to
9 break it down, 10 million dollars for a public
10 awareness campaign, and then 10 million dollars
11 for prevention, treatment, education, recovery
12 and research. And that's still not a lot of
13 money. I mean, we're trying to do a public
14 awareness campaign. 10 million dollars is
15 nothing.

16 I mean what can you even get in a New
17 York market for 2 million dollars? You can't get
18 anything really. You know, what does the lottery
19 spend on advertising? Over 100 million dollars,
20 close to 200 million dollars. And that's what
21 success is. And if we want success, we need to
22 put the revenue in there.

23 ASSEMBLY MEMBER CYMBROWITZ: I know
24 you've had conversations with the executives

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2 people. Can you describe the reception that
3 these ideas have had?

4 MR. MANEY: I think they're changing
5 positively, slowly but surely. I mean truthfully
6 Assemblyman, with your leadership and bringing
7 everything out into the open more and more, more
8 people are aware of the dangers. More people are
9 aware that problem gambling needs to be in every
10 discussion that we talk about when it comes to
11 gambling.

12 It has to be. It has to be the second
13 discussion. We have gambling. Oh, we've better
14 talk about problem gambling. And I think that's
15 been the change. You know, once again the
16 challenge is money all the time. You know, who
17 gets the money and who gets whatever revenue is.
18 And there's a lot of people wanting it.

19 But I believe with leadership we say
20 that this is the most important issue when we
21 talk about gambling, is taking care of the
22 problem gambling, addressing that issue. And
23 then we can talk about something else. It's
24 almost like in a family. Okay, we get money. We

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can't start talking about presents and vacation until we talk about rent, heating, making sure the necessities are taken care of.

And that's what has to be done with problem gambling. That's the necessity we have to take care of first. And then we can talk about what's left over. So changing, I think it's going to continue to change. Unfortunately-

ASSEMBLY MEMBER CYMBROWITZ:

[Interposing] But they've been more receptive.

MR. MANEY: Yes they have, completely.

ASSEMBLY MEMBER CYMBROWITZ: I mean they have somebody there.

MR. MANEY: Completely.

ASSEMBLY MEMBER CYMBROWITZ: Who is actually looking into this?

MR. MANEY: Yes.

ASSEMBLY MEMBER CYMBROWITZ: Who we've all met with.

MR. MANEY: Yes.

ASSEMBLY MEMBER CYMBROWITZ: And I think he's on the same page as we are.

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MR. MANEY: Completely.

ASSEMBLY MEMBER CYMBROWITZ: But the question then becomes how does he and we convince the Governor?

MR. MANEY: Yeah. And it's all our jobs. That's why, you know, I've been doing this since '96. No one is for, maybe you know, truthfully no one is for pathological gambling. No one wants to see anybody commit suicide, lose their homes or break up their families. Nobody wants to see that. We just have to make sure that it's always addressed and it's part of the discussion.

And it has changed. I think it's getting more positive, the discussion every day. And think about just this hearing. The first time we've had a hearing on this, ever. It's wonderful.

ASSEMBLY MEMBER CYMBROWITZ: I have some more questions, but Assemblyman, why don't you go first? Go ahead.

ASSEMBLY MEMBER DENDEKKER: I just want to of course thank you again for your testimony.

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And I agree with you 100%. 20 million dollars would be a nice figure. I'd actually like to see it even a little bit higher. I'd like to see a dedicated percentage of all existing revenue as well as future revenue.

And part of that public campaign needs to--and I think the general public also needs to understand that, that this money is not really gambling in a way to a casino. To a casino, for example, in slot revenue if 100 million dollars is going to go in and out of their slot machine, they take their cut before anybody wins. They already know how much they're going to get back.

So what I don't think a lot of people understand is when they win that money that they've won from the casino, no they didn't. They won other people's money in the casino. The casino itself didn't lose any money at all. It just gave you back a portion of what other people in that room are putting into the machine.

And I think the whole mentality of that should be discussed more with people in the general public. And I'm very surprised that the

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media, who does so many different types of documentaries on these great subjects hasn't even addressed this at all, that casinos never lose. Hence the reason why the state wants to get into the business, because we know there's going to be dedicated revenue forever, because that cut is coming out first.

And the idea of trying to teach or educate residents of the state that you can't feel a machine is going to win. I hear that so many times, "Oh I just, I knew this machine was going to win. I could feel it." No you can't. It doesn't work that way. And I think the education is the most important issue, not only for educating about problem gambling like we were talking about before; family and spouses and how to identify it.

But also the realistics of gambling and how it works. And how no matter what, you're technically a loser every time you put in and if you do win, you're only winning a percentage back of somebody else's money. It gets put into a pool. I agree with you, but I would love to see

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a dedicated amount, a percentage amount. Because the more and more gambling that you're going to have, the more and more gambling issues you're going to have.

The same as I was telling the other gentleman here about bars in your neighborhood. The more and more bars and pubs and taverns and liquor stores you have in an area, and we see that statistically throughout the city, the more and more problems we have with alcoholism and substance abuse in those areas. Because we inundate them with the ability to do it.

So I would love to see a dedicated stream. And I would love to see more conversation on a dedicated stream and more conversation on an outreach. But I guess specifically what I would ask is if we did get this dedicated stream, a percentage of future revenue, beside OASAS having the money to go out, can you think of any other agencies that should be involved in that?

Or should there be one central agency? Should there be a new agency that specifically

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2 deals with gambling separately? Or would it
3 umbrella under OASAS? Or should there be many
4 agencies involved in it?

5 MR. MANEY: A separate agency I think
6 would be the best. No different than they have
7 in Pennsylvania. They have the, you know, the
8 problem gambling is part of the gaming
9 commission. Because it's hard to, you know, even
10 think of New York, it's hard to regulate when
11 we're bringing in money. I mean it's nearly
12 impossible to regulate themselves.

13 We were coming down just on the train
14 today and talking about the stand-alone lottery
15 machines. And there they are in Penn Station.
16 They're just out there. No one is monitoring
17 them. But we wouldn't have those for cigarette
18 machines. You know, we wouldn't have them for
19 alcohol. We don't have them for anything stand-
20 alone.

21 But there's the lottery machine right
22 there. Hard to regulate that when we need people
23 to buy that. So I think a separate entity. And
24 I agree that the dedicated funding, we've been

1 Committee on Alcohol and Drug Abuse, 12-20-2012
2 since 1994 we've been asking for dedicated
3 funding for problem gambling. Because we believe
4 that's the only way that will get the desire that
5 we need. It has to be dedicated. We have to say
6 this is an important issue.

7 So yes, I agree 100% with you. And if
8 we get one half of one percent, now it will be,
9 you know, five billion dollars, that would be 50
10 million dollars. Darn straight.

11 ASSEMBLY MEMBER CYMBROWITZ: Did you
12 have a question?

13 ASSEMBLY MEMBER GONZALEZ-SANCHEZ: No.

14 ASSEMBLY MEMBER CYMBROWITZ: Okay. Jim,
15 you've been involved with gaming facilities. You
16 have spoken and trained many of the workers
17 there. Have they been active in attempting to
18 reduce problem gambling? Have they been, well
19 let's say they have been attempting. Have they
20 been successful?

21 MR. MANEY: I don't think so. I think
22 the--if we're going to do this, Assemblyman, I
23 think we have to do it 100%. We have to be in
24 all the way. What the casino operators currently

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do right now is whatever it is in statute by the lottery. So they need to have signs. They need to do some type of employee training.

But nothing's really specified to go beyond, to really help people. We have self-exclusion, but we don't tie it into any type of help. I mean, we'd love to see a new type of thing for self-exclusion. When someone comes to a casino operator or an OTB or anybody and says, "I have a gambling problem," we should get them help instead of just say, "Okay, do you not want to be here for a year, three years, five years, what?"

No, we should say, "Okay, you've got a problem? Let's get you some help. Let's get services for you right now because we know you have a problem." All right? We view it the same way, if someone came up right now and my shoulder was just gashed open with blood, we would get help for me, wouldn't we? I would say, "I've got a problem." And we would get help.

Everyone in this room would make sure that I got services, right? The hospital if

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needed, whatever. But for gambling we don't do that. We say, "Okay you have a gambling problem. Don't gamble anymore." We've got to tie it into help. We have to tie it into treatment. We have to tie to say, "You know what? We care about you. We care about you. Let's get some help."

And then we need help in that community. And then we need help for the family members. And then we need before that the prevention so we--that doesn't happen. And we don't have that right now. And so going back to your original question, until we all get in this together, all of us on one level that's saying this is an important issue; it's not going to work.

ASSEMBLY MEMBER CYMBROWITZ: What can we ask the gaming facilities to do? If we have to do it legislatively, if we have to tell them to put up a sign that has a certain size and a certain location, or the self-exclusion?

MR. MANEY: I think it's even more than--I think, you know, the most money is spent at the New York State lottery. So I think we can't just say the casino operators. We have to tie it

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2 into lottery. We also have to tie it into
3 internet gambling. We have to just make sure
4 there's an environment out there, right? That is
5 going to help problem with pathological gambling,
6 a great prevention programs.

7 And we would ask them to be a part of
8 it. We would sit down and say, "Okay, this is
9 what you need to do." But no different than what
10 the state of New York needs to do. No different
11 than what communities need to do. No different
12 what high schools need to do. No different than
13 what anybody that's involved in gambling related
14 issues need to do, which is all of us.

15 So that's the comprehensive plan that we
16 have to come up with, that we can all sign on to
17 do, not just casino operators, not just
18 prevention programs, but the whole state of New
19 York. It has to be public--

20 ASSEMBLY MEMBER CYMBROWITZ:

21 [Interposing] But what the state is doing is the
22 help line. Has that been helpful?

23 MR. MANEY: Well, there's no services
24 for places, so no it's not helpful. It has to be

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better. It can't be done--

ASSEMBLY MEMBER CYMBROWITZ:

[Interposing] Well how? How would it be--what would you--

MR. MANEY: [Interposing] That when someone calls from the Bronx, that there's a service in their community, right? That's what needs to be helpful, that they can get services where they live. And until that happens the help line will never be successful. It will be maybe successful for the person who has treatment right where they live, not many of them. There's 41 counties that don't have treatment.

ASSEMBLY MEMBER CYMBROWITZ: Going back to the gaming facilities, are they doing anything for gambling issues?

MR. MANEY: Yes they are.

ASSEMBLY MEMBER CYMBROWITZ: I mean other than what they have to do by law, what are they doing?

MR. MANEY: They are.

ASSEMBLY MEMBER CYMBROWITZ: How are they identifying?

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MR. MANEY: I think they, the only way they identify them is if someone gets in trouble or asks to, you know, gets in trouble for something on the casino floor. You know, punching a machine, kicking a machine, disruptive behavior. Or if they're going to do self-exclusion. But both of those are just self-exclusion. Not saying they have gambling problems. They're just being excluded from their facility.

I think there's a lot more everybody could do. They have signage at their facilities. On every machine there's the help line number. Some casinos are better than others at putting literature out there. Some have--do a better job at certain types of employee training. Some do more in--but we could--they could address it more in newsletters. They could address it more every time they contact their clients.

They could do it by promoting the programs that are in place, self-exclusion, treatment, prevention, all those things in working with local providers to provide the

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necessary services. So there's so much more that they could do.

ASSEMBLY MEMBER CYMBROWITZ: They're doing this on their own?

MR. MANEY: No, they're not doing that yet. Those are the things I think they could do.

ASSEMBLY MEMBER CYMBROWITZ: But some are doing some, providing some services?

MR. MANEY: Well, literature pamphlets, brochures, training their employees, yes.

ASSEMBLY MEMBER CYMBROWITZ: And you do training. But do you do the training to the workers at the facilities in every facility that's available? Or just those that call you?

MR. MANEY: We currently just do it at Aqueduct. They all do their own, all the rest do internal trainings.

ASSEMBLY MEMBER CYMBROWITZ: Which has been receptive.

MR. MANEY: Yes. And just in that area. They are all receptive to a level. And they are receptive to the level that not us, but society pushes them to be receptive to. And I think the

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more that we have leadership pushing industry,
the more safeguards we will have.

ASSEMBLY MEMBER CYMBROWITZ: So they're
not doing it because they're good citizens.

MR. MANEY: I can't speak for them.

ASSEMBLY MEMBER CYMBROWITZ: In your
opinion, how could we get other facilities to do
what Aqueduct is doing? Do we have to do it
legislatively?

MR. MANEY: No. I really think that,
you know, the landscape is changing tremendously.
Now my expertise is in problem and pathological
gambling. It's not on casino gambling, so I just
want you to know that. I think everybody is
willing to take a look at this issue. How far?
I don't know. But everybody is willing to take a
look at it.

The lottery is willing to take a look at
the issue, OASAS is willing to take a look at the
issue, the casino industry is looking to take a
look at the issue. We just need to keep pushing
them further and further to help New Yorkers more
and more. So I think the more of these we have,

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the more roundtable discussions we have, the more discussions we can have, they'll get there.

They'll get there because it will help. But they will only help if we make them help. That's my opinion.

ASSEMBLY MEMBER CYMBROWITZ: Jim, thank you. Appreciate it.

MR. MANEY: Thank you. Appreciate it, thanks.

ASSEMBLY MEMBER CYMBROWITZ: Thanks for being here today. Stephen Block? Okay, Gloria do you want to come up too?

STEPHEN BLOCK, CREDENTIALLED PROBLEM GAMBLING COUNSELOR, STATEN ISLAND: Good morning, or should we say good afternoon, Chairman Cymbrowitz. My name is Stephen Block. Thank you for the opportunity to speak on a subject that has helped define me for over 60 years. My association with gambling has gone from pre-teen gambler to problem gambler in my teens and twenties, to being in recovery in my thirties and then being an advocate counselor and expert witness in the state and federal courts.

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At any early age I played poker in the basement of my apartment house in Brighton Beach [phonetic] in your district and bet with the local bookmaker. I progressed to waiting at the news stand for the daily racing form and the daily news, at that time when it sold for two cents, to prepare for the next day's races.

I gambled through high school and college through the first ten years of my marriage. It is said that a problem gambler has a negative impact on at least 12 other people. For me, I caused problems for not only my parents, but my grandparents, my brother, and later on my in-laws, my wife, and our two small children, along with countless friends, employers and co-workers.

I finally stopped the downward spiral when my wife reached out for help after many years of my destructive gambling. A combination of professional counseling and self-help meetings helped me turn my life around. Excuse me. I speak from experience when I state that treatment works. With the help I received and the support

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of my family I have not gambled for over 37
years.

I was involved in the formation of the
first state-funded gambling treatment program at
Saint Vincent's Catholic Medical Center in Staten
Island in 1981. I was a co-founder of the New
York Council on Problem Gambling in 1993 and I am
certified by New York State as a credentialed
problem gambling counselor. I am one of only 25
in all of New York State to qualify for this
credential.

When the Commissioner mentioned that
there are 700 and so people who have the
credential, she was including those who are
alcohol and drug counselors who have the
subspecialty of gambling. Over the years I have
accumulated over 30,000 gambling specific
treatment hours working at the Gambler's
Treatment Center and at the SAFE Foundation that
was mentioned before in Brooklyn.

I have seen the devastation that
gambling can create and the miracle of recovery
for those who are given the opportunity to access

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services. In my many works of working with problem gamblers and their families, it has become clear to me that a combination of self-help support groups and individual and group therapy leads to the best outcomes.

I can speak of the father of five who stopped gambling and became a productive member of society and who is now working in a program helping the homeless transition to supportive housing. I worked with a man who was given an alternative to incarceration sentence and who now operates a successful security equipment business. And the young lady who after several years of casino gambling went from attempting to take her own life to becoming an internet entrepreneur.

I recall the young Wall Street executive who was fired from a major investment bank for gambling on his office computer, who after treatment secured a position with another firm and has recently been made a managing director. Unfortunately, not all New Yorkers are able to get the help they need. Treatment is not always

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accessible or affordable.

In 1995 when the New York Council on Problem Gambling was incorporated, one of our stated goals was to provide treatment services in all 62 of New York's counties. Today, 17 years later, treatment programs are available in 21 of our 62 counties. There are no services for problem gambling in Montgomery, Schenectady, the Bronx, Queens and Monroe Counties.

Problem gamblers and their families and Committee members Amedore, Arroyo, Crespo, Dendekker, Hevesi, Johns and Stevenson's districts have to go elsewhere to get help. In King's County, Chairman Cymbrowitz and Assemblywoman Barron's constituents have no state funded gambling treatment program serving them.

Because gambling treatment is generally not covered by insurance, many potential clients are not able to get services unless they have a co-occurring substance abuse or mental health diagnosis. Gambling treatment in the New York State was originally administered by and funded through the Office of Mental Health. For the

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past nine years, that responsibility has transitioned to OASAS.

From a clinical perspective, pathological gambling can be seen as a mental disorder or an addiction. The current research indicates that pathological gambling has a unique spectrum of diagnostic criteria that include aspects of mental dysfunction as well as elements of addictive thinking and behavior.

It is a bio, psychosocial disorder that requires a specialized approach in treatment to achieve positive outcomes. Combining gamblers in treatment with substance abusers and clients with mental problems is often done for expediency. And while there is some success using this approach, gambling specific treatment by qualified professionals is, from my experience, much more efficacious.

The challenges are many. Treatment needs to be made available to all those in need. Research conducted by New York State indicates that up to one million citizens have a gambling problem. That means that we spend about one

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2 dollar a year for treatment and prevention for
3 each problem gambler.

4 In New York State, while the lottery
5 spends 60 million on advertising, we are New
6 Yorkers. We can do better for those adversely
7 affected. Thank you.

8 ASSEMBLY MEMBER CYMBROWITZ: Gloria?

9 GLORIA BLOCK, STATEN ISLAND: Good
10 afternoon, Chairman Cymbrowitz. I'm going to
11 introduce myself first as Gloria B, a current
12 member of a self-help group for family members
13 and friends of problem gamblers. In my case, my
14 husband is the problem gambler who is currently
15 in recovery. I've been attending weekly meetings
16 in Staten Island since 1975, over 37 years. At
17 this time we also attend a weekly meeting in
18 Brooklyn.

19 Some brief background; by the year 1975,
20 I had been married ten years, had two young
21 children ages four and six, had a mortgage and
22 other bills to pay, was on child care leave from
23 my job as a New York City teacher, and that leave
24 was extended beyond my wishes because of New York

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City teacher layoffs in the seventies. And I was struggling with the effects of being married to and being financially dependent on a compulsive gambler.

I found myself raising my children alone while my husband was pre-occupied with gambling. Unable to pay bills because he was using salary for gambling, and dealing with the emotional abuse as he juggled the consequences of his thoughts and behavior. Prior to 1975 and at the urging of his mother, my husband agreed to see a psychiatrist who happened to be on Park Avenue in Manhattan.

The fees were phenomenal but I managed to pay them by depleting a small bank account that I had for emergencies. After several months it was obvious that there were no changes in my husband's gambling behavior and I must have got the courage to call the doctor even though my husband had warned me not to. I asked the doctor if he knew that my husband had a gambling problem. And his reply was, "I cannot talk to you" and he hung up.

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I ran out of money and my husband stopped going to that doctor shortly after that phone call. In desperation, after spending many nights alone while my husband was gambling and having absolutely no more money, I attended my first meeting of a Staten Island 12 step recovery group.

Shortly after my first meeting, my husband started attending also and to my knowledge and his own admission, he has not gambled since that first meeting. And I am grateful to both of our fellowships for their support and wisdom and for sharing their experiences in recovery.

But here is something else I've learned in that 37 plus years that I've been attending meetings. Sometimes meetings are not enough. We are not professionals. And sometimes even in recovery we get stuck and we stay in the same place, not knowing how to face the challenges of being a husband, wife, parent, child or friend. Life is hard enough without dealing with the lingering effects and scars of the gambling

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problem.

My husband and I were fortunate enough to be among the first clients of a therapist associated with the Staten Island, at that time it was the Saint Vincent's Gambler's Treatment Center in the early 1980's. But before even becoming clients, we had met some of those therapists because they had sought permission to come to our weekly self-help meetings and attend open meetings in order to gain more insight into the effects of problem gambling on a family and actually how our programs work.

So by the time I saw him, my therapist was totally familiar with problem gambling and its effect on family members. I did not have to explain what a pressure relief meeting was, how the 12 steps work, nor the fears I had about relapse or the scars that remained about financial security.

And I want to stress the importance of what I just said about trained therapists and programs devoted to problem gambling because of an experience I had just about five years ago.

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Facing retirement and a change in income level, some of my old scars had resurfaced. And at a regular check up where my blood pressure was higher than it should have been, I discussed these uncomfortable feelings with my primary care doctor.

She gave me a referral and recommended a therapist in private practice who accepted my health insurance and I took her advice. After 50 minutes of me explaining to the therapist what a problem gambler is, how the entire family suffers, how a self-help group actually helps, the therapist told me that I was depressed and that I should go back to my primary care physician and ask for a prescription for anti-depressant medication.

Instead, I sought out my old Gambler's Treatment Center therapist who was now in private practice, sat with him for a few sessions and got myself back on track. Here are some more observations of my years in the self-help program and how other members have benefited from treatment with trained therapists, especially our

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own Staten Island Treatment Center.

Some members have children who are still too young to attend the self-help group. We recommend the Gambler's Treatment Center where families are accommodated, either free of charge or on a sliding scale. Parents learn how to talk to their children and how to make them feel safe. We see relief in recovery as they attend the Gambler's Treatment Center along with attending self-help groups.

Another situation that frequently comes up is when the wife will attend the self-help group but says her gambling husband will not attend because he says he doesn't want to be recognized by anyone that might be there. That's another reason why we recommend Gambler's Treatment Center which provides treatment in a one to one setting with privacy, being sensitive to the fact that families dealing with problem gambling are also dealing with financial loss and the inability to pay for services out of pocket.

Many times encouraged by the therapist, the husband will then come to meetings too. The

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successes that I've seen, such as marriages being held together, little children doing well in school and going to college and beyond, couples facing retirement with some financial stability and women gaining the confidence to live independently when they must are reasons to celebrate.

How sad it is to hear that funding is being taken away or denied and that our Gambler's Treatment Center is in danger of not being able to save lives as it did mine and others. I'm now going to reintroduce myself as Mrs. Block, a New York City schoolteacher. In 1990 I did go back to work at a public school on Staten Island as a fifth grade teacher of gifted and talented children.

My school is in a predominantly white, middle class neighborhood. I'm going to tell you about a student who we'll call Bobby. And the year was 1995. So I didn't make it easy for those kids. We went over and above the regular curriculum and they amazed me with how far they could run and how great their motivation and

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enthusiasm for learning was.

But by the end of October, I had noticed a change in Bobby. Homework was not coming in on time and when it did, it was of poor quality. Bobby was noticeably tired in class and his classwork was suffering. We were going on a fossil hunting trip and the students had to bring in a signed parent consent slip along with a fee for the chartered bus.

After waiting a week, Bobby had still not returned his envelope. And when I questioned him he whispered, "My mom says I can't go." I created the opportunity to talk with him alone and he tearfully but with anger told me that his mother threw his father out of the house because he always goes to the racetrack and plays cards.

Before that they would fight at night when they thought he was asleep and scream at each other because his father didn't bring home his paycheck. Bobby had told--Bobby said that his mother told him if he wanted to go on the fossil hunting trip he would have to wait until his father called and ask him for the money

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because she didn't have any because he had gambled it all away.

It so happened that the next night was Open School Night and I knew I would be seeing at least one of Bobby's parents. I went to see our school social worker and in confidence I explained to her what was going on and what I had just heard and asked how she could help. She told me to ask the parents to come see her after the appointment in my classroom the next night, and perhaps they would agree to initiate a referral for Bobby to see her for counseling.

However, we couldn't force the parents to do anything. She showed me a list that was hanging on the wall right over her right shoulder, that listed various local agencies that dealt with alcohol, drug, physical abuse and other health or financial issues. And she said it was her regular practice when parents came to see her to make copies of that list and give it to them so that they would have something to refer to if they chose to get outside help.

However, she said, there is no specific

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2 place I can even refer them to if they choose to
3 tell me about the gambling problem. Without
4 disclosing my own history, I told her about the
5 Gambler's Treatment Center on Staten Island, and
6 she confessed that she was not aware that this
7 place even existed, but that she would check it
8 out before the next night.

9 The next evening before I went to my
10 classroom to begin my parent conferences I went
11 into her office and she wasn't there. But I saw
12 that she had revised that list over her right
13 shoulder. And the Saint Vincent's Gambling
14 Treatment Center had been added to the bottom of
15 the list. Bobby's mom did agree to see the
16 social worker that night. I don't know what they
17 discussed, but I do know that she went home with
18 that list.

19 And I do know that Bobby's work and
20 behavior improved and he did go fossil hunting
21 with us. Through the years I've seen other
22 children affected by adult's lack of knowledge or
23 common sense about the harmful effects of
24 gambling. As Atlantic City became popular, I

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often had students who were absent on Mondays or who didn't have homework ready after a weekend because they said they had to go to Atlantic City with their parents.

I wonder if those parents realized what they were modeling and sanctifying in the eyes of their young children. In school we hosted programs to teach fifth graders about the dangers of drug and alcohol abuse. Quite to the contrary, it seems the only message those little children got about gambling was it must be okay because my parents take me to Atlantic City so that they can gamble.

So thank you for listening to my personal experiences and my concerns about what will happen to adults and children if there are cuts and elimination of the funding and services of the prevention, education, and treatment of problem gambling.

MR. BLOCK: Chairman Cymbrowitz, just if you have any questions, I have here over 100 letters from people in treatment and in recovery who have taken the time to read and sign these

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letters supporting the continuation of funding or the expansion of funding for treatment prevention and education. So I will give this to you folks.

ASSEMBLY MEMBER CYMBROWITZ: Okay.

MR. BLOCK: Thank you.

ASSEMBLY MEMBER CYMBROWITZ: Well thank you. But you know, and I'd like to see that. But as a counselor, how many, you know, what's your caseload like? I ask that because I remember when I became Chairman of this Committee a year and a half ago, although I am, you know, I have my Master's in social work, it's not a field that I was familiar with.

So what I did is I called up a friend, someone who runs a phenomenal organization in my district. It's an organization called SAFE. And I called up Igy Dwack [phonetic] and I said, "Speaker Silver [phonetic] just made me Chairman of this Committee. I need your help." And I remember it was on a Thursday. And he said to me, "What are you doing Sunday night?" He says, "Come to my office."

I walked into his office and he took me

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into a room of 30 men and women; black, white, green, yellow, Jewish, Orthodox Jewish, Catholic, it didn't matter. They were all there as part of a GA meeting. I had never known, I never saw one, didn't even know it existed. But most importantly what he did show me without going in was in the next room were the families of those people who were in the room that I was in.

Whether it was children, spouses, mothers, they were in that room dealing with the fact that the people that were in my room had gambled away their homes could no longer pay their mortgages, could no longer pay their bills. How do we get people to know that this exists? That this problem really does exist in the best of neighborhoods, in the worst of neighborhoods, in every neighborhood?

We talked about public relations campaign, but until we get there, we talk about the number of your caseload. So you probably see the need that's out there. I'd like to hear a little bit more about that caseload. I'd like to hear about the people that do come to you and how

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they come to you and at what point they come to you.

MR. BLOCK: I helped Igy Dwack start the gambling program at the SAFE Foundation in 2003. It's a very successful program. The difficulty in terms of case load, and I also worked at the Gambler's Treatment Center for many, many years, which is it is currently and has been the most successful gambling specific treatment program in New York state. The oldest and the most successful.

OASAS has a regulation that each counselor can have a caseload of 25, no more than that. That's part of their regulation. At times we have seen, myself and my colleagues have seen many more than that because of the need and because of the idea that funding was not available to hire more counselors.

To address the second part of your comment, people come in to gambling treatment when there's a crisis. They don't just wake up one day and say this, "Wow this would be a good day for me to stop gambling." And the crisis is

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surrounding either finances, some legal issue, unemployment issue, or more rarely a family issue. "If I don't come for treatment my wife's going to throw me out or my wife's going to threaten to divorce me."

So gamblers come into treatment only under some form of duress or some form of stress. Now here's the sad part. You know, we heard all kinds of numbers, you know, varying from 175,000 New Yorkers to one million New Yorkers. Those numbers, it doesn't matter if it's 175,000 or one million, the fact is that including the self-help groups, the state-funded programs and private practitioners, there are less than five thousand New Yorkers who are currently receiving services. Five thousand, one million.

So our--my objective and my thought is how do we get these people who are out there suffering and their families who are suffering, how do we get them to come to treatment? How do we get them to understand that treatment and help is available? So part of that public awareness campaign, part of the prevention services has to

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be directed to getting those people from point A to point B.

How do we do it? I'll leave that to the experts in prevention. I'll leave that to the experts on motivation. But I know that when people do come in for help, they get the help that they need. And those few stories that I mentioned in my testimony can be multiplied by hundreds and hundreds of people who turned around their lives and became successful, productive citizens.

ASSEMBLY MEMBER CYMBROWITZ: There has been discussion of combining OASAS and the Office of Mental Health in order to save money and also that they be--that many of the providers are doing the same thing and it would be best if we did that. Based on the fact that you've been around for a couple of years, you've worked under when it was Office of Mental Health as well as OASAS.

Do you think that it would be more helpful if it was treated as a mental illness? As opposed to the way it's looked upon now?

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MR. BLOCK: It is a mental illness. It is an addiction. It's a combination of things. That is why it doesn't matter to me whether there's a super agency, the combination of the three existing agencies that deal with mental health and addiction issues. It doesn't matter if they combine. What needs to be done is gambling specific emphasis on treatment, education and prevention.

If it's going to be under the agents of the superagency, because the system now is not working. If there are 5,000 people that are getting help and there are a million people or 175,000 people who are not getting help, the system has failed those people. So I, as Jim Maney indicated, I would advocate for a specific help line dedicated to gambling, along with dedicated funding for treatment education and prevention.

And an agency that would put the emphasis on this unique mental disorder or addiction.

ASSEMBLY MEMBER CYMBROWITZ: Well based

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2 on the fact that they're combining agencies to
3 save money, they're not going to make a new
4 agency for anything at this point, what they
5 might--maybe what we can recommend is when they
6 do come to us, because the legislature has to
7 approve when these agencies are going to be
8 combined, that there be a subdivision or whatever
9 you want to call it, a department that deals
10 specifically with these issues.

11 MR. BLOCK: I would agree, yeah. 100%.

12 ASSEMBLY MEMBER CYMBROWITZ: Okay.

13 Thank you very much, both of you. Thank you so
14 much for being here.

15 MR. BLOCK: Thank you.

16 ASSEMBLY MEMBER CYMBROWITZ: Yes,
17 please. Thank you, thank you very much, thank
18 you. Okay. Linda Gerardi?

19 LINDA GERARDI, DIRECTOR, COMMUNITY
20 DEVELOPMENT AND OUTREATCH, ESSEX COUNTY: Good
21 afternoon, Assemblymen. I had good morning in my
22 notes. But I want you to know how refreshing it
23 is to be here and it's only in this context could
24 I say that when we're talking about an illness

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that is, to use the AA big book's phrase, a rapacious creditor. And yet this is one of the most wonderful hearings of the information around this issue that I have heard since I have been involved with problem gambling. So thank you so much.

I traveled from about an hour and a half south of Montreal today to get to this meeting. And I did so because I felt that this was such a critical moment in history to be a participant in this hearing. Much of what I wanted to say--and some part has obviously been handled in the room. But I want to underscore the fact that problem gambling is a progressive disorder. And it is a treatable disorder.

And that the consequences to not just the gambler, but to the family and the community around the gambler have barely begun to be addressed in terms of the services that are being provided in New York State. Many of the facts related to problem gambling are well established, and of course we've documented the numbers today. I would like to underscore the 300,000 youth who

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are at risk for problem--as problem gamblers.

Because they are often a forgotten group in the context of discussing gambling and they're often not really accommodated well in adult facilities for problem gambling. We have medical researchers and clinicians such as Dr. Grant [phonetic] who have established that the problem gambler's brain responds to triggers in the same manner as a crack cocaine addict.

And as one who has worked with crack cocaine addicts, they are unlikely to enter treatment simply because someone puts up a sign or someone suggests that they attend. Judge Mark Farrel [phonetic] in Amherst New York has demonstrated that there are therapeutic alternatives to incarceration with remarkable success.

And that brings me to one of the points that I wanted to make in listening to my fellow colleagues. Problem gambling lives in a unique world. It actually lives in the world that narcotics abusers lived in in the mid 1970's, where it was illegal until the mid 1970's to

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gather in NA meetings because there were laws actually addressing the gathering of narcotics users.

And in the same way, in my experience in the North Country, the stigma that is involved with criminalization and the fact that so many problem gamblers are involved with money industries creates an issue that is unique to this addiction.

And it often keeps families and the gambler from seeking help, not just because there's a resistance in the part of the disease, but also because the consequences today are very different for the problem gambler in terms of the criminalization than those that involved other kinds of addictions. Despite the consequences, the fact that this is an illness demands a compassionate continuum of care for the sick and their families.

And prevention would demand strategies to intervene as early as possible to prevent the dire outcomes that we've discussed throughout this day. But then there are the other numbers,

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the 90 million legally generated in gambling revenues each year. And the government literally trying to balance the budgets off these revenues, even with the foreknowledge that more than half of those revenues are generated from problem gamblers.

I've gotten the impression from the hearing today that there is a greater sympathy than I expected when I first wrote those words. And I'm deeply grateful for that. But the logic of this compassionate continuum of care gets lost in this battle of numbers. And I truly do not envy your position in trying to balance them.

I'm here today to give a face to the numbers, especially in our rural communities, in the Adirondacks. And there's not been much discussion of locale today. But I really represent the six counties under the northern tier. It--from the Canadian border along the Vermont border, Saint Lawrence, Franklin, Essex. And there are very, very remote communities. And the community that I come from is from the middle of the Adirondack Park.

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I'm here as both an addiction professional and a mother of three boys. Essex is the second largest county in New York and it's also one of the most impoverished. And there hasn't been much discussion today of the poverty component to this, the motivations that people have for becoming involved in gambling.

And one of the characteristics that we see is the pure desperation, the economic desperation of the people that we are working with. And I'll discuss that a little later as well. In our communities, problem gambling still truly is a hidden addiction. And the casualties are not just the problem gambler but the collateral damage with spouses, children, grandchildren and employers.

Most of the towns that I deal with are small towns. Many of them are situations where everyone in the town is related to everyone else. And that is an almost foreign entity when discussing this issue in New York City and I worked in New York for many years so I understand the contrast. But it highlights the need to have

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the kinds of services that can really be dedicated to a locale, that can understand the culture in a community and the motivations for gambling and the incentives for people to stop gambling.

Those closest to my heart and in greatest need of prevention, early intervention and treatment, and also those most hotly pursued in the gambling business are the most vulnerable populations; the young, the indigent, those in deep financial stress and the elderly. Even with an adequate statewide response to this as a public health issue; our world circumstances, isolation, limited services, hundreds of road miles to get help with no public transportation, would provide challenges.

As my county's problem gambling prevention specialist, I began three years ago to assess the needs of our county regarding problem gambling. I called clergy, spoke to mental health professionals, addiction treatment professionals, and engaged in serving the elderly. I spoke to those serving the elderly,

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spoke to schools and colleges and youth.

With each new group I would hear the same refrain, "Oh thank God someone is actually dealing with this issue." Without exception that was the universal response. It didn't matter if I was dealing with a magistrate or whether I was dealing with a garbage collector. The combination in terms of my discussions all was led to the same place; they would tell me a story.

The pastor was the only one in two who was seeing problem gamblers, many of whom were suicidal and despairing but he didn't know what to do next. The journalist whose only family had been destroyed by his father's gambling and whose mother hid the deed to the house and keys and title to the cars so that her husband couldn't gamble them away.

The professor who came to a health fair that I did where I was speaking about problem gambling and he came because his wheelchair-bound mother was spending her entire day in front of the internet gambling venues that are available

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and she was gambling away all of their future inheritance. The workers at the convenience stores who saw the mentally impaired from a local facility buying hundreds of dollars in lottery tickets and their entire checks on check day in order to bring--to win the big one.

Stories of the impact of multi-generational gambling behavior were everywhere and the youth were often as worried about it and an elderly relative as they were about their friends. As I mentioned before, I began my career in the addiction services field. I worked with heroin addicts in the--on the lower east side, crack addicts. I've been involved with Partnership for a Drug Free America and many other mass campaigns to change behavior and attitude.

I've witnessed the impact of environmental prevention strategies and changing attitudes and behaviors regarding underage alcohol use, drinking and driving recreational drug use, crack sales risk behaviors for HIV and the use of tobacco. Problem gambling prevention

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requires this effort. The dedicated funding that we had for two years to address the issue of problem gambling in the North Country had a remarkable effect.

We initiated environmental outreach strategies with three groups; youth, elderly and the professional community. And there's been some discussion of that today. But I'll skip ahead just because I know the time is short. We did a conference for professionals because we began to realize that the lawyers who were seeing those going bankrupt, the therapists who were seeing those living with some of the collateral damage of gambling, really were ill equipped to be able to speak to the issue.

It didn't matter whether they were a primary care physician as Mrs. Block mentioned, or whether they were an actual addiction specialist. They simply did not have the training to be able to deal with a family of a gambler or the gambler himself. We initiated a youth group, theater group, because we found that when we surfaced gambling amongst the young in

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our communities, they really didn't feel that those who had grown up under a foreign set of laws basically before 1990's really could understand the world of gambling that they existed in.

That now that it was so accessible to them and it was clearly so--that we had a very negative attitudes towards gambling and clearly this was no longer an issue from their perspective. But we formed a theater group and the first performance that we held at a small high school of about 60 kids; there was almost a riot in the auditorium.

Because the students so identified with the gambling scenes that they saw on stage, the person who--the bookie who held the money. Those who had lost. Those who had gained. The games that they were playing. They were so activated and interacting with the performance. But the staff of the school was baffled. They had--they knew gambling was a part of these children's lives and student's lives, but they had no idea of the dimension of it.

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They had no idea of the involvement in terms of their money and how they would identify with which previous generations would have thought was more of a class sort of Las Vegas gambling scenario or a bookie. We contacted elderly programs in our community. And we were amazed at the push back.

Basically gambling, going to the casinos and gambling recreational activities were their most popular and the largest number of inexpensive activities that they could provide to the elderly in their programs. And we had to resort to a financial planning program not addressing gambling head on because they did not want to dismantle those gambling programs.

In our discussions with professionals, as I mentioned before, the lack of training and current information was a critical issue. And we did invite in two of the world's foremost specialists in problem gambling. One a medical doctor and the other Judge Farrel. And we had a remarkable response with over 100 professionals in our communities attending.

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And they left saying, "We'd like more of this. We don't know enough. We don't understand how to treat the gambler in any of these contexts." Over one year ago, our efforts stopped. At least those that were formally paid. All problem gambling prevention specialists in the state were defunded, as you heard before.

And at a time of exponential growth in gambling resources and revenues, there was no prevention voice to counter the pursuit of our vulnerable populations. We believe that investing in problem gambling prevention in local communities will arrest the development of problem gambling in adults and children.

And the costs of problem gambling are catastrophic. Successful problem gambling prevention services can reduce these costs, but we need your help. Youth especially need to hear a consistent prevention message from their government representatives, as well as parents, school, community and media. My request to these committees that you restore the problem gambling prevention safety net, utilizing a percentage of

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state lottery and other gambling revenues.

In the North Country we do not believe any of our citizens are expendable. No New Yorker is expendable. So please help us demonstrate that in our great state. I would also like to say that many of our staff have gone on to continue to volunteer or do other kinds of activities regardless of the fact that they are not getting paid.

I attached to your notes a copy of our gambling troop that tours the north country, and all of the staff that work with them including the school staff that we've trained, continue to volunteer despite the fact that they are not being paid for this activity, because they have seen the considerable improvement of attitude amongst youth when they begin to surface the gambling issue in every school that they attend.

We--I also heard a discussion of the casinos. And we, although we are about four hours from the Akwesasne Casino, it is our local casino, as is the Montreal casinos. And we have met with them. We actually did part of our

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2 conference on their grounds so that professionals
3 in the communities could begin to dialogue with
4 the gambling community. And we've continued that
5 relationship.

6 Finally we actually asked about some of
7 the boundaries that are put in place by the
8 industry itself. I actually brought with me
9 today "The House Advantage, a Guide to
10 Understanding the Odds," which is available in
11 virtually every casino on the planet. And it
12 literally starts out by saying basically the
13 house set this up so you will lose.

14 But we take the time with all of the
15 professionals that we work with, with the
16 students we work with, to explain some of these
17 programs. And we have many, many more curriculum
18 that we would like to put into the schools. We
19 just need the money to be able to do that. So I
20 thank you for hearing me and I'm open to any
21 questions you may have about the North Country or
22 the gambling programs we have.

23 ASSEMBLY MEMBER CYMBROWITZ: The theater
24 group that goes around to different communities.

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MS. GERARDI: Yes.

ASSEMBLY MEMBER CYMBROWITZ: Is the reaction the same as--

MS. GERARDI: [Interposing] Everywhere we go. It's remarkable. It is a--staff are always astonished. Parents are alarmed. And we have found that we kept the youth in character and we've trained them with two social workers as to how to respond to questions from the audience in character because many of the children are asking or the youth are asking questions about their own home life.

ASSEMBLY MEMBER CYMBROWITZ: So now that you've created riots in all these communities.

MS. GERARDI: [Laughs] Well they're not riots, but.

ASSEMBLY MEMBER CYMBROWITZ: What's the follow up? Well you know, other than that day and that performance and the audience participation?

MS. GERARDI: Well it's three-fold and it's obviously, de-funded we haven't had as much capacity as funded. We actually do use the help

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line, because it is the only source available that anyone can call from in the North Country. We have also established a network with recovering gamblers and recovering family members that people can contact so that they would be able to connect with at least one other person who is suffering.

If it appears that they're open to more care, we have established relationships with recovery coaches around the state. We have established relationships with the only in-patient facility on the Canadian border that's state funded for recovery. So we've actually continued to be able to do referrals. And I believe that funding that kind of support is essential as you begin to wade into this process.

It is not enough just to get help for the gambler in terms of their stopping gambling. The financial implications alone, we train--we do training workshops in dealing with the financial issues of problem gamblers and their families. Because these are unique issues and they cannot be solved in a, you know, one session or a phone

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call.

And so what we're seeing is that we need more of everything that we are doing. The--we did a media campaign utilizing every resource we could think of. And we were amazed at the response. Especially among the elderly and their caregivers. The discussion that a gambling elderly person could be helped, that this was actually a need and that there might be resources out there was profound.

ASSEMBLY MEMBER CYMBROWITZ: How much were you defunded?

MS. GERARDI: About \$60,000. About the same amount as--it must have been a standard amount, you know, across the stage.

ASSEMBLY MEMBER CYMBROWITZ: It sounds like everybody got the same.

MS. GERARDI: Yeah. It--I will also say that the amount of synergism amongst those 45 problem gambling prevention specialists around the state, in finding ways to reach into the community and establish credibility was remarkable. And that has been a great loss to

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the prevention community. And I will also say that I don't think that integration is the answer.

You really do need to be specialized in discussing with the family of a problem gambler. Or discussing with children the issues of problem gambling. It is not--often there are a lot of mixed messages when people who are untrained attempt to do that. And the other thing that we had to do even as a prevention organization and from the prevention team of Essex County, we had to train our own staff at the number of issues that came up as gambling issues.

There was a mention earlier of casino nights you know, instead of you know, where there are lock-ins where you make sure that people aren't drinking. Well casino night is not necessarily an appropriate response to that. And helping them to begin to think of alternatives, so.

ASSEMBLY MEMBER CYMBROWITZ: Thank you very much.

MS. GERARDI: Thank you for letting me

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share this.

ASSEMBLY MEMBER CYMBROWITZ: Thank you for being here today. Beth Schwartz?

BETH SCHWARTZ, PROGRAM MANAGER, RICHMOND UNIVERSITY MEDICAL CENTER - GAMBLER'S TREATMENT CENTER: I'm Beth Schwartz, the Program Manager of the Gambler's Treatment Center and therapist for more than 25 years at university medical centers, Gambler's Treatment Center.

Our program is one of the three original free standing gambling treatment programs in New York State funded in 1981 by the late Assemblywoman Elizabeth Connolly [phonetic]. Our successful satellite program in Forest Hills, Queens, we checked 46 clients which recently closed. During this period I have witnessed a rapid increase in the number of gambling venues as well as a greater variety of settings that attracts a broader spectrum of people.

As states such as New York looking to-- look to gaming and gambling as a source of badly needed revenues, they are more open to new approaches that appeal to more people and provide

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greater access to gambling opportunities. Thus, state sanctioned gambling has gone from OTB/racetracks to the present vast array of settings where gambling is available on almost every corner.

And to the problem gambling, that fact more than ever presents a true crisis. Problem gambling is not only growing, it is spreading through the various democratic strata of wealth, education, occupation, as well as age, gender and ethnic origin. The problem is not just in numbers, it is the qualitative impact upon these segments.

More alarming is the emerging view that adolescent vulnerability to addictive behaviors such as problem gambling is significantly influenced by the way their brain is growing. This gives rise to the impulsive judgment indulgent and risk-taking choices that could adversely affect their transition into adult roles.

The impact of problem gambling entails a whole range of social problems which result in

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considerable financial and human costs. When a state such as New York promotes and cultivates the growth of problem gambling, of gambling opportunities, it must take the responsibility for the treatment of that vulnerable segment of the population that is afflicted with the pathological gambling.

I am here to state that the treatment of problem gambling works. The treatment objective is to "rewire" or change the gambler's pathological focus on healthy behaviors and thoughts and move toward understanding and thinking about gambling in a new way.

Through various therapeutic approaches, the patient can then develop the skills to cope with the urges to gamble, manage unhealthy emotions that would usually trigger unhealthy behaviors, and resolve their financial work-related and relationship problems that causes addiction.

Overcoming gambling addiction is not easy, but recovery is possible by recognizing the problem, accepting the need for help, finding the

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appropriate therapy including the 12 step program, and making the commitment to change and maintain recovery. As we know that problem gambling can be treated, we are faced with the hard reality as more people gamble, more people will be afflicted with this pathology.

As state and privately funded marketing campaigns target wider cross sections for the population, the impact of problem gambling will become more complex and require even greater resources and funding.

To counteract the effect of these campaigns, there should be a concerted effort through public awareness and education campaign as it is done for cigarettes and substance abuse to graphically alert parents and family members to the dangers of problem gambling as well to educate them on what symptomatic behavior and indicators require them to take action in finding resources and help.

WILL BELLACH, LCSW-R, MS THERAPIST,
RICHMOND UNIVERSITY MEDICAL CENTER GAMBLER'S
TREATMENT PROGRAM: My name is Will Bellach. I

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2 also work at Richmond University Gambler's
3 Treatment Center. I have been there for about 12
4 years. And I'm here today to express my growing
5 concern about the expansion of gambling and its
6 subsequent effects on individuals, families and
7 society.

8 In New York and throughout the US we
9 have increasingly come to view gambling as a
10 recreational activity. We are bombarded each day
11 with gambling advertisements in various media
12 forms. It is commonplace to view commercials,
13 billboards and posters as well as hear radio
14 advertisements.

15 We tend to forget that these things are
16 relatively new to our daily experience and
17 certainly appear to be increasing dramatically.
18 The growth is fueled by economic realities our
19 states seek to manage. Gambling certainly
20 provides states with increased tax revenues.
21 However, the benefit versus cost question needs
22 further analysis.

23 Moreover the analysis needs to be
24 applied to all the various forms of gambling that

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are currently offered; casino, racino, lottery and horses. Current research being conducted has indicated that there is growing evidence that pathological gamblers have shared brain vulnerabilities with individuals with substance abuse disorders.

This certainly assists in our understanding of the comorbidity that exists between these two disorders. Treatment studies have also documented increase co-occurrence with other mental health disorders that include mood disorders, personality disorders, schizophrenia and anxiety disorders.

I emphasize this issue to convey the serious mental health problems to which our patient population presents as they enter therapy. It is also well documented that the difficulties pathological gambler's families may experience. It is validated by, researched and witnessed in our center, family members who struggle with depression, anxiety and of course adjustment related disorders.

Treatment studies have validated a host

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of therapeutic interventions that appear to be helpful to pathological gamblers and their families, beginning with Burglar's studies [phonetic] in the 1950's utilizing the psychoanalytic and psychodynamic approach, treatment studies have indicated that interventions work.

Treatment studies indicating the efficacy of behavioral, cognitive and even pharmacological approaches are well documented. A couple in family therapy are also useful interventions. New studies have indicated the effectiveness of motivational interviewing techniques.

Treatment not only works but it is also cost effective. It is well documented the cost of one pathological gambler can have on society. Treatment should be approached out of an ethical responsibility the state has towards its citizens. Our outpatient treatment center helps to assist the individual cope and manage this illness and possibly avoid costly in-patient care, bankruptcy, divorce and even incarceration.

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During my time at the Gambler's Treatment Center, I have seen an increase in clients who seek treatment for legal forms of gambling. Most of our clientele at the time I began my tenure there were sports betters. Today the majority of our referrals are composed of a casino and lottery gamblers. It appears as these forms of gambling have increased, the problems associated with them follow.

Our clients struggle with huge amounts of debt ranging from the thousands to the hundreds of thousands. It is common place for us to work with individuals struggling with serious and persistent mental illness who gamble their entire SSI or SSD check in less than an hour on scratch off games. The individual who resorts to criminal activity to fuel their gambling addiction and as a result becomes incarcerated.

The family member who gambles their entire life savings or retirement in a casino. The teen who begins playing poker with friends and they spend the next decade chasing gambling losses as their mental health continues to

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decline. Many gamblers conceal their activities for long periods of time, most gamblers in fact.

If more resources were dedicated to the prevention, education and treatment services, perhaps the manifestation of this illness would not be so progressive and ultimately costly. During the past 12 years I have seen individuals and families struggle with the effects of pathological gambling turn their lives around; thus improving their social, academic and vocational functioning and returning to be responsible citizens.

However, the necessary ingredient is help. These individuals can present initially in treatment with a sense of desperation, despair and hopelessness. I know that treatment that addresses relapse triggers assists with coping ability, seeks to improve family functioning, and encourages the development of extended social supports through Gambler's Anonymous works.

However it is important that the delivery of prevention education and treatment of pathological gambling increases along with it's

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2 availability and it seems to be actually
3 decreasing, which is the most alarming aspect of
4 this. That's why I think this is such an
5 important forum today. And I thank you for the
6 opportunity to speak.

7 ASSEMBLY MEMBER CYMBROWITZ: How many
8 individuals is the center serving?

9 MS. SCHWARTZ: There is only 55 in
10 Staten Island.

11 MR. BELLACH: Yeah. My current case
12 load was over 50 in the summer. It's about close
13 to 45 now.

14 ASSEMBLY MEMBER CYMBROWITZ: And how do
15 you get your referrals? Do they just walk in or
16 are they referred?

17 MS. SCHWARTZ: Primarily through
18 Gambler's Anonymous and Gam-Anon in the community
19 and other agencies. And sometimes courts.

20 ASSEMBLY MEMBER CYMBROWITZ: And where
21 does your funding come from?

22 MS. SCHWARTZ: New York State.

23 ASSEMBLY MEMBER CYMBROWITZ: All of it
24 comes from New York State?

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2 MS. SCHWARTZ: Yes.

3 ASSEMBLY MEMBER CYMBROWITZ: Were you--
4 were any dollars cut last year?

5 MS. SCHWARTZ: Yes. That's why the
6 Queen's program closed.

7 ASSEMBLY MEMBER CYMBROWITZ: Oh I see.
8 So you consolidated your workers from Queens.
9 Where were they in Queens?

10 MS. SCHWARTZ: In Forest Hills.

11 MR. BELLACH: We are the workers.

12 MS. SCHWARTZ: We are the workers. What
13 happened was our therapist was out on medical
14 leave and did not return. But I was covering
15 their case load and then during - - they said we
16 needed more staff but they didn't have the
17 funding to do it. So they closed.

18 ASSEMBLY MEMBER CYMBROWITZ: This was
19 OASAS?

20 MS. SCHWARTZ: Yes.

21 ASSEMBLY MEMBER CYMBROWITZ: Who did
22 their audit? And lucky you.

23 MS. SCHWARTZ: No.

24 ASSEMBLY MEMBER CYMBROWITZ: So you

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2 wouldn't mind seeing a funding, an additional
3 funding stream.

4 MR. BELLACH: I think it's essential.
5 And some of the points that were brought up
6 before about dedicating a specific percentage
7 really seems to be the most I would think
8 efficacious approach.

9 ASSEMBLY MEMBER CYMBROWITZ: Do you see
10 your wait--do you have a waiting list? I mean do
11 you see--can you see more patients, more clients
12 if there was additional funding?

13 MS. SCHWARTZ: Sure.

14 MR. BELLACH: Absolutely.

15 ASSEMBLY MEMBER CYMBROWITZ: The need--
16 do you have--people are coming from where? Are
17 they coming from Queens to Staten Island? Or are
18 you just seeing Staten Island?

19 MS. SCHWARTZ: Staten Island, Brooklyn.
20 The people who were coming from Queens are slowly
21 terminating because of the distance and the long
22 commute.

23 MR. BELLACH: I probably see about half
24 my people on my caseload from Brooklyn as well.

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ASSEMBLY MEMBER CYMBROWITZ: Okay, thank you very much.

MR. BELLACH: Thank you, appreciate it.

ASSEMBLY MEMBER CYMBROWITZ: Dr. Shafer?

STEPHEN Q. SHAFER MD, MPH COALITION
AGAINST GAMBLING IN NEW YORK: My name is Stephen Shafer. I'm a retired neurologist and a past member of the faculty of the Columbia University School of Public Health. I'm the Chairperson of Coalition Against Gambling in New York, a state-wide organization.

I asked to speak today, having met Assemblyman Cymbrowitz last summer. I saw him as a dedicated public servant who seemed to believe what I do not; that any and all adverse impacts of the proposed Article 1 Section 9 amendment could be minimized satisfactorily if enough money were put into treatment programs.

As the summer went by and I heard nothing from anyone about what the impact of the new casinos might be, I prepared a report from which today's remarks come. I concluded that the Governor and his advisors have far underestimated

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the growth in gambling-related illness that would follow the new casinos, which Assemblyman Cymbrowitz to my dismay seems to regard as inevitable.

I estimate 80,000 new addicted gamblers and 200,000 new problem gamblers in the state. I told you a little bit about the methods.

Predicting how many new addicted gamblers and problem gamblers that would result from this many new casinos depends on their locations and capacities as well as their number.

A critical variable is the association between distance from a casino and the likelihood that someone residing at that - - is a pathological gambler or a problem gambler. The two most relevant studies on this relationship are those of Girshtein et al [phonetic] from 1998 and Wealthy et al [phonetic] from 2004.

For most of my projections I used Delater [phonetic] which in a national survey found that if a person is living within ten miles of one or more casinos, compared to outside ten miles, there was a 90% increase in the odds of

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being a pathological or a problem gambler. I have interpolated their findings to apply that increase uniformly to each type separately.

In a hypothetical scenario, I hope it's hypothetical, up to seven commercial casinos are built in New York State starting in 2014. None are in the western New York, in the Seneca exclusionary zone. The casinos are placed to maximize gross pre-tax revenues to private ownership, and thus tax-levied by government. To do this, they would be in well populated areas now without casinos.

If western New York is excluded, most would perforce be in the southeastern part of the state, which in late 2012 has no full-fledged casinos, though three racinos. Most of the New York State residents who are now from Clinton, Foxwoods, Mohegan Sun, Atlantic City and eastern Pennsylvania and who would be heading to western Massachusetts, I'm afraid, must be from the greater New York metropolitan area; the five boroughs plus Nassau County, Westchester and Rockland.

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This region in 2010 had eight million persons aged 18 and over. And it's from these eight million that the line crossers would have to be recaptured. The new casinos would not be evenly spaced along state lines, but would be placed mostly within 50 miles of the greater New York area. Let's assume baseline prevalence of pathological gamblers is 1.14% of the adult population, a figure from nationwide studies.

Assume five new casinos are sited so that every part of the greater metropolitan area is within ten miles of one. How many new pathological gamblers are expected among the eight million adults? In three years, the count will rise by 90%, from 91,000 to 173,000, an increment of 82,000 new addicts.

An increase of 90% in the prevalence of problem gamblers would raise it from 2.8% to 5.3%, 202,000 new problem gamblers. Table one presents expectations for different increases in prevalence of both types of gambler. And I'm sorry I wasn't prepared with audio visuals. These are in copies of my report, which will come

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to your committee.

And for the audience I'll just say that in table one we lay out increases from baseline in thousands of persons for seven different scenarios based on different increases in prevalence of problem gambling and pathological gambling, from the lowest imaginable increase, which I would put at a multiple of 1.04, that is a 4% multiplicative increase, would produce 4,000 pathological gamblers and 10,000 new problem gamblers.

Moving up the scale with further increases, we come to 16,000 new problem gamblers and 39,000 new problem gamblers and 16,000 new pathological gamblers at an increase of 1.18%. I have also used an additive model in which instead of multiplying we added. And all of these say that what we might call a mid-point estimate for a new addicted gamblers is between 72,000 and 82,000 new addicted gamblers, between 64,000 and 202,000 new problem gamblers.

If treatment services are to be provided for both of these more severe types of problem

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gambling, then in the lowest impact scenario with 14,000 new addicted and problem gamblers, that's already three times more than the very important figure we heard from Mr. Block today, the number of problem--the number of persons in getting treatment help for problem gambling in New York State today.

He estimated at 5,000. So the lowest possible foreseeable impact, if zero is impossible. You put in a bunch of new casinos, we are not going to have zero new problems. In the higher impact scenarios, the pool is up by 135,000, 280,000. To treat any number in this range would call for not a step up in services but a giant Mayan pyramid costing far more than any state agency with or without funding from the casino sector could ever expect to receive and to continue year after year.

I've heard a lot today that really encourages me about the wonderful things being done for treatment in New York state. But let's not forget that even the most effective treatment programs for problem gambling rarely get a chance

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to help until the gambler is in crisis, after much damage both financial and spiritual has befallen him or her and the many people in his or her circle.

It's careless and calloused for New York state to open the door to creating thousands of problem gamblers who will already have left carnage in their wake by the time they come to treatment, which only some of them do. I respectfully recommend that the assembly committee state as a body to the assembly leadership that not expanding gambling now or ever is the only road paved for good health.

I ask you to vote no on second passage. Thank you for the opportunity to speak.

ASSEMBLY MEMBER CYMBROWITZ: Thank you very much. Our next speaker, we're short on time. Jay Blitz?

JAY BLITZ: Good afternoon, Assemblyman Cymbrowitz. My name is Jay Blitz and I stand before you today a success story. Once hopelessly trapped in the throes of problem gambling, I now haven't placed a bet of any kind

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in the last five years. Once a drain on society,
I am now an honest, hard working productive
citizen.

Once estranged and alienated from my
family, I now enjoy productive, meaningful
relationships with them. I couldn't have done it
without your help. I'm here today to alert you
to the fact that there are countless others in
desperate need of your assistance. Helping them
is not only in their interest but yours as well.

My gambling began at a very early age.
My father was a pathological gambler and so were
many of the adult role models I was exposed to in
my youth. I started going to the racetrack at
age 14 and did not stop until age 60. This
addiction was nothing short of crippling. Legal,
medical, financial, educational, vocational and
domestic problems plagued me up until the last
five years of my abstinence.

As daunting as these issues were, none
of them kept me from the racetrack. My gambling
knew no bounds. By any means necessary, I was
going to get my fix. But just as I thought I had

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reached the point of total desperation and hopelessness, I learned that there was another way. Weekly therapy sessions that the state funded, Gambler's Treatment Center, coupled with regular attendance at a 12 step program were instrumental in my recovery.

Through these programs I learned a very important concept; that my gains were mine to keep and that my problems were not financial in nature. The bag of guilt that I'd been carrying around with me for five decades needed to be emptied so that I could be free to live a normal and happy life. Were not for the program and those like it offered at the Gambler's Treatment Center, I never would have been able to be taught and subsequently put into practice these valuable principles.

With so many forms of gambling readily available, the important work done by the trained professionals of these facilities is needed now more than ever. Problem gamblers in this state are constantly exposed to the promotion of lottery games, horse racing, casino and the so-

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called racino facilities. Not to mention the many different forms of illegal gambling that is so prevalent.

Today I call on you to increase the allocation and the budget in order to help problem gamblers overcome these massive promotional efforts. New York State is to be applauded for its efforts in substance abuse prevention treatment. Here in New York City, our mayor has been vigilant in both his anti-smoking and anti-obesity crusades.

Other bold measures have been implemented on a state-wide basis to help prevent and control drug and alcohol abuse. Pathological gambling has been relegated to second class status behind these other addictions. It is time that New York state recognized that this disease is every bit as damaging to both the individual and community at large.

Problem gambling is not limited to any particular gender or ethnic demographic. Those who suffer can be found in every walk of life, from educators, lawyers, doctors and clergy.

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Even our most elite and educated citizens are not immune to this arresting disease. If the state hopes to make inroads with the treatment and prevention of problem gambling, then the annual appropriation of a million dollars simply will not suffice.

The amount constitutes less than one percent of the SFY 2012-2013 budget. Yet according to the last latest data, pathological gambling affects roughly 5% of our population. A proportional increase in funding is a must. For many, incarceration, divorce, bankruptcies, foreclosures and stress-related medical conditions can be attributed to one thing and one thing only; pathological gambling.

This was my reality for 46 years. I am here today to say thank you for saving my life. Together we can attempt to help save the lives of the countless others who still suffer. Thank you and if you have any questions.

ASSEMBLY MEMBER CYMBROWITZ: Thank you and congratulations on your recovery, thank you. Nick Palladino?

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NICK PALLADINO: Hi, my name is Nick Palladino. I am a gambler. And I get treated at the Gambler's Treatment Center on Staten Island. Dear sirs and ladies, I am waiting--I am sorry. I am writing this letter because I go to Gambler's Treatment Center on Staten Island. Will Bellach is my therapist and I have been seeing him for over three years.

Will has helped me tremendously with my gambling and other personal problems in m life. Over the last few years I have noticed that New York state has increased gambling throughout the city. As a gambler, I find it disturbing that I can't even go in to a deli without seeing people that have obvious gambling problems.

I am talking about scratch-offs that take up the whole counter of the deli. Not one but two lotto machines. And also quick draw that takes up a lot of counter space as well. It is very disturbing to see a man on the side of the deli scratching off his lotto tickets with his last dollar. It's basically everywhere you look, especially on TV.

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I see gambling ads for lotto, casinos, racinos, number games, and also holiday scratch-offs. Unfortunately I've been influenced my whole life with gambling. My family liked to play cards and for small amounts of money, but I took it to a whole other level and became very sick. To get back to delis about gambling, I do want to know that as a realist I know that New York has to make money.

And I know as a realist I'm not going to stop them from making money off gambling. It just is very difficult to deal with, as it's everywhere you turn. With all the money that's collected, the billions of dollars I assume is being collected from gambling, I ask you to put some aside to help people with their gambling problems.

I also urge you to try to make the public more aware of the pitfalls of gambling. As far as education goes, I think it would be a good idea to educate families about gambling, just like the ads on TV nowadays especially showing pictures and teaching public awareness on

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smoking and using drugs, why not gambling?

Parents should also educate their children as much as they can.

It's very upsetting to me to see the increased gambling in New York. It's full, it's out of control. I implore you to set a sufficient amount of funds to help people with gambling problems and for the future of our children. Thank you for your attention, sincerely Nicholas Palladino. My wife wrote this.

ASSEMBLY MEMBER CYMBROWITZ: Thank you very much.

MR. PALLADINO: You're welcome.

ASSEMBLY MEMBER CYMBROWITZ: For some reason I didn't think this was your handwriting. I don't know, it just.

[Laughter]

ASSEMBLY MEMBER CYMBROWITZ: We have George?

FEMALE VOICE: No.

ASSEMBLY MEMBER CYMBROWITZ: No George here? Okay, all right.

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FEMALE VOICE: Okay, so these are your two add-ons there.

ASSEMBLY MEMBER CYMBROWITZ: Okay. Mr. Tsang?

FEMALE VOICE: He just stepped out.

ASSEMBLY MEMBER CYMBROWITZ: Oh okay.

FEMALE VOICE: And Kevin.

ASSEMBLY MEMBER CYMBROWITZ: Kevin?

KEVIN KEE LIN, HAMILTON MADISON HOUSE:
Good afternoon, Chairman of the Assembly. Thank you very much for this opportunity to speak today. My name is Kevin Kee Lin. I'm a volunteer of Hamilton Madison House as a problem gambling outreach associate for the Asian community.

But also I was once a problem gambler. I had been gambling for a number of years. In the beginning I started to go to casinos just for entertainment like most of the people for concerts, relaxation and holidays. But quickly, all I was thinking was gambling. I never thought gambling is a problem. But for me it was.

And I became totally out of control. I

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went to casinos a few times a week continuously for several years. I spent more time in casinos than being with my family for work. As a result, I lost my job, my savings, my apartment. I was in trouble with some legal issues. More importantly, most importantly, it really hurt my family relationship.

For all those years I was helpless and hopeless. One day my best luck finally came not from gambling, not from casinos. That was when a friend who knew how often I went to casinos, she told me that I may need help and that I should check it out from Hamilton Madison House. After being evaluated as a compulsive problem gambler, I took a one year long treatment program and finally stopped going to gamble.

I have been trying to rebuild my life, working hard to support my family and hopefully use my own experience to help other problem gamblers as well. I'm here today not just sharing my story but urgently asking the Committee to look at the need of more government resources for the Asian communities.

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There has been a lack of prevention programs to educate the community of the impact of problem gambling and how to prevent it. Obviously, not enough treatment programs and counseling for the problem gamblers and their families. Just for an instance, there is almost impossible to reach a Chinese speaking person on the other line of 1800 Gambler, the Gambler's hotline.

I understand that not everyone who goes to casino will become a problem gambler, but our government should ensure there is always help when someone needs it. Thank you. Thank you for this opportunity to speak.

ASSEMBLY MEMBER CYMBROWITZ: Mr. Tsang?

SEPHOEN TSANG, HAMILTON MADISON HOUSE:

First off I would like to thank the Committee, the Chairman for this opportunity. My name is Sephoen Tsang. I'm a compulsive gambler. I personally experienced the loss of my job, my friends, and owe money to creditors due to my addictive behavior on gambling.

Most of my gambling is at Atlantic City

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and I enjoyed gambling everything I had in the casino. I can stay and gamble forever and it wouldn't bother me. I didn't need to eat, sleep, or go to the bathroom. During the time when I was gambling I didn't know there were preventions and treatments for problem gamblers. There isn't enough awareness in casinos and other gambling industries to help prevent and treat people with problem gambling.

If there isn't enough for me and I speak English, there definitely isn't much help for those who don't speak or read English. In the Asian community, problem gambling is a huge problem and I see very few resources to prevent and treat the people in the community. Hamilton Madison House is one of the few places that provide these services and recently helped start a Chinese speaking share group for problem gamblers.

Most casinos target Asian Americans from having buses in Chinatown go straight to the casinos to having Asian concerts at the casinos. Asian-American populates most of the casinos and

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there is little literature in other languages other than in English to prevent and treat the people. I am not anti-gambling, but I believe that if we are going to have more gambling here, we should also be responsible for the side effects it may have on certain people.

There should be more resources in prevention and treatment in other languages, specifically in Chinese. Thank you.

ASSEMBLY MEMBER CYMBROWITZ: I think you're correct. I think casinos do target Asian Americans. I think you're right. The buses that come out of Chinatown and go straight to Atlantic City. I remember one time I took a tour of Aqueduct last year, got there at about 10:00. I had several meetings with Genting. And when I came out at about noon, the place that was quite deserted at 10:00 was now packed at noon with Asian Americans.

Whether they took the buses or however they got there, I found it striking that the number of Asian Americans that were there. And I thank you for being here. I think it's an issue

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that we have not dealt with and I think one of the things we will look at is the translation and the hotline services.

We--you see many hospitals or now pharmacies, hospitals have translation services. Well we should be doing the same thing, I agree. So I thank you both for being here and congratulations to you, the two of you, for your years in recovery.

MR. LIN: Thank you Chairman, thank you.

MR. TSANG: Thank you.

ASSEMBLY MEMBER CYMBROWITZ: That draws an end to our hearing. I want to thank everyone for being here today and thank Staten Island for coming to Manhattan. And all of you for coming to the assembly hearing and traveling all the way from the north country as well. Thank you very much. And to all the staff that traveled from Albany, I thank you as well.

There are many things that this hearing has made an issue of, and I think it's really very, very important that as we go forward now over the next few months, when the legislature

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2 will be voting on the second passage of the
3 amendment. And there's no doubt that it will
4 pass.

5 The idea of revenue, of the billion
6 dollars, the billion four; who knows where that
7 number will go, is extremely enticing to
8 government officials at this point. But it's--
9 what I will be doing, and it is my job to make
10 sure that we develop dollars, we get that funding
11 stream so that we can have prevention and
12 treatment services. I think we need to get those
13 dollars back.

14 I think the number of 20 million dollars
15 that Jim Maney mentioned is not out of the
16 question. I am hopeful that other people, my
17 colleagues agree with me. And I'm hopeful that
18 especially the Governor agrees. The billion four
19 that we talk about, I have already spoken to
20 people and it's already spent ten times already.
21 And none of it coming for prevention or treatment
22 services.

23 People see that money and they think of
24 programs that they want to, you know, to fund.

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But I know that I will, as well as some of my colleagues will continue to fight for those dollars, where they should go to deal with prevention and treatment programs, not only for compulsive gambling but for all treatment services for addiction.

So I thank you all for being here and we will be getting our next budget from the Governor in January. The state of the State is January 9th and we will receive our budget several weeks later. I recommend you take a look at it and when we do have our budget hearings that you come up and testify. It's very, very important that you organize people in the community and that they come forward and talk about their issues just like we had today, those who are suffering and those who are recovering.

It's really very, very important that we continue that. Again, thank you all for coming. Thank you very much.

(The public hearing concluded at 2:22 p.m.)

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C E R T I F I C A T E

I, Brandi Dean, do hereby certify that the foregoing
typewritten transcription, consisting of pages number 1 to
180, inclusive, is a true record prepared by me and
completed from materials provided to me.

A handwritten signature in cursive script that reads "Brandi Dean". The signature is written in dark ink and is positioned above a double horizontal line.

Brandi Dean, Transcriptionist

January 9, 2013