



Testimony by Deb Stidham, President
Kansas Association of Addiction Professionals
February 11, 2021
SB 84 – Neutral

My name is Deb Stidham. I am here today representing the Kansas Association of Addiction Professionals, an addiction prevention and treatment provider trade association which has been in existence since 1974. KAAP's membership includes agencies located all over the state providing an array of services from outpatient to residential treatment and prevention services.

An estimated 46,000 adults in Kansas are believed to suffer from a gambling disorder. The 2017 Kansas Gambling Survey determined that nearly 3% of Kansas adults would be considered high risk for suffering from a gambling disorder. This population is 10x more likely to attempt suicide and the co-occurring rates for mental illness and substance use disorders is significant. Problem gamblers also have high rates of co-occurring substance abuse and mental health disorders, including smoking, alcohol use and abuse, drug use and abuse, depression, and suicidal behavior. The 2017 Kansas Gambling Survey found that a significantly higher percentage of participants that fell into the high-risk category for a gambling disorder (52%) reported having thoughts of suicide, compared to the 26.3% in the moderate category and 14.9% of the low risk category. Besides being more likely to have suicidal thoughts, other research shows that individuals with gambling disorder are 15 times more likely to attempt to take their own life. In addition, seniors and our youth are also vulnerable to gambling problems. Unfortunately, many of these problems go undetected for years until the problem has progressed to the point of criminal activity, bankruptcy and suicide. Everyone who profits from sports betting bears responsibility for gambling problems. The only way to maximize benefits from sports betting is to minimize problem gambling.

The addition of sports betting into our state will bring an unprecedented blitz of advertising to urge Kansans to bet instantly from their phone on every action by every player on every play in every game in every sport. The expansion of legalized sports gambling in Kansas will likely increase gambling participation and simultaneously increase problems. The dangers of this trend

of advertising, access, and action posed to Kansans can be mitigated though, with a few measures:

1. Dedicate at least two percent of revenue to prevent and treat gambling addiction.
2. Develop robust and enforceable responsible gaming programs for sports betting licensees and all gambling operators.
3. Conduct surveys of the prevalence of gambling addiction prior to expansion and at regular periods thereafter to assess problems.
4. Establish a consistent minimum age for gambling.

Best practices for state agencies such as the Kansas Department of Aging and Disability Services which are responsible for addressing problem gambling include the following:

1. Designate a senior staffer to be solely responsible for problem gambling issues.
2. Add brief gambling screens to intake/assessment and data tracking systems.
3. Add gambling participation & problem symptom questions to existing surveillance, monitoring and survey efforts.
4. Develop state- and culturally specific basic materials on gambling addiction.
5. Develop a plan to train all mental health and addiction counselors in basic screening, assessment, treatment & referral.
6. Identify counselors with prerequisite education and certification to receive advanced training with goal to achieve national certification and become trainers.
7. An evaluation by KDADS of these measures and addressing any gaps found should occur prior to any expansion of legalized gambling.

The National Council on Problem Gambling 2016 survey of Problem Gambling Services found that within the Kansas Department of Aging and Disability Services (KDADS) had a budget of \$889,198 for problem gambling services. This is roughly \$0.31 per capita. As such, Kansas ranked 16th out of the 40 states that receive public funding and was slightly below the \$0.37 per capita average spending and far below the highest funded state (Delaware, at \$1.46 per capita.)

The Kansas Expanded Lottery Act recognized the state's duty to address problem gambling in 2007 when it stipulated that 2% of net revenues from state owned casinos be allocated to the Problem Gambling and Addiction Fund. Unfortunately, this fund has not been fully utilized for its intended purpose which was to fund the research, prevention and treatment of problem gambling and other addictions. A close examination of the funds will show that this intent has not been realized.

Recommendation:

The legislation to legalize sports betting in our state should not only include language that dedicates at least 2% of net revenues for the Problem Gambling and Addiction Fund but also to *fix the language in that statute* to ensure that all revenues be allocated for their intended purpose which was to mitigate the harms caused by legalized gambling as well as address other co-occurring addictions.

An amendment was proposed and adopted on SB 283 in the Kansas Senate in 2020

during Senate floor debate incorporating these important changes. The importance of this amendment can not be understated when you consider the following:

1. When the Kansas legislature expanded gaming in 2007, they recognized the importance of addressing not only problem gambling but also the need to address long standing gaps in funding which exist in the alcohol and drug system.
2. Due to a series of economic factors, those funds were diverted early on to meet budget challenges.
3. The language in the Kansas Expanded Lottery Act which refers to the Problem Gambling and Addiction Fund needs to be amended to ensure that these funds are allocated as intended going forward.

We urge you to amend SB 84 in the same fashion as 2020 SB 283. Thank you for your time and consideration of our comments.