

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

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

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

19 Additionally, through your testimony and
20 our discussion today, we hope to better
21 understand the state's capacity to meet the
22 existing needs of New Yorkers suffering from
23 gambling problems, identify strategies that will
24 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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2 By providing effective and accessible
3 services we may alleviate the negative
4 consequences associated with problem gambling. I
5 am eager to hear from all of you and I would like
6 to thank you in advance for your contribution to
7 today's public hearing. Assemblyman Dendekker?

8 ASSEMBLY MEMBER MICHAEL G. DENDEKKER:

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

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

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

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

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

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

19 MS. ARLENE GONZALEZ-SANCHEZ,
20 COMMISSIONER NEW YORK STATE OFFICE OF ALCOHOLISM
21 AND SUBSTANCE ABUSE SERVICES: Good morning,
22 Assemblyman Cymbrowitz and Assemblyman Dendekker.
23 It's a pleasure to be here today with you. May
24 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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2 state-wide awareness campaign.

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

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

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

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

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

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

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

22 MS. GONZALEZ-SANCHEZ: Mm-hmm.

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

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

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

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

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

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

20 MS. GONZALEZ-SANCHEZ: Yes.

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

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2 mini grants?

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

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

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

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

22 MS. GONZALEZ-SANCHEZ: I sure hope there
23 is. I mean we do have a plan. We have an
24 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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2 schools, public schools, private schools?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 ASSEMBLY MEMBER CYMBROWITZ: Assembly
11 member Arroyo, welcome.

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

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

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

24 MS. GONZALEZ-SANCHEZ: How do we target

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2 programs? Is that the question?

3 ASSEMBLY MEMBER GONZALEZ-SANCHEZ:

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

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

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

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

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

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

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

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

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

24 ASSEMBLY MEMBER CYMBROWITZ:

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2 Improvements, I mean on the help line.

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

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

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

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

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

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

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

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

23 MS. GONZALEZ-SANCHEZ: Characteristics?

24 ASSEMBLY MEMBER CYMBROWITZ: Of the

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2 individuals who are reaching out for help.

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

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

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

19 MS. GONZALEZ-SANCHEZ: Oh sure. That is
20 documented. And you know, if the members would
21 like to see a report that we get to show what the
22 questions are, where you know, how to process it.
23 I'll be more than glad to submit that to you, to
24 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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2 trying to get people to understand that it is a
3 problem, it could be a problem.

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

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

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

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

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

8 Is that something that OASAS can do?
9 For example, if you received a stream of dollars,
10 is that something OASAS could do or would you
11 work with different agencies? And what would you
12 do?

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

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

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2 feel comfortable as to who will provide those
3 additional services.

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

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

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

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

18 MS. GONZALEZ-SANCHEZ: We have not.

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

23 MS. GONZALEZ-SANCHEZ: Well I'm--I would
24 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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2 program might include possibly addressing parents
3 about if your child is gambling and you know
4 about it.

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

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

17 MS. GONZALEZ-SANCHEZ: Right.

18 ASSEMBLY MEMBER DENDEKKER: And we need
19 I think to do more outreach to spouses and
20 families and ask them to help us identify that
21 gambler so then we can look into first of all, we
22 may find out that we may have a very small number
23 actually identified and it may be inflated much
24 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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2 might even want to contact hypothetically the
3 banking industries. And if there's a husband and
4 wife that have a joint credit card and either one
5 of them are taking cash advances against a credit
6 card, maybe the other member should be notified
7 that cash advances are being taken off a credit
8 card.

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

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

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

10 MS. GONZALEZ-SANCHEZ: Right. And
11 obviously that's why we decided to divide the
12 \$450,000 the way we did because we agree. You
13 know, we need to do more outreach. We need to do
14 more awareness, public awareness. We need to do
15 more enforcement. These are all areas that we
16 need to do more in which is why we decided to do
17 these mini grants to start that process.

18 ASSEMBLY MEMBER DENDEKKER: And I
19 greatly appreciate all that, and I don't want to
20 make this the wrong way, but in my opinion
21 \$450,000 is a horrible, small amount of money for
22 the State of New York. I understand you're doing
23 the best you can with what you have. And that's
24 what we're talking about. How much more could we

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2 do if we had more?

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

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

23 MS. GONZALEZ-SANCHEZ: Thank you.

24 ASSEMBLY MEMBER DENDEKKER: Thank you.

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

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

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

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

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

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

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

11 MS. GONZALEZ-SANCHEZ: I'm sorry?

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

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

23 ASSEMBLY MEMBER GONZALEZ-SANCHEZ:

24 [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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2 ASSEMBLY MEMBER CYMBROWITZ: All right,
3 we're going to change the order a little bit.
4 Okay, our next speaker, Steve Zeltser. Or Ronnie
5 Tawil, would you like--Ronnie would you like to
6 go? Ronnie Tawil, please, from Stop the Casino
7 in Brooklyn.

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

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

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

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

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

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

22 We consider ourselves very good
23 neighbors and as such we join together with other
24 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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2 to do it is to try to have casinos not in such
3 populated areas, not so close to residential
4 areas that are really the core fabric of the city
5 and the state. So one of the places, please
6 don't put it in Coney Island.

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

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

24 But we ask personally, Coney Island is

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

10 ASSEMBLY MEMBER CYMBROWITZ:

11 Assemblywoman?

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

14 ASSEMBLY MEMBER CYMBROWITZ: Okay, you
15 mentioned SAFE.

16 MR. TAWIL: Yes.

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

24 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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2 I mean obviously many people in Coney Island
3 think that that will help the community to be
4 revitalized, especially after the storm.

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

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

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

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

24 ASSEMBLY MEMBER CYMBROWITZ: Thank you.

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2 Steve Zeltser? Identify yourself, please Steve.

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

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

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

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2 gambling casinos.

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

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

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

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

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

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

24 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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2 gambling is also not limited to adults. In the
3 same survey, seven through twelfth grade students
4 in New York State revealed that 10% or 140,000
5 students showed signs of problem gambling in the
6 past 12 months.

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

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

24 Other specific populations that are

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

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

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

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

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

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

24 Pathological and problem gamblers in the

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

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

18 The National Gambling Impact Study
19 Commission calculated bankruptcy rates to be 18%
20 higher in communities located within a 50 mile
21 radius of casinos. According to an October 30th,
22 2012 article in the Washington Post titled,
23 "Studies; casinos are bringing jobs but also
24 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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2 populated community with over 70,000 residents,
3 many of which would live a few short blocks from
4 the casino. The median income for the area is
5 \$31,000 with 20% of residents living in poverty.
6 Most residents of the area receive some form of
7 governmental assistance. As I previously stated,
8 pathological gamblers are more likely to be on
9 welfare than non-gamblers.

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

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

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

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

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

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

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

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

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

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

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

22 MR. ZELTSER: Right.

23 ASSEMBLY MEMBER DENDEKKER: At all. We
24 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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2 bars in any of your neighborhoods because I'm
3 sure you have a very high rate of alcoholism in
4 your area just like you do substance abuse and
5 then we shouldn't have any pharmacies located in
6 your neighborhood.

7 MR. ZELTSER: Right.

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

13 MR. ZELTSER: Right.

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

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

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

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

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

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

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

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2 communities will be, but the legislature will.

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

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

13 ASSEMBLY MEMBER CYMBROWITZ: Steve,
14 thank you.

15 MR. ZELTSER: Yeah, thank you.

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

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

21 ASSEMBLY MEMBER CYMBROWITZ: Mezey,
22 okay.

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

1 Committee on Alcohol and Drug Abuse, 12-20-2012
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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2 youth, with schools. We are in 40 middle schools
3 and high schools throughout Westchester.

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

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

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2 faculty.

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

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

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2 if they're not checking regularly.

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

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

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

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

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

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

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

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

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

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

22 And she had made these gorgeous banners.
23 Our counselors picked them up. They displayed
24 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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2 either. They're coming in for, you know, they
3 had a fight with their boyfriend or they had a,
4 you know, so they come in for all sorts of
5 different reasons. But yes, we don't have a
6 dedicated person anymore for the gambling issues.
7 That's correct.

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

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

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

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

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

7 MS. MEZEY: I did just say that.

8 [Laughter]

9 ASSEMBLY MEMBER CYMBROWITZ: Okay.

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

16 ASSEMBLY MEMBER GONZALEZ-SANCHEZ: A
17 quick question.

18 MS. MEZEY: Yes?

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

21 MS. MEZEY: For what sort of? For?

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

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

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

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

11 MS. MEZEY: Whatever.

12 ASSEMBLY MEMBER GONZALEZ-SANCHEZ: To a
13 large number.

14 MS. MEZEY: If just a--

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

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

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

22 MS. MEZEY: Okay.

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

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

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

6 ASSEMBLY MEMBER GONZALEZ-SANCHEZ: Thank
7 you.

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

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

18 ASSEMBLY MEMBER CYMBROWITZ: So \$60,000.

19 ASSEMBLY MEMBER GONZALEZ-SANCHEZ:
20 Peanuts.

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

23 MS. MEZEY: Right.

24 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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2 stream of funding is extremely necessary, because
3 obviously you're doing more with less, but when
4 you lose money for a core service like this and
5 you have to encompass, you see what the loss is
6 because the relationship you started to build up
7 with that one particular entity--

8 MS. MEZEY: [Interposing] Right.

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

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

23 MS. MEZEY: Thank you so much.

24 ASSEMBLY MEMBER CYMBROWITZ: I think

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

3 Welcome.

4 JIM MANEY, EXECUTIVE DIRECTOR, NEW YORK

5 COUNCIL ON PROBLEM GAMBLING: Good morning.

6 Thank you for having me. I appreciate--I've been

7 doing public hearings since 1997 on gambling

8 related issues.

9 ASSEMBLY MEMBER CYMBROWITZ: Introduce
10 yourself first, please.

11 MR. MANEY: Oh. My name is Jim Maney.

12 I'm the Executive Director for the New York

13 Council on Problem Gambling. Our job is to--the

14 mission of the Council is to raise the awareness

15 of problem gambling in the state of New York and

16 to get services for New Yorkers that need them.

17 I've been doing public hearings since

18 1997 on gambling related issues and this is the

19 first time that it hasn't been about the

20 expansion or about what about horse racing. So

21 it is really wonderful that you put this together

22 about treatment and prevention.

23 I was listening to the Fred Decker Show

24 [phonetic] the other day and he was interviewing

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

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

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

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

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

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

18 If you call you can't get help. So
19 that's the first thing that we have to take care
20 of. As you know, there aren't any prevention
21 services currently. The Council does some work
22 but not like what Judy was talking about. The
23 integration is not there. It is not working.
24 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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2 the other one million stories that are going on
3 that we don't read about, that are affecting not
4 only themselves, their loved ones, their work
5 places and their communities.

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

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

12 MR. MANEY: Well.

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

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

21 ASSEMBLY MEMBER CYMBROWITZ:

22 [Interposing] When was that study? When was that
23 last study?

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

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

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

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

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

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

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

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

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

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

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

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

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

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2 We'll use Massachusetts first, that just started
3 obviously passing casino gambling last year.

4 They've set aside 20 million dollars, all right,
5 for the prevention, the treatment, public
6 awareness and a variety of things for I don't
7 know what, Massachusians [phonetic]? I know we
8 call them New Yorkers, whatever they're called
9 over in Massachusetts.

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

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

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

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

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

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

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

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

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

13 MR. MANEY: Of new revenue.

14 ASSEMBLY MEMBER CYMBROWITZ: Of new
15 revenue, yes.

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

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

21 MR. MANEY: Right.

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

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

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

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

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

23 ASSEMBLY MEMBER CYMBROWITZ:

24 [Interposing] Give us an idea of what those would

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2 be?

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

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

20 So we need to make sure we have a top-
21 notch public awareness campaign to level the
22 field so people are aware. You know, and our job
23 is to raise the awareness and then let people
24 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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2 can't start talking about presents and vacation
3 until we talk about rent, heating, making sure
4 the necessities are taken care of.

5 And that's what has to be done with
6 problem gambling. That's the necessity we have
7 to take care of first. And then we can talk
8 about what's left over. So changing, I think
9 it's going to continue to change. Unfortunately-
10 -

11 ASSEMBLY MEMBER CYMBROWITZ:

12 [Interposing] But they've been more receptive.

13 MR. MANEY: Yes they have, completely.

14 ASSEMBLY MEMBER CYMBROWITZ: I mean they
15 have somebody there.

16 MR. MANEY: Completely.

17 ASSEMBLY MEMBER CYMBROWITZ: Who is
18 actually looking into this?

19 MR. MANEY: Yes.

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

22 MR. MANEY: Yes.

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

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2 MR. MANEY: Completely.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 Or should there be one central agency?
24 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

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

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

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

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

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

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

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

21 MR. MANEY: I think it's even more than-
22 -I think, you know, the most money is spent at
23 the New York State lottery. So I think we can't
24 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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2 better. It can't be done--

3 ASSEMBLY MEMBER CYMBROWITZ:

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

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

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

18 MR. MANEY: Yes they are.

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

22 MR. MANEY: They are.

23 ASSEMBLY MEMBER CYMBROWITZ: How are
24 they identifying?

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

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

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

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

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

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

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

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

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

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

19 ASSEMBLY MEMBER CYMBROWITZ: Which has
20 been receptive.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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2 accessible or affordable.

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

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

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

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2 past nine years, that responsibility has
3 transitioned to OASAS.

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

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

20 The challenges are many. Treatment
21 needs to be made available to all those in need.
22 Research conducted by New York State indicates
23 that up to one million citizens have a gambling
24 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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2 City teacher layoffs in the seventies. And I was
3 struggling with the effects of being married to
4 and being financially dependent on a compulsive
5 gambler.

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

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

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

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

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

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2 problem.

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

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

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

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

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

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

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2 own Staten Island Treatment Center.

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

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

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

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

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

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

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2 enthusiasm for learning was.

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

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

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

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

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

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

24 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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2 often had students who were absent on Mondays or
3 who didn't have homework ready after a weekend
4 because they said they had to go to Atlantic City
5 with their parents.

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

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

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

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

5 ASSEMBLY MEMBER CYMBROWITZ: Okay.

6 MR. BLOCK: Thank you.

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

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

24 I walked into his office and he took me

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 If it's going to be under the agents of
12 the superagency, because the system now is not
13 working. If there are 5,000 people that are
14 getting help and there are a million people or
15 175,000 people who are not getting help, the
16 system has failed those people. So I, as Jim
17 Maney indicated, I would advocate for a specific
18 help line dedicated to gambling, along with
19 dedicated funding for treatment education and
20 prevention.

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

24 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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2 that is, to use the AA big book's phrase, a
3 rapacious creditor. And yet this is one of the
4 most wonderful hearings of the information around
5 this issue that I have heard since I have been
6 involved with problem gambling. So thank you so
7 much.

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

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

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2 are at risk for problem--as problem gamblers.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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2 spoke to schools and colleges and youth.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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2 state lottery and other gambling revenues.

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

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

20 We--I also heard a discussion of the
21 casinos. And we, although we are about four
22 hours from the Akwesasne Casino, it is our local
23 casino, as is the Montreal casinos. And we have
24 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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2 MS. GERARDI: Yes.

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

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

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

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

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

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

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2 line, because it is the only source available
3 that anyone can call from in the North Country.

4 We have also established a network with
5 recovering gamblers and recovering family members
6 that people can contact so that they would be
7 able to connect with at least one other person
8 who is suffering.

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

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

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2 call.

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

12 ASSEMBLY MEMBER CYMBROWITZ: How much
13 were you defunded?

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

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

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

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

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

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

22 ASSEMBLY MEMBER CYMBROWITZ: Thank you
23 very much.

24 MS. GERARDI: Thank you for letting me

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2 share this.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 WILL BELLACH, LCSW-R, MS THERAPIST,
23 RICHMOND UNIVERSITY MEDICAL CENTER GAMBLER'S
24 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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2 are currently offered; casino, racino, lottery
3 and horses. Current research being conducted has
4 indicated that there is growing evidence that
5 pathological gamblers have shared brain
6 vulnerabilities with individuals with substance
7 abuse disorders.

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

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

24 Treatment studies have validated a host

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

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

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

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

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

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

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

4 If more resources were dedicated to the
5 prevention, education and treatment services,
6 perhaps the manifestation of this illness would
7 not be so progressive and ultimately costly.

8 During the past 12 years I have seen individuals
9 and families struggle with the effects of
10 pathological gambling turn their lives around;
11 thus improving their social, academic and
12 vocational functioning and returning to be
13 responsible citizens.

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

22 However it is important that the
23 delivery of prevention education and treatment of
24 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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2 ASSEMBLY MEMBER CYMBROWITZ: Okay, thank
3 you very much.

4 MR. BELLACH: Thank you, appreciate it.

5 ASSEMBLY MEMBER CYMBROWITZ: Dr. Shafer?

6 STEPHEN Q. SHAFER MD, MPH COALITION

7 AGAINST GAMBLING IN NEW YORK: My name is Stephen
8 Shafer. I'm a retired neurologist and a past
9 member of the faculty of the Columbia University
10 School of Public Health. I'm the Chairperson of
11 Coalition Against Gambling in New York, a state-
12 wide organization.

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

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

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

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

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

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

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

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

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

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

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

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

18 An increase of 90% in the prevalence of
19 problem gamblers would raise it from 2.8% to
20 5.3%, 202,000 new problem gamblers. Table one
21 presents expectations for different increases in
22 prevalence of both types of gambler. And I'm
23 sorry I wasn't prepared with audio visuals.
24 These are in copies of my report, which will come

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2 to your committee.

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

13 Moving up the scale with further
14 increases, we come to 16,000 new problem gamblers
15 and 39,000 new problem gamblers and 16,000 new
16 pathological gamblers at an increase of 1.18%. I
17 have also used an additive model in which instead
18 of multiplying we added. And all of these say
19 that what we might call a mid-point estimate for
20 a new addicted gamblers is between 72,000 and
21 82,000 new addicted gamblers, between 64,000 and
22 202,000 new problem gamblers.

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

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2 gambling, then in the lowest impact scenario with
3 14,000 new addicted and problem gamblers, that's
4 already three times more than the very important
5 figure we heard from Mr. Block today, the number
6 of problem--the number of persons in getting
7 treatment help for problem gambling in New York
8 State today.

9 He estimated at 5,000. So the lowest
10 possible foreseeable impact, if zero is
11 impossible. You put in a bunch of new casinos,
12 we are not going to have zero new problems. In
13 the higher impact scenarios, the pool is up by
14 135,000, 280,000. To treat any number in this
15 range would call for not a step up in services
16 but a giant Mayan pyramid costing far more than
17 any state agency with or without funding from the
18 casino sector could ever expect to receive and to
19 continue year after year.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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2 smoking and using drugs, why not gambling?
3 Parents should also educate their children as
4 much as they can.

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

13 ASSEMBLY MEMBER CYMBROWITZ: Thank you
14 very much.

15 MR. PALLADINO: You're welcome.

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

19 [Laughter]

20 ASSEMBLY MEMBER CYMBROWITZ: We have
21 George?

22 FEMALE VOICE: No.

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

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

4 ASSEMBLY MEMBER CYMBROWITZ: Okay. Mr.
5 Tsang?

6 FEMALE VOICE: He just stepped out.

7 ASSEMBLY MEMBER CYMBROWITZ: Oh okay.

8 FEMALE VOICE: And Kevin.

9 ASSEMBLY MEMBER CYMBROWITZ: Kevin?

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

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

24 And I became totally out of control. I

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

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

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

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

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

16 ASSEMBLY MEMBER CYMBROWITZ: Mr. Tsang?

17 SEPHOEN TSANG, HAMILTON MADISON HOUSE:

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

24 Most of my gambling is at Atlantic City

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

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

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

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

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

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

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

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

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

11 MR. LIN: Thank you Chairman, thank you.

12 MR. TSANG: Thank you.

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

21 There are many things that this hearing
22 has made an issue of, and I think it's really
23 very, very important that as we go forward now
24 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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2 But I know that I will, as well as some of my
3 colleagues will continue to fight for those
4 dollars, where they should go to deal with
5 prevention and treatment programs, not only for
6 compulsive gambling but for all treatment
7 services for addiction.

8 So I thank you all for being here and we
9 will be getting our next budget from the Governor
10 in January. The state of the State is January
11 9th and we will receive our budget several weeks
12 later. I recommend you take a look at it and
13 when we do have our budget hearings that you come
14 up and testify. It's very, very important that
15 you organize people in the community and that
16 they come forward and talk about their issues
17 just like we had today, those who are suffering
18 and those who are recovering.

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

22 (The public hearing concluded at 2:22
23 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 black ink and is positioned above a horizontal line.

Brandi Dean, Transcriptionist

January 9, 2013