

OPIOID & GAMBLING ADDICTION – THE NEXUS

We already have one addiction crisis; we don't need another!

- The days of the big destination casino are over; casino gambling is becoming rapidly saturated in the Northeast.
- The thousands of slot machines to be legalized in two franchised monopolies by SB 242, with a splash of table games, will draw most of their revenue from nearby residents – meaning New Hampshire residents, who now spend relatively little on casino gambling, only 1/7 of what is spent per capita in CT and only 1/10 the amount per capita as in RI, whose residents live on average closer to casinos than residents of any other N.E. state. Close proximity (< 30 miles) will increase NH gambling spend, problems & addictions. (See [Proximity Matters! The Closer to a Casino, the More Problem Gamblers](#) and [Potential Benefits and Harms From Casinos in NH](#), both available at <http://casinofreenh.org/research/>.)
- **The convenience slot parlors proposed by SB 242 are the most addictive form of gambling** – by design of the slot machine and casino gambling industry. See Dr. Natasha Dow Schull's 2012 book: *Addiction by Design*.

An 11/13 article in *Scientific American*, entitled “How the Brain Gets Addicted to Gambling” explains:

“Addictive drugs and gambling rewire neural circuits in similar ways”

- “[N]umerous recent studies in psychology, neuroscience and genetics demonstrating that gambling and drug addiction are far more similar than previously realized.”
- Gambling addiction and addictive drugs like heroin and cocaine have similar interactions with the dopamine reward system in the brain.
- “Research to date shows that pathological gamblers and drug addicts share many of the same genetic predispositions for impulsivity and reward seeking.”
- “studies suggest that some people are especially vulnerable to both drug addiction and compulsive gambling”
- “neuroscientists have learned that drugs and gambling alter many of the same brain circuits in similar ways”
- “Redefining compulsive gambling as an addiction is not mere semantics: therapists have already found that pathological gamblers respond much better to medication and therapy typically used for addictions rather than strategies for taming compulsions” including opioid antagonists such as naltrexone [and buprenorphine-naloxone].
- “Unfortunately, researchers estimate that more than **80 percent of gambling addicts never seek treatment** in the first place. **And of those who do, up to 75 percent return to the gaming halls, making prevention all the more important.**” {NH's best option for prevention: keep slot machines & casinos out of NH as proximity matters!}

An article reporting on recent research in last fall's *Journal of Addiction Medicine* noted the following:

- “Background: Parallel to the ongoing expansion of legalized gambling activities is a growing concern about rising occurrence of uncontrollable gambling. People with preexisting gambling and/or chemical addictions may be particularly vulnerable, but the extent of such co-occurring conditions ... have not been sufficiently elucidated.”
- “Results: **The prevalence rates of co-occurring problem- (18.6%) and pathological (10.9%) gambling were strikingly higher than those found in the general population (2% and 0.5%, respectively)** [in a study of patients seeking treatment at a community outpatient addiction program].”

A study reported in *Substance Abuse Treatment, Prevention, and Policy 2015* noted:

- “Background: Substance abuse and gambling problems are associated; however, studies on gambling problems among opioid substitution treatment (OST) patients are scarce.”
- “Conclusions: ... gambling problems were more common among OST patients [than the general population]”
- “**The prevalence of opioid abuse worldwide is 0.4% while the standardized problem gambling prevalence rate varies from 0.5% to 7.6%. Among misusers [of opiates], however, the prevalence of GD is considerably higher varying from 8% to 21% and even higher (17% to 27%) among patients in methadone maintenance treatment . . .**” (footnotes omitted)

A study reported in the April 2017 issue of *The American Journal on Addictions* found that:

- Patients with gambling disorders had a similar profile and burden of childhood trauma experiences compared to heroin-dependent patients, about twice that found in a healthy control (HC) group with “significantly higher levels of ‘emotional neglect’ compared to HC.”

See also “[Problem Gamblers Show Opioid-Related Brain Changes](#),” a January 29, 2015 post in [Behavioral Addictions](#).

NEW HAMPSHIRE HAS A POOR RECORD OF INVESTING even a small portion of REVENUE generated FROM ACTIVITIES THAT CAN BE HARMFUL AND ADDICTIVE into PREVENTION, TREATMENT AND RECOVERY FROM THOSE ADDICTIONS.

WHY SHOULD WE EXPECT ANYTHING DIFFERENT IF WE LEGALIZE HIGHLY ADDICTIVE SLOT CASINOS ??

Take tobacco for example, in spite of FY14 projected revenue of \$45 million from the tobacco settlement and \$215 million in tobacco taxes, we rank near the very bottom among states for tobacco prevention:

Home > What We Do > State and Local Issues > 1998 Tobacco Settlement: Decade of Broken Promises > Spending on Tobacco Prevention: New Hampshire

U.S. State and Local Issues

Spending On Tobacco Prevention: New Hampshire

Last updated December 03, 2013

	FY2014	FY2013
State Rank	48	51
State Spending on Tobacco Prevention	\$125,000	\$0
% of CDC Recommended Spending (\$19.2)	0.7%	0.0%

TOBACCO'S TOLL IN NEW HAMPSHIRE

- High school students who smoke: 18.1% (13,500)
- Kids (under 18) who become new daily smokers each year: 1,000
- Kids now under 18 and alive in New Hampshire who will ultimately die prematurely from smoking: 22,000
- Adults in New Hampshire who smoke: 17.2% (179,800)
- Adults who die each year from their own smoking: 1,700
- Annual health care costs in New Hampshire directly caused by smoking: \$729 million

[View more details](#)

Or take alcohol, with projected revenue of \$146 million in FY14 from liquor sales and beer tax, NH has only budgeted \$1.8 million per year for the **Alcohol Abuse Prevention and Treatment Fund**, in spite of an estimated \$1.15 Billion per year cost to the NH economy from excessive or abusive alcohol consumption. In 2000 the legislature overrode a veto to put into statute a commitment to apply half the growth in profits from liquor sales into the Alcohol Abuse Prevention and Treatment Fund until that amount reached 5% per year of gross profits, which would be about \$9 million/year today. Except for the first year or two, when the funding was small, the legislature has reneged on that commitment ever since. Today there is addiction treatment available for only about 5% of those in need. NH has the highest alcohol sales per capita in the nation and may have the highest portion of our state budget funded by alcohol sales. In a recent national study NH also ranked #1 in the portion of underage drinking within the past month (33.5% of those 12-20) and 3rd highest in binge drinking (ages 12-20, 22%). When are we going to start seriously investing in treating addictions that the State of NH derives so much revenue from? Or are we going to promote and profit from new addictions instead? For more, see "[Where did NH's funding for addiction treatment and recovery go?](#)" on Manchester Ink Link, 2/18/15.

And take gambling, in spite of pioneering the first modern state sponsored lottery in 1963 and budgeting an estimated \$79 million in revenue from lottery, racing, and charitable gambling in FY14, the state has never budgeted anything specifically for treatment of gambling addictions and problems. Is a state sponsored partnership in the promotion of highly addictive slot machine revenues really going to solve this problem???