

Problem Gambling Task Force

Interim Report

November 2020

Submitted to:

Washington State Legislature

Submitted by:

Washington State Gambling Commission

November 2020

Re: Problem Gambling Task Force Interim Report

In 2019, the Legislature created the Joint Legislative Problem Gambling Task Force. It was created to address growing concerns about the impact of problem gambling on the residents of Washington State. Task Force membership includes legislators, state agencies, Tribal representatives, and stakeholders from clinical, gambling industry, recovery and other sectors.

With an increasing number of ways to gamble (both traditional and online), and sports wagering opening at Tribal casinos in 2021, the creation of the Task Force is extremely timely. The Task Force's work includes assessing the need for problem gambling-related services, whether the State is meeting those needs, identifying existing gaps, and, finally, making recommendations to the legislature for improvements.

Adopting a comprehensive approach, the entire Task Force has been meeting quarterly since January 2020. In monthly workgroups, members have been focusing on identifying data illustrating the gap between the need for services and current service provision, as well as clarifying and prioritizing recommendations. In 2021, the Task Force will continue to define and hone these recommendations for the Final Report.

Additionally, the Health Care Authority was appropriated \$500,000 from the problem gambling account for completion of an Adult Problem Gambling Prevalence Study. Due to the impacts of COVID-19 on the research environment, the implementation of the study has been delayed. Therefore, the Task Force will be requesting an additional year to complete both the Prevalence Study and the Final Report (June 30, 2022 and November 30, 2022, respectively).

The Final Report will be the most comprehensive view to date of the need for, and delivery of, problem gambling-related services in Washington State. We look forward to providing the final product to the state legislature and to the people of the State of Washington.



Chair Julia Patterson



Vice-Chair Brad Galvin

Contents

Executive Summary

Interim Report

- 1 Introduction
- 2 Problem Gambling Task Force: Scope + Roles
- 4 Looking Ahead: 2021-2022

Appendices

- Appendix A: 2019-2021 Biennial Budget
- Appendix B: 2020 Supplemental Budget
- Appendix C: 2020 PGTF Charter
- Appendix D: PGTF + Workgroup Members
- Appendix E: 2020 Workgroup Priorities
- Appendix F: Proposed PGTF Timeline
- Appendix G: Problem Gambling Glossary

Executive Summary

Problem Gambling Task Force Work Well Underway

Per legislative authority provided in the 2019 legislative session, the Problem Gambling Task Force (PGTF) was formed in 2019 and began meeting regularly in early 2020. The PGTF's mandate is to review relevant reports, programs and services and develop clear recommendations for the legislature. As part of the required work, the PGTF is in the process of initiating a statewide Adult Problem Gambling Prevalence Study.

Subject matter work groups have begun their deliberative processes and are presenting initial recommendations in this Interim Report. Recommendations that will be informed by the results of the Prevalence Study and vetted and approved by the full PGTF will be presented in the Final Report.

Introduction

The Washington State legislature provided language in the 2019-2021 biennial budget that directed the Washington State Gambling Commission (WSGC) to form a joint legislative Problem Gambling Task Force, or PGTF. (Appendix A)

The main components were to:

- Use the \$100,000 in appropriations to hire a facilitator
- Form a task force
- Review past findings and reports
- Review existing programs and services both in our state as well as other states
- Initiate an Adult Problem Gambling Prevalence Study
- Make recommendations about additional funding needs, licensing and certification
- Identify additional areas of consideration
- Two mandatory reports are required:
 - An Interim PGTF Report due November 2020
 - A Final PGTF Report due November 2021

This Interim PGTF Report reviews the Task Force work accomplished to date, including initial priorities developed in 2020 by PGTF members.

In the 2020 legislative session, the Health Care Authority (HCA) was granted permission to draw \$500,000 from the problem gambling account to initiate a statewide Adult Problem Gambling Prevalence Study, with a final study report to be made to the PGTF by June 2021. The recommendations in the Final PGTF Report will be strongly informed by the data collected in the Prevalence Study. See Appendix B for proviso language.

Due to the onset of COVID-19, collecting accurate data on regular gambling behavior has been significantly impacted. As a result, the PGTF will request an extension of one year for the completion of the Adult Problem Gambling Prevalence Study and the Final PGTF Report to the Legislature. This request is necessary due to the pandemic's impact on the Adult Problem Gambling Prevalence Study and the ability of the PGTF members to use the resulting data to inform the Final PGTF Report recommendations. If approved, the Prevalence Study will be due June 2022, and the Final PGTF Report to the legislature will be due November 2022.

Problem Gambling Task Force: Scope + Roles

PGTF Scope

In 2019, the Washington State Legislature awarded proviso funding of \$100,000 to the WA State Gambling Commission (WSGC) to initiate and hire a facilitator for a joint legislative task force. The goal of the task force is to assess existing outreach, prevention and treatment resources for problem gambling and gambling disorder to determine if these services are adequate to meet existing need or should be expanded in order to reduce the number of people impacted. Due to the behavioral health impacts of problem gambling and gambling disorder, WSGC, in agreement with the Health Care Authority (HCA), determined that the Division of Behavioral Health and Recovery (DBHR/HCA) would be more appropriate as the lead agency role with the PGTF. Through an interagency agreement in Winter 2019, WSGC transferred funding to the State Problem Gambling Program (DBHR/HCA) which then contracted with a facilitator (Uncommon Solutions, Inc.). See Appendix A for proviso.

The PGTF launched in January 2020, and, based on the current timeline, the members are scheduled to complete their work by November 2021. In 2020, members attended four quarterly PGTF meetings and most participated in one or more workgroups. Since March 2020, all meetings have been held online. The PGTF membership reflects the proviso requirements. See Appendices C and D.

PGTF members will be making recommendations to the Washington State Legislature addressing:

- How to proceed with a study measuring adult participation in gambling and the prevalence of problem gambling and gambling disorder in Washington State
- If Washington State should expand state funding for prevention, treatment, and recovery
- What steps the state should take to improve current licensing and certification of problem gambling health care providers to meet the current and projected demand for services
- Identifying additional problem gambling areas for consideration and associated actions needed

PGTF Roles + Decision Making

- The Chair, WSGC Commissioner Julia Patterson, presides at all PGTF meetings. Vice Chair, Brad Galvin, assumes duties of the Chair in Julia's absence. They direct PGTF business, including agenda setting and review of the required legislative reports.
- PGTF members acknowledge PGTF Tribal representatives are attending on behalf of Federally Recognized Indian Tribes in Washington State, which are sovereign nations, each in a government-to-government relationship with Washington State.
- The PGTF will make every effort to seek consensus on all decisions. However, in the event that total consensus cannot be achieved, the Chair, Vice Chair and facilitators will lead the PGTF through a modified consensus process, that would require a 2/3 majority rule. Minority opinions will be welcomed and presented to the Task Force for discussion and consideration.
- In the case of a vote, only PGTF members on behalf of their organization may participate, at one vote per organization (or if representing self, one vote per role).

Core Group

The Core Group is the PGTF steering committee. The Core Group is responsible for setting the quarterly meeting agendas and guiding overall Task Force direction. This eight-member group consists of PGTF Chair and WSGC Commissioner Julia Patterson, Vice Chair Brad Galvin, Senator Steve Conway, State Representative Shelley Kloba, WSGC Executive Director Dave Trujillo, Problem Gambling Program Manager Roxane Waldron, and the Uncommon Solutions, Inc. facilitators Vic Colman and Meg O’Leary. The group continues to meet regularly as deemed necessary.

Workgroups

Three workgroups (WGs) convened in April 2020 to delve deeper into three key themes identified at the January 2020 PGTF launch:

- Access to Care, Treatment and Recovery (CTR);
- Prevention and Outreach (PO); and
- Research and Data (RD).

Workgroups met monthly online from April through September/October 2020. Each WG developed priorities related to their focus areas. In June and September 2020, the WGs presented recommendations to the full PGTF for further consideration, refinement, and initial prioritization. The CTR, PO and RD workgroups will reconvene in February 2021 to continue discussions and refine their priorities by exploring timelines and phasing, anticipated fiscal impacts, and Prevalence Study results. The WG priorities developed in 2020 for this Interim PGTF Report are included in Appendix E.

In October 2020, a new Advocacy and Policy (AP) workgroup was convened to establish a liaison between the PGTF and partners who can help champion and amplify PGTF recommendations. The AP will meet as necessary in 2020 and continue their support throughout 2021.

Workgroup Priority Setting

The PGTF developed a very specific approach for its workgroup processes. Led by the two facilitators from Uncommon Solutions, Inc. and the Problem Gambling Program Manager, the workgroups were charged with developing a full slate of actionable strategies. Prioritization work was based upon a clear agreement on the meaning of “actionable strategy.” Each actionable strategy includes the “what” (content) and the “where” (the locus of authority that can implement the strategy). In addition, the PGTF agreed to a “road map” approach to prioritization, in which each strategy was placed into one of three buckets: (1) immediate/near-term; (2) medium/longer-term; and (3) for later consideration. The completed version of the road map will be informed by the Prevalence Study findings and will be the main focus of the Final Report to the Legislature. The WG priorities developed in 2020 for this Interim Report are included in Appendix E.

Looking Ahead: 2021-2022

Requesting Data Extensions to 2022 due to COVID-19 Impacts

As originally planned, the PGTF would complete its work in 2021, with a Final PGTF Report due to the Legislature by November 2021. However, due to COVID-19 and the impact of the pandemic on both the research environment and the approval process for personal services contracts, this timeline is proposed to be pushed forward a year into late 2022. The PGTF is requesting 12-month extensions for both the completion of the Adult Problem Gambling Prevalence Study (to June 2022) and the Final PGTF Report due to the Legislature (to November 2022). The Core Group (PGTF steering committee) will continue to monitor this request and determine next steps as needed. (Appendix F)

With the submission of this Interim PGTF Report to the Legislature, the PGTF will be entering Phase 3. During Phase 3, the PGTF will continue to meet quarterly (next meeting scheduled for February 23, 2021), the workgroups will resume monthly meetings, and the Core Group (PGTF steering committee) will continue to meet regularly as needed. The focus of the PGTF will be to further refine the priorities developed in 2020 and create a final list of recommendations, along with additional context for each recommendation.

Adult Problem Gambling Prevalence Study: Next Steps

Completing the Prevalence Study is a critical element of the recommendations that will appear in the Final PGTF Report (planned for submittal in November 2022). The PGTF workgroups will use the data collected and analyzed to: (1) inform the draft priorities developed in 2020; and (2) consider additional recommendations for expansion of services and funding.

In preparation for launching the Prevalence Study (date still to be determined), HCA has received approval from the Office of Financial Management (OFM) to proceed with the following:

- Request for Proposal for contracting with a surveying organization; and
- Interagency Agreement (IAA) with the Washington State Institute for Public Policy (WSIPP) for data cleaning, data analysis, and report writing.

This 'pre-work' is being overseen by Roxane Waldron, State Problem Gambling Program Manager, and is anticipated to be completed by early 2021.

Impacts of COVID-19 Pandemic on Prevalence Study

Due to the challenges of obtaining accurate research data during the pandemic, the actual start date is not yet known. The primary hurdle is that collecting ‘usual gambling behavior’ data is delayed due to ‘brick and mortar facilities’ being closed for months into Summer 2020. Based on Lottery revenue, it’s clear that some individuals (at least temporarily) shifted to playing the State Lottery (tickets may be purchased at grocery stores and other approved locations). In addition, based on internationally reported trends, it’s very likely that in many gamblers may have migrated to online gambling—either as a replacement or an addition to their current mode of gambling. Based on international research and reporting, there’s been a significant increase in online gambling, for example, a 255 percent increase in first-time online poker players during the first month of the pandemic lockdown¹

The PGTF Core Group, along with the Research & Data Workgroup, will continue to monitor the research environment and coordinate with the State Problem Gambling Program Manager to decide when the prevalence study can be launched ‘in the field.’ In discussion with WSIPP, HCA has identified several time frames in 2021 during which the prevalence study could be implemented. The decision about when to launch the survey will balance the importance of accurate data with the Legislature’s need for recommendations in a timely manner.

Inclusion of Sports Wagering, Online + Technology-Based Gambling

In addition to surveying ‘traditional’ gambling behavior (casinos, card rooms, Lottery, horseracing, etc.) and the incidence of problem gambling and gambling disorder, the PGTF has decided to include questions about the prevalence and impact of online and video gaming (including mobile apps, e-sports, fantasy sports, and sports wagering)². Due to the closure of ‘brick and mortar’ facilities for a number of months and the lack of access to casinos and card rooms, a significant number of individuals have migrated onto online/video platforms and other forms of technology-based gaming and gambling. Because online gambling is not legal in Washington State, and therefore not regulated or taxed, the prevalence of problem gambling among individuals who are engaged in online or technology-based gambling activity is unknown at this time. Recognizing that online gambling has been growing steadily for the past decade, the PGTF is planning to include participation data on these new forms of gambling in the Final PGTF Report so that the Legislature has this information for future consideration.

¹ Online Poker at All Time High—www.prnewswire.com/news-releases/online-poker-at-all-time-high-301036988.html

² Sports wagering was approved by the Legislature in Spring 2020 as a new gambling activity that is currently being negotiated between the WA State Gambling Commission and individual Tribes as part of Class III Gaming Compact negotiations—but has not yet gone ‘live’ as of this writing.

Appendices

Appendix A

2019-2021 Biennial Budget

HB 1109 – Section 729 – Budget Proviso

Appendix B

2020 Supplemental Budget

Engrossed Substitute Senate Bill 6168 – Section 215 (71)
Problem Gambling Adult Prevalence Study – Budget Proviso

Appendix C

2020 PGTF Charter

Appendix D

PGTF + Workgroup Members

PGTF and Workgroup Member Roster

Appendix E

2020 Workgroup Priorities

Care, Treatment and Access to Recovery
Prevention and Outreach
Research and Data

Appendix F

Proposed PGTF Timeline

Appendix G

Problem Gambling Glossary

ECPG Glossary of Common Gambling and Gaming Terminology

Appendix A

2019-2021 Biennial Budget

General Fund—State Appropriation (FY 2021) \$15,309,000
TOTAL APPROPRIATION. \$16,540,000

The appropriations in this section are subject to the following conditions and limitations: The appropriations are provided solely for expenditure into the long-term services and supports account pursuant to Second Substitute House Bill No. 1087 (long-term services and supports). This constitutes a loan from the general fund and must be repaid, with interest, to the general fund by June 30, 2022. If Second Substitute House Bill No. 1087 (long-term services and supports) is not enacted by June 30, 2019, the amounts appropriated in this section shall lapse.

NEW SECTION. Sec. 727. FOR THE HEALTH CARE AUTHORITY—INDIAN HEALTH IMPROVEMENT REINVESTMENT ACCOUNT

General Fund—State Appropriation (FY 2021) \$708,000
TOTAL APPROPRIATION. \$708,000

The appropriation in this section is subject to the following conditions and limitations: The appropriation is provided solely for expenditure into the Indian health improvement reinvestment account created in Senate Bill No. 5415 (Indian health improvement). If the bill is not enacted by June 30, 2019, the amount provided in this section shall lapse.

NEW SECTION. Sec. 728. FOR THE OFFICE OF FINANCIAL MANAGEMENT—FOUNDATIONAL PUBLIC HEALTH SERVICES

General Fund—State Appropriation (FY 2020) \$5,000,000
General Fund—State Appropriation (FY 2021) \$5,000,000
Foundational Public Health Services Account—State
Appropriation. \$12,000,000
TOTAL APPROPRIATION. \$22,000,000

The appropriations in this section are subject to the following conditions and limitations: The appropriations are provided solely for distribution as provided in section 2, chapter 14, Laws of 2019 (foundational public health services).

NEW SECTION. Sec. 729. FOR THE GAMBLING COMMISSION—PROBLEM GAMBLING TASK FORCE

General Fund—State Appropriation (FY 2020) \$100,000

TOTAL APPROPRIATION. \$100,000

The appropriation in this section is subject to the following conditions and limitations:

(1) The appropriation in this section is provided solely for expenditure into the gambling revolving account for the gambling commission to contract for a facilitator to staff and assist with a joint legislative task force on problem gambling as provided in subsection (2) of this section. At a minimum, the contract must provide for the facilitation of meetings, to moderate the discussion, provide objective facilitation and negotiation between work group members, ensure participants receive information and guidance to assist in their preparation and timely response for meetings, and to synthesize agreements and recommendations ensuring the task force meets its reporting requirements.

(2) A joint legislative task force on problem gambling is created. The task force membership is composed of:

(a) One member from each of the two largest caucuses of the senate, appointed by the president of the senate;

(b) One member from each of the two largest caucuses in the house of representatives, appointed by the speaker of the house of representatives;

(c) A representative from the health care authority;

(d) A representative from the department of health;

(e) A representative from the gambling commission;

(f) A representative from the state lottery;

(g) A representative from the horse racing commission;

(h) A representative from a nonprofit organization with experience in problem gambling treatment and recovery services;

(i) Two representatives with experience in problem gambling treatment and recovery services, at least one of whom must be from a federally recognized Indian tribe;

(j) A member of the public who is impacted by a gambling problem or gambling disorder;

(k) A representative from a problem gambling recovery group or organization;

(l) A representative from a mental health provider group or organization;

(m) A representative from a licensed gambling business or organization;

1 (n) A representative from a federally recognized tribal gaming
2 operation, group, or organization; and

3 (o) Other representatives from federally recognized Indian
4 tribes, state agency representatives, or stakeholder group
5 representatives, at the discretion of the task force, for the purpose
6 of participating in specific topic discussions or subcommittees.

7 (3) The task force shall engage in the following activities:

8 (a) Review findings of the gambling commission's problem gambling
9 study and report completed in 2018-2019;

10 (b) Review existing prevention, treatment, and recovery services
11 to address problem gambling and gambling disorders in this state by
12 public, private, and nonprofit entities;

13 (c) Review existing programs, services, and treatment to address
14 problem gambling and gambling disorders in other states and the
15 federal government;

16 (d) Make recommendations to the legislature regarding:

17 (i) How to proceed forward with a state prevalence study
18 measuring the adult participation in gambling and adult problem
19 gambling in this state;

20 (ii) Whether this state should expand state funding for
21 prevention, treatment, and recovery services to address the need for
22 these programs; and

23 (iii) What steps the state should take to improve the current
24 licensing and certification of problem gambling providers to meet the
25 current and projected future demand for services; and

26 (e) Identify additional problem gambling areas for consideration
27 and any actions needed to ensure the state and/or regulatory agencies
28 are effectively addressing problem gambling in an attempt to reduce
29 the number of persons impacted by this disorder.

30 (5) Staff support for the task force must be provided by the
31 agencies, departments, and commissions identified in subsection
32 (2)(c) through (g) of this section. The state agencies, departments,
33 and commissions identified in subsection (2)(c) through (g) of this
34 section may enter into an interagency agreement related to the
35 provision of staff support for the task force. Unless it is expressly
36 provided for in the agreement between the agencies, departments, and
37 commissions, nothing in this subsection requires staff of each of the
38 agencies, departments, and commissions identified in subsection
39 (1)(c) through (g) of this section to provide staff support to the
40 task force.

(6) Legislative members of the task force are reimbursed for travel expenses in accordance with RCW 44.04.120. Nonlegislative members are not entitled to be reimbursed for travel expenses if they are elected officials or are participating on behalf of an employer, governmental entity, or other organization. Any reimbursement for other nonlegislative members is subject to chapter 43.03 RCW.

(7) The task force shall submit a preliminary report of recommendations to the appropriate committees of the legislature by November 1, 2020, and a final report by November 30, 2021.

**NEW SECTION. Sec. 730. FOR THE OFFICE OF FINANCIAL MANAGEMENT—
OUTDOOR EDUCATION AND RECREATION ACCOUNT**

General Fund—State Appropriation (FY 2020)	\$750,000
General Fund—State Appropriation (FY 2021)	\$750,000
TOTAL APPROPRIATION.	\$1,500,000

The appropriations in this section are subject to the following conditions and limitations: The appropriations are provided solely for expenditure into the outdoor education and recreation account for the state parks and recreation commission's outdoor education and recreation program purposes identified in RCW 79A.05.351.

**NEW SECTION. Sec. 731. FOR THE OFFICE OF FINANCIAL MANAGEMENT—
COMMUNICATION SERVICES REFORM**

General Fund—State Appropriation (FY 2020)	\$2,000,000
General Fund—State Appropriation (FY 2021)	\$2,000,000
TOTAL APPROPRIATION.	\$4,000,000

The appropriations in this section are subject to the following conditions and limitations: The appropriations in this section are provided solely for expenditure into the universal communications services fund to fund the temporary universal communications services program pursuant to Second Substitute Senate Bill No. 5511 (broadband service). If the bill is not enacted by June 30, 2019, the amounts appropriated in this section shall lapse.

(End of part)

Appendix B

2020 Supplemental Budget

25 (71) \$500,000 of the problem gambling account—state appropriation
26 is provided solely for the authority to contract for a problem
27 gambling adult prevalence study. The prevalence study must review
28 both statewide and regional results about beliefs and attitudes
29 toward gambling, gambling behavior and preferences, and awareness of
30 treatment services. The study should also estimate the level of risk
31 for problem gambling and examine correlations with broader behavioral
32 and mental health measures. The health care authority shall submit
33 results of the prevalence study to the problem gambling task force
34 and the legislature by June 30, 2021.

Appendix C

2020 PGTF Charter

Problem Gambling Task Force (PGTF) Charter

FINAL | Adopted at July 28, 2020 PGTF Meeting

Purpose

In 2019, the Washington State Legislature awarded proviso funding to the Washington State Gambling Commission (WSGC) to facilitate a joint legislative task force to review existing outreach, prevention and treatment resources for problem gambling and gambling disorder in order to determine if these services need to be increased in order to reduce the number of people impacted. The Health Care Authority (HCA) State Problem Gambling Program holds the lead agency role for the PGTF, and coordinates with the WSGC to meet the goals of the proviso.

Duration

The PGTF convened in January 2020 and will complete their work by November 2021.

Scope and Activities

To further explore and address challenges and opportunities related to problem gambling and gaming in Washington state, the PGTF will engage in reviewing:

- Findings of the WA State Gambling Commission 2019 Problem Gambling Study submitted to the Legislature in Spring 2019
- Existing prevention, treatment and recovery services offered by Washington state public, private and non-profit entities
- Existing programs, services and treatment offered in other states and by the Federal government

PGTF members are tasked with making recommendations to the Washington State Legislature. These recommendations will provide the foundation for the interim and final reports due to the legislature in November 1, 2020 and November 30, 2021 respectively. Recommendations will include:

- How to proceed with a state prevalence study measuring adult and youth participation in gambling and adult and youth problem gambling and gaming
- Whether Washington state should expand state funding for prevention, treatment and recovery services
- What steps the state should take to improve current licensing and certification of problem gambling health care providers
- Identify additional problem gambling areas for consideration and associated actions needed

Roles and Responsibilities

PGTF Chair and Vice Chair

- The Chair, Commissioner Julia Patterson, shall preside at all PGTF meetings.
- The Vice Chair, Brad Galvin, will assume duties of the Chair in her absence.
- The Chair and Vice Chair shall have general supervision and direction of Task Force business, including review of the required legislative reports.

PGTF Members

- Participate in quarterly PGTF meetings (missing no more than one meeting unless sending a delegate or due to excused absences as agreed-upon with the chairperson).
- Participate in one workgroup that meets monthly via remote access.
- Review technical documents and provide guidance.
- Provide input to issues, strategy and direction.
- When necessary, engage outside resources and expertise to help fill knowledge gaps.
- Make recommendations to the Washington State Legislature. These recommendations will provide the foundation for the interim and final reports due to the legislature in November 1, 2020 and November 30, 2021 respectively.
- Receive no compensation or reimbursement from HCA or WSGC for expenses related to their services.

Workgroup Members

- Participate in monthly 90-minute Zoom calls.
- Actively participate in necessary information gathering and sharing.
- Develop priorities related to their workgroup focus areas.
- Present recommendations to full PGTF for further consideration and refinement.

Health Care Authority (HCA) + Washington State Gambling Commission (WSGC)

- Provide the necessary background material and resources.
- Provide timely information to the PGTF in accessible formats.
- Listen to the PGTF and facilitate discussion about how their comments are considered.
- Listen to and consider public comment.
- Develop and submit the interim and final reports due to the legislature.
- WSGC and HCA are coordinating state legislative proviso funding to contract with facilitators (Uncommon Solutions) with HCA as the contract manager.

Task Force Representatives from Tribal Nations

- PGTF members acknowledge and recognize PGTF Tribal representatives are attending on behalf of Federally Recognized Indian Tribes in Washington State, which are sovereign nations, each in government-to-government relationship with Washington State.
- Each Tribe has been invited by the State of Washington to designate one or more representatives to participate on the PGTF in order to provide guidance, perspective, insight and recommendations.

- **Centennial Accord:** <https://goia.wa.gov/relations/centennial-accord>
- **Millennium Agreement:** <https://goia.wa.gov/relations/millennium-agreement/agreement>

Uncommon Solutions Consultant Facilitators

- Collaborate closely with HCA, develop PGTF meeting agendas, facilitate, and assist with summarizing meeting highlights.
- Coordinate and summarize workgroup key themes, recommendations and action items.
- Track ongoing list of issues, inquiries and emerging themes and use this as a tool to inform the project team and plan for future PGTF discussions.
- Assist HCA in developing the interim and final reports due to the legislature.

Decision Making

- The PGTF will make every effort to seek consensus on all decisions. However, in the event that total consensus cannot be achieved, the Chair, Vice Chair and facilitators will lead the Task Force through a modified consensus process, that would require a 2/3 majority rule. Minority opinions will be welcomed and presented to the Task Force for discussion and consideration.
- In the case of a vote, only PGTF members on behalf of their organization may participate, at one vote per organization (or if representing self, one vote per role).

Time Commitment

Members are asked to commit to meeting once per quarter from January 2020 through November 2021. Each 2 to 3-hour meeting will be held on a weekday morning or afternoon and will be scheduled in Olympia, the Seattle I-5 corridor, and in Central/Eastern Washington. All Meetings will have remote participation option and call-in capability. If the meeting occurs over the lunch hour, food will be provided. Members are also strongly requested to participate in one workgroup that will meet monthly via Zoom.

Ground Rules

- Listen to the other person without interrupting.
- Welcome diverse opinions as an opportunity to learn and ask questions to understand the other person's perspective.
- Respect confidentiality of fellow PGTF members and ask permission to share any statement another PGTF member makes in settings outside the Task Force.

2020 Schedule

PGTF Launch / January 6, 2020 / 8:30 am – 1:30 pm

Focus: Problem gambling overview, scope and role of PGTF, Charter review and approval, workgroup sign-up

Location: Health Care Authority
Sue Crystal Meeting Room | 626 8th Ave SE, Olympia, WA

PGTF Meeting #2 / April 20, 2020 / 9:00 – 10:30 am

Focus: Updates on 2020 Legislative Session updates, workgroup launch, and prevalence study; decision on expanding PGTF scope to include problem online video gaming; and Charter approval

Location: Virtual meeting via Zoom

PGTF Meeting #3 / July 28, 2020 / 9:00 – 11:00 am

Focus: Workgroups present initial ideas and priorities

Location: Virtual meeting via Zoom

PGTF Meeting #4 / September 21, 2020 / 9:00 – 11:00 am

Focus: Discuss and approve workgroup recommendations for Interim Report to Legislature

Location: Virtual meeting via Zoom

Appendix D

PGTF + Workgroup Members

Problem Gambling Task Force – Members & Workgroups

Rev 10/13/2020

AP=Advocacy & Policy / **CTR**=Access to Care, Treatment & Recovery / **PO**=Prevention & Outreach / **RD**=Research & Data

Last Name	First Name	Title/Role	Organization	Workgroup(s)
Benton	Amanda	Deputy Secretary	WA State Horse Racing Commission	AP
Burnett	Dallas	Director	Squaxin Island Tribal Regulatory Authority	AP
Cash	Hilarie	Clinical Director	ReSTART Life	CTR / RD
Chinn	John	Project Manager	WA State Gambling Commission	AP
Colman	Victor	Facilitator	Uncommon Solutions	AP (facilitator)
Considine	Brian	Legal and Legislative Manager	WA State Gambling Commission	AP
Conway	Sen. Steve	State Senator	WA State Senate	AP / RD
Crowe	Brandi	Exec. Director	Puyallup Tribal Gaming Agency	none
DePoe	Rosina	Deputy	WA Indian Gaming Association	AP / CTR / RD
Desautel	Alexandria	Exec. Director	Lake Roosevelt Community Health Center	none
Edwards	Tony	Prevention Systems Manager & Youth Specialist	Division of Behavioral Health & Recovery/WA State Health Care Authority	PO
Farrell	Tim	Policy & Legislative Development Director	WA State Department of Health	RD
Galvin	Brad	Vice-Chair, clinician	Brief Therapy Works	CTR /
George	Rebecca	Exec. Director	WA Indian Gaming Association	AP / RD
Greeley	Maureen	Executive Director	Evergreen Council on Problem Gambling	CTR / PO
Hurt-Moran	Melissa	CD Clinical Manager	Kalispel Tribe of Indians	none
Joseph	Benjamin	Tribal Council Chairman	Sauk-Suiattle Tribe	none
Keith	Ryan	DBHR Program Manager	Division of Behavioral Health & Recovery/WA State Health Care Authority	PO / RD
Kloba	Rep. Shelley	Representative -- House	WA State House of Representatives	AP
Lewis	Amber	Lewis Consulting	On behalf of Chairman Forsman & the Suquamish Tribe	none
Loo	Victor	Practice Innovation Director	Asian Counseling and Referral Service	CTR / PO
Lostutter	Ty	Clinical Psychologist	University of Washington	CTR / PO / RD
MacEwen	Rep. Drew	Representative -- House	WA State House of Representatives	none
Madigan	Richelle	BHAC Member	Behavioral Health Advisory Council (BHAC)	none
Merrill	Tim	Pres. of Ops WA	Maverick Gaming	AP

Problem Gambling Task Force – Members & Workgroups

Rev 10/13/2020

AP=Advocacy & Policy / **CTR**=Access to Care, Treatment & Recovery / **PO**=Prevention & Outreach / **RD**=Research & Data

Last Name	First Name	Title/Role	Organization	
Nenema	Glen	Chairman	Kalispel Tribe of Indians	none
O'Leary	Meg	Facilitator	Uncommon Solutions	CTR / PO (facilitator)
Patterson	Julia	Commissioner	WA State Gambling Commission	All (Chair)
Peone	Ricki	Health & Human Services Director	Spokane Tribe of Indians	CTR
Rae	Cosette	CEO	ReSTART Life	CTR
Russell	Tana	Assistant Director	Evergreen Council on Problem Gambling	AP / RD
Swan, Sr.	Richard	Councilman	Colville Tribes	CTR / PO / RD
Takushi	Ruby	Director of Programs	Recovery Café Network	CTR
Trujillo	Dave	Director	WA State Gambling Commission	AP
Waldron	Roxane	State Problem Gambling Program Manager	Division of Behavioral Health & Recovery/WA State Health Care Authority	All (PG Pgm Mgr)
Washington Harvey	Carmela	Principal	ECAR Evaluation & Counseling Services, LLC	none
Waterland	Keri	Director	Division of Behavioral Health & Recovery/HCA	none
Weeks	Kristi	Director of Legal Services	WA State Lottery Commission	RD
Zenishek	Kevin	Exec. Dir. , of Casino Operations	Northern Quest Resort and Casino (Kalispel Tribe)	AP

Appendix E

2020 Workgroup Priorities

Problem Gambling Task Force

Access to Care, Treatment + Recovery Workgroup 2020 Priorities

TOP Priority	MID-LEVEL Priority	For Later Consideration by PGTF
Increase Workforce Development + Training + Certification for Prevention, Treatment, Recovery Support <ul style="list-style-type: none"> Increase number of certified problem gambling counselors to meet expected demand and geographic barriers (CP, LG/P, LG/B, SA)¹ 	Increase Workforce Development + Training + Certification for Prevention, Treatment, Recovery Support <ul style="list-style-type: none"> Require that all venue or casino staff interacting with players receive basic Responsible Gambling awareness training (LG/P) Integrate problem gambling awareness, prevention, treatment and recovery into all mental health, SUD, and process addiction treatment (CP, LG/P, TX) 	Increase Workforce Development + Training + Certification for Prevention, Treatment, Recovery Support <ul style="list-style-type: none"> Provide incentive for PG training to increase number certified treatment providers Review and recognize impacts of internet and online gaming disorders
Treatment + Recovery Opportunities <ul style="list-style-type: none"> Expand Medicaid to include problem gambling treatment as a covered service in WA state (FD) Improve availability and access to all levels of care and treatment to help sustain recovery. For example: (1) Expand Partial Hospitalization Program (PHP); and (2) Increase alternatives to in-person attendance and increase percent of clients attending weekly sessions. (CP, TX, SA) 		Treatment + Recovery Opportunities <ul style="list-style-type: none"> Evaluate current Problem Gambling Helpline practices and quality and recommend improvements (ECPG currently holds contract) Increase access to Tribal BH problem gambling programs for eligible clients Establish on-site kiosks with treatment referrals, odds/stats and resources (e.g., Game Sense)

¹ Indicates WHERE the strategy will reside and/or how it would be implemented: **CP**=Community Partner (e.g., ECPG, Recovery Café, etc.); **FD**=Federal; **HCA**=Health Care Authority; **IN**=Industry (e.g., gambling industries); **LG/B**=State Legislature budget request; **LG/P**=State Legislature policy change; **SA**=State Agency; **TX**=service and treatment providers; **WSGC**=WA State Gambling Commission

- Gain clarity on treatment and recovery services offered by Tribal BH agencies
(SA, WSGC)

Potential Funding Sources

- Expand Medicaid coverage to include problem gambling treatment and recovery services **(FD)**
- Expand support and funding for prevention, outreach, awareness training, treatment, recovery, in-patient and out-patient treatment, and Helpline marketing **(LG/B)**
- Increase reimbursement rates to PG provider agencies **(LG/P)**
- Consider different formula/rate be applied to sports wagering **(LG/P)**
- Increase WA state 0.13% Class 3 gaming funding **(LG/P)**
- Explore Tribal funding contributions for PG prevention, treatment and recovery in WA state **(SA, WSGC)**

Potential Funding Sources

- Create an app to increase access to treatment and recovery referrals and resources

Problem Gambling Task Force

Prevention + Outreach Workgroup 2020 Priorities

TOP Priority	MID-LEVEL Priority	For Later Consideration by PGTF
Partnerships <ul style="list-style-type: none"> Emphasize need for study of online social-style casino gaming and technology-based gaming/gambling, and engage in discussions with legislators and stakeholders statewide. (CP, LG/P, SA, IN)¹ Better understand current funding for problem gambling prevention activities (CP, HCA, SA) 	Partnerships <ul style="list-style-type: none"> Explore how Problem Gambling prevention and outreach should be addressed by the Federal government (HCA, SA) 	Partnerships <ul style="list-style-type: none"> Leverage connections to other partners, e.g., sports wagering, major league sports teams
Responsible Gaming <ul style="list-style-type: none"> Create shared, centralized, state-administered Voluntary Self-Exclusion Program. Expand to other gambling products and venues. (CP, IN, SA) Incorporate consumer protection tools into all forms of gambling (e.g., tools for interrupting play and game screening) (CP, FD, LG/P) Request that WSGC assess and recommend harm reduction tools—current and emerging in-game and out-of-game—in partnership with community partners. 	Responsible Gaming <ul style="list-style-type: none"> Incorporate player and public education of common gambling “distortions” in gambling venues (CP, IN, SA) 	Responsible Gaming <ul style="list-style-type: none"> Establish basic harm reduction framework for operators Player education should include measurable goals and related metrics Establish industry-wide Code of Conduct

¹ Indicates WHERE the strategy will reside and/or how it would be implemented: **CP**=Community Partner (e.g., ECPG, Recovery Café, etc.); **FD**=Federal; **HCA**=Health Care Authority; **IN**=Industry (e.g., gambling industries); **LG/B**=State Legislature budget request; **LG/P**=State Legislature policy change; **SA**=State Agency; **TX**=service and treatment providers; **WSGC**=WA State Gambling Commission

<p>Especially related to implementation of sports wagering regulations. (CP, IN, WSGC)</p> <ul style="list-style-type: none"> Recommend initial review in 2021 of best practices and research on global consumer protection and tools for benefit of law makers, rule makers, industry and WSGC. Recommend regular reviews going forward. (CP, IN, SA, LG/P, WSGC) 		
<p>Advertising, Outreach + Marketing</p> <ul style="list-style-type: none"> Add Medicaid coverage for Problem Gambling including prevention and outreach funding (FD, LG/B) Ensure new sports wagering campaigns support prevention and promote helpline (CP, IN, SA, LG/P) 	<p>Advertising, Outreach + Marketing</p> <ul style="list-style-type: none"> Host roundtable on prevention and outreach (CP) 	
<p>Enhance State Funding Sources</p> <ul style="list-style-type: none"> Increase budget for prevention advertising, e.g., allow year-round campaigns for Youth and Adults (LG/B) 	<p>Enhance State Funding Sources</p> <ul style="list-style-type: none"> Increase percentage of funding from B&O tax for State PG Program (from 0.13%) (LG/B) Require sports wagering venues to fund outreach, prevention, treatment (LG/P) 	

Research + Data Workgroup

2020 Priorities

TOP Priorities

Initiate and complete a WA State Adult PG Prevalence Study (LG / SA)¹

- Purpose: Initiate a prevalence study that will provide Washington-specific data that can provide a strong rationale for the various recommendations of the PGTF reports to the legislature. \$500K has been appropriated from problem gambling account to the Health Care Authority (HCA).
- In addition to problem gambling & gambling disorder, the Prevalence study will also include questions about gaming (due to the blurring of lines between gambling and gaming).
- HCA will contract with the WA State Institute for Public Policy (WSIPP) for analysis and report (\$115K). HCA has approval from OFM to issue a RFP to select & contract with a survey shop (costs TBD).
- Per current budget proviso, HCA is responsible to conduct survey and report results to Legislature by 6/2021. Due to COVID-19 and difficulty with conducting an accurate research study, PGTF will be requesting an extension of one year to 6/2022.

Develop a cost/benefit analysis (to include prevention, treatment and recovery support efficacy) (SA)

- Purpose: Design and initiate a cost/benefit analysis to 1) assess overall efficacy of existing problem gambling services, and 2) help set goals, to include prevention (education/awareness/outreach), treatment, and recovery support services.
- Include fiscal savings in other areas, such as incarceration, co-occurring disorders (substance use disorder and/or mental health), and other negative impacts with relation to problem gambling and gambling disorder.
- Determine entity to complete the analysis. (Note: WSIPP has proposed conducting a 'What Works' analysis for \$70K). Funding for the cost/benefit analysis will be contingent on amount remaining after contracting for Prevalence Study. If funding is not available from the \$500K set aside for the prevalence study, then recommend to seek other funding (public/private) to complete analysis.

¹ Indicates WHERE the strategy will reside and/or how it would be implemented: **CP**=Community Partner (e.g., ECPG, Recovery Café, etc.); **FD**=Federal; **HCA**=Health Care Authority; **IN**=Industry (e.g., gambling industries); **LG/B**=State Legislature budget request; **LG/P**=State Legislature policy change; **SA**=State Agency; **TX**=service and treatment providers; **WSGC**=WA State Gambling Commission

**Recommend investment in a robust replacement for the current TARGET2000 data system
(LG / SA)**

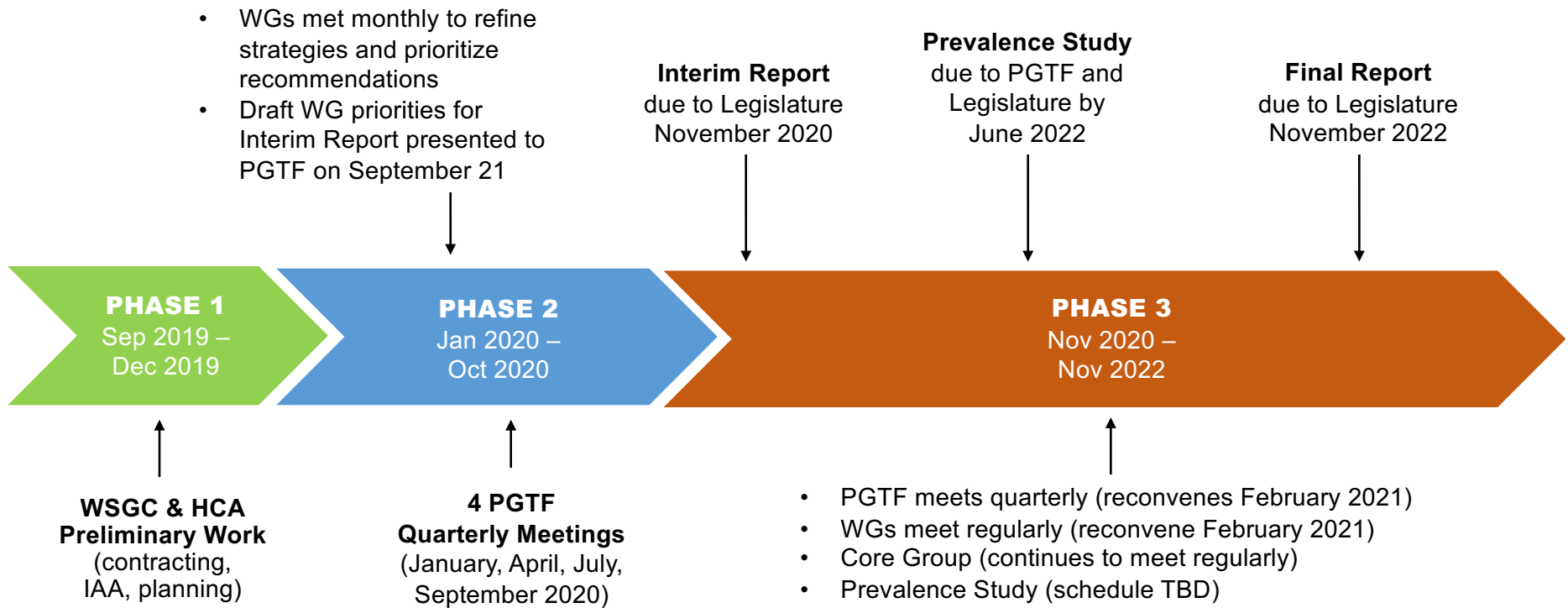
- Purpose: To improve the ability of the State Problem Gambling Program (HCA) to track and report outcomes of clinical treatment in order to evaluate quality and efficacy of services provided by the program.
 - Allow easy & accessible reporting to create dashboard and analysis.
 - Allow tracking of both progress and outcome measures (not currently possible)
 - Allow additional fields/data elements to be added easily (such as 'telehealth encounter')
 - Include State PG Program Mgr. in design and implementation.
 - Enable migration of existing TARGET2000 data into new system.
 - Timeline: data and program migration to new data system in next 2-3 years.
-

Appendix F

Proposed PGTF Timeline

Proposed Problem Gambling Task Force Timeline

(date extensions due to impacts of COVID-19)



Appendix G

Problem Gambling Glossary

Glossary of common Gambling and Gaming Terminology

Note: These definitions relate to gambling, problem gambling/gambling disorder, and gaming. The following is not an exhaustive listing of gambling and gaming terminology

Action: To have, or be in, **action** means you have a monetary interest in the outcome of an event.

Action game: A game genre emphasizing physical challenges, hand–eye coordination and reflexes. It includes fighting games, shooters, and platformers.

Chasing: The attempt by a gambler to make up previous losses through additional gambling, a common symptom of a pathological gambler. Chasing often involves making larger bets and/or taking greater risks. Appears as the 6th diagnostic criteria of Gambling Disorders in the DSM-5, “After losing money gambling, often returns another day to get even (‘chasing’ one’s losses).”

Cognitive behavioral therapy: An approach to treatment that extends behavioral therapy to the modification of cognitive processes such as self-image and fantasy.

Cognitive distortions: Faulty thinking, as when gamblers “know” their luck is about to change.

Cognitive therapy: A treatment method focusing on changing an individual's inaccurate beliefs. Cognitive therapy for a gambler might involve challenging the patient's perceived odds of winning or ability to control the outcome.

Comorbidity: The presence of multiple disorders in one individual. Pathological gambling has high rates of comorbidity with disorders such as alcoholism and depression. Also called co-occurring disorder.

Compulsive gambling: A term used commonly to describe compulsive gambling behavior or addiction but is not a diagnosis. Used by Gamblers Anonymous and some non-profits.

Compulsion loop: A cycle of gameplay elements designed to keep the player invested in the game, typically through a feedback system involving in-game rewards that open up more gameplay opportunities.

Digital gaming: Playing a game on a digital device, including PC’s, consoles, mobile phones, etc.

DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, written by the American Psychiatric Association. The fifth edition was published in May 2013. A notable change from DSM-IV to DSM-5 is that Pathological Gambling was changed to Gambling Disorder and moved to the Substance Use and Addictive Disorders section.

EGM: Electronic Gambling Machines

Electronic sports (Esports): Also, **competitive gaming**, **cybersports** and **professional gaming**. Organized competitions around competitive video games, typically using games from the first-person shooter and multiplayer online battle arena genres, and often played for prize money and recognition.

Eye Movement Desensitization and Reprocessing (EMDR): A form of psychotherapy that uses eye movements or other forms of bilateral stimulation to help the processing of addictive urges and traumatic memories.

Freemium gaming: “freemium” is used to describe games that are free to play but require money to unlock certain features. These features can include anything from customization options to large amounts of in-game currency. In recent years, video games that use the freemium model have become increasingly popular, especially on the mobile platform.

Free-to-play (F2P or FtP): Games that do not require purchase from a retailer, either physical or digital, to play. Highly prevalent amongst smartphone apps, free-to-play games may also provide additional gameplay-enhancing purchases via an in-app purchase. (Compare 'freemium', a free-to-play game that follows such a model.)

A fellowship for the families of disordered gamblers (problem and pathological gamblers) with chapters throughout North America.

Gamblers Anon (GA): An international network of groups for people attempting to recover from disordered gambling (problem and pathological gambling). Gamblers Anonymous is a 12-step program modeled after Alcoholics Anonymous. Local chapters provide fellowship in which people share their experiences, support, and hopes of recovery.

GA-20 (The Gamblers Anonymous 20 Questions): The 'GA-20' is a list of 20 questions devised by Gamblers Anonymous to help an Individual decide if they have a gambling problem. According to GA, most people with gambling problems will answer "yes" to at least seven of the 20 questions.

Gambling – RCW definition: "Gambling," as used in this chapter, means staking or risking something of value upon the outcome of a contest of chance or a future contingent event not under the person's control or influence, upon an agreement or understanding that the person or someone else will receive something of value in the event of a certain outcome. Gambling does not include fishing derbies as defined by this chapter, pari-mutuel betting and handicapping contests as authorized by chapter 67.16 RCW, bona fide business transactions valid under the law of contracts, including, but not limited to, contracts for the purchase or sale at a future date of securities or commodities, and agreements to compensate for loss caused by the happening of chance, including, but not limited to, contracts of indemnity or guarantee and life, health, or accident insurance. In addition, a contest of chance which is specifically excluded from the definition of lottery under this chapter shall not constitute gambling. (RCW 9.46.0237)

Gambling Disorder: The term used in the DSM-5 to describe and diagnose an addiction to gambling. There is a total of 9 diagnostic criteria and a diagnosis is categorized as mild by meeting 4 or 5 criteria, moderate by meeting 6 or 7 criteria, or severe by meeting 8 or 9 criteria. An individual who meets 1 to 3 criteria may be said to have "problem gambling" but does not receive any diagnosis. "Problem gambling" is NOT a diagnosis.

Gaming: Can either mean 1) gambling; 2) the playing of games developed to teach something or to help solve a problem, as in a military or business situation; or 3) the playing of computer or video games.

Gaming – within the meaning of IGRA (Indian Gaming Regulatory Act)

- **Class I gaming:** means social games solely for prizes of minimal value or traditional forms of Indian gaming engaged in by individuals as a part of, or in connection with, Tribal ceremonies or celebrations.
- **Class II gaming:** (i) the game of chance commonly known as bingo (whether or not electronic, computer, or other technologic aids are used in connection therewith)—
(ii) card games that—
 - (I) are explicitly authorized by the laws of the State, or
 - (II) are not explicitly prohibited by the laws of the State and are played at any location in the State, but only if such card games are played in conformity with those laws and regulations (if any) of the State regarding hours or periods of operation of such card games or limitations on wagers or pot sizes in such card games.
- **Class III gaming:** means all forms of gaming that are not class I gaming or class II gaming.

Harm reduction: The application of methods designed to reduce the harm (and risk of harm) associated with ongoing addictive behaviors.

In-app purchase (IAP): A micro transaction in a mobile game (or regular app), usually for virtual goods in free or cheap games.

Internet gambling/gaming: Gambling or gaming on a game hosted on an internet platform.

Internet vs. intranet vs. extranet: An intranet is a private network, operated by a large company or other organization, which uses internet technologies, but is insulated from the global internet. An extranet is an intranet that is accessible to some people from outside the company, or possibly shared by more than one organization.

Loot box: Loot boxes (and other name variants such as booster packs for online collectible card games) are awarded to players for completing a match, gaining an experience level, or other in-game achievement. The box contains random items, typically cosmetic-only but may include gameplay-impacting items, often awarded based on a rarity system. In many cases, additional loot boxes can be obtained through micro transactions.

Loot system: Methods used in multiplayer games to distribute treasure among cooperating players for finishing a quest. While early MMOs distributed loot on a 'first come, first served' basis, it was quickly discovered that such a system was easily abused, and later games instead used a 'need-or-greed' system, in which the participating players roll virtual dice and the loot is distributed according to the results.

MMOG: Massively Multiplayer Online Game

Neurotransmitter: A chemical substance that naturally occurs in the brain and is responsible for communication among nerve cells.

Online game: A game where part of the game engine is on a server and requires an Internet connection. Many multiplayer games support online play.

On-premise mobile device gambling/gaming: on-premise gambling is online gambling restricted to the confines of a specific geographic area. In the case of the casino industry it is the restriction of gambling game content within the confines of the casino (premises). The primary delivery vehicle for on-premise gambling is a mobile device such as a phone or tablet either owned by the player or provided by the casino for use within casino premises

Pari-mutuel wagering (also known as 'off-track betting'): A betting system in which all bets of a particular type are placed together in a pool; taxes and the 'house take' are removed, and payoff odds are calculated by sharing the pool among all winning bets (used in gambling on horse racing, greyhound racing, jai alai, and all sporting events of relatively short duration in which participants finish in a ranked order. A modified pari-mutuel system is also used in some lottery games).

Platform: The specific combination of electronic components or computer hardware which, in conjunction with software, allows a video game to operate.

Prevalence: The proportion of a population having a condition at a given point in time or over a fixed period of time.

Professional gambler: One who gambles as a way to make part or all of his/her living. Is often sponsored and generally does not exhibit life problems as a result of their gambling. Professional gamblers can, however, lose control and exhibit chasing behavior, at which time they may begin exhibiting signs of gambling disorder.

Problem gambling: An urge to gamble continuously despite harmful negative consequences or a desire to stop. Problem gambling is often defined by whether harm is experienced by the gambler or others, rather than by the gambler's behavior.

Responsible gaming/gambling: the set of social responsibility initiatives by the gambling industry, governments, gaming control boards, operators (such as casinos), and vendors—to ensure the integrity and fairness of their operations and to promote awareness of harms associated with gambling, such as gambling addiction. The terms “responsible gambling” and “responsible gaming” are generally used interchangeably.

Self-exclusion programs: Programs that provide a way for people to voluntarily ban themselves from a casino or other gambling establishments in order to deal with gambling problems. The programs may be mandated for operators by the government or voluntarily established by casinos and other gaming operators. The gaming operator agrees to remove the self-excluded person from its direct mail lists and to revoke privileges for gaming services such as player club/card privileges and on-site check-cashing. Self-exclusion programs are available in the US, the UK, Canada, Australia, South Africa, and other countries.

Social gambling: Gamblers who exhibit few or none of the difficulties associated with problem or pathological gambling. Social gamblers will gamble for entertainment, typically will not risk more than they can afford, often gamble with friends, gamble for limited periods of time, and are not preoccupied with gambling. Often used interchangeably with the term “recreational gambling”.

Social Gaming: Generally refers to tabletop or video games that allow or require social interaction between players as opposed to games played in solitude.

South Oaks Gambling Screen (SOGS): A series of questions used to determine the presence of a gambling problem. Developed by Henry Lesieur and Sheila Blume of the South Oaks Psychiatric Hospital, the instrument consists of 20 items, with a score of five or higher considered evidence of pathological gambling. The South Oaks Gambling Screen has been the most widely used instrument in assessing the prevalence of pathological gambling among the general public, though it has not been specifically validated for that use.

SOGS-RA (South Oaks Gambling Screen – Revised for Adolescents): A modified version of the South Oaks Gambling Screen used in assessing adolescents.

Video gaming: An electronic game that involves interaction with a user interface to generate visual feedback on a two- or three-dimensional video display device such as a touchscreen, virtual reality headset or monitor/TV set. Since the 1980s, video games have become an increasingly important part of the entertainment industry.

Video poker: A casino game based on five-card draw poker. It is played on a computerized console similar in size to a slot machine.