

To: Co-chairs: The Honorable Craig Hickman and The Honorable Laura Supica
Members of the Joint Standing Committee on Veterans and Legal Affairs

Date: May 7, 2025

RE: *LD 1838 An Act to Provide Opportunities and Sustainable Revenue for Maine Farms, Agricultural Fairs, Wabanaki Tribes and Veterans' Homes*

My name is Lori Manson. I am the Problem Gambling Services Coordinator at AdCare Maine, the non-profit with the contract with Maine Center for Disease Control and Prevention to administer problem gambling services for the State of Maine. I'm the only person who works full-time on problem gambling in Maine. I am also a member of the all-volunteer Maine Council on Problem Gambling (MCPG), and I am the Maine representative and past chair of the National Council on Problem Gambling (NCPG) State Affiliates Committee. It is my hope to serve as a resource to this committee on this bill and any other bills related to gambling.

MCPG, NCPG, and AdCare are all gambling neutral. We are neither for nor against legalized gambling. It is our goal that all legislation and rules are written with best practices in reducing the harm of gambling addiction in mind, and that enough money is allocated to raise awareness and provide services through the spectrum of research, prevention, intervention, treatment, recovery, and workforce development.

I am attaching a document with national and Maine statistics for your reference.

When I read LD 1838, I analyzed if the bill properly addresses the things we look at for best practices in reducing gambling harm. Here's what I found:

Is there a Minimum Age Requirement of 21? Yes, there is. My concern here will be how this is monitored in the varying types of facilities where these machines will be. Within the casinos, I have no concern knowing that patrons show ID at the door and the staff is well-trained in enforcing requirements. Will the facilities that house these Electronic Gaming Machines (EGMs), which are basically slot machines, have the same level of training and commitment to enforcement?

Are there Self-exclusion requirements? Yes. This is one of the listed items to be addressed in rule-making.

Is at least 1% contributed to the Gambling Addiction Prevention and Treatment Fund established by Title 5, section 20006-B: Yes.

Some of my concerns are:

Will the Gambling Control Unit be allocated additional staff? This expansion of a large number of authorized machines would require additional inspectors to monitor compliance such as enforcement of age and self-exclusion restrictions.

I don't see any mention of **mandatory staff training**. I assume that will be a component of the rule-making process.

I don't see any mention of the requirement to **post the 1-800-GAMBLER helpline information**, but I also think that will come during the rule-making process.

Though I recognize that banning legalized gambling is not a solution to problem gambling, I do want to express concern about the slippery slope of approving additional types of gambling in Maine. In some states, you can place sports bets at kiosks at the grocery store, play a slot machine in the local gas station convenience store, or play EGMs at the local bars and restaurants. In Maine, we have a variety of gambling opportunities for those who enjoy gambling as entertainment, and to financially benefit a number of interests in the state. To have gambling "in your face" everywhere you go would be extremely bad for people trying to abstain from gambling, and for youth who are growing up in a society where gambling is normalized and often misinterpreted as a good way to make money. Where is that balance of providing opportunity and reducing harm? I'd answer that question for you, if I knew. It is just a question to keep in mind when we look at legalizing additional gambling.

So far, we have not had the resources to do research about the prevalence of problem gambling in Maine. Our best estimate is provided by the data we get from the annual **Behavioral Risk Factor Surveillance System (BRFSS)**: <https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/brfss/index.shtml>

Members had questions about the BRFSS. According to the website:

"BRFSS is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors throughout the United States and its territories.

Since 1987 Maine BRFSS has provided state-specific information about health issues such as asthma, diabetes, health care access, alcohol use, hypertension, obesity, cancer screening, nutrition and physical activity, tobacco use, and many more. Federal, state and local health officials, and researchers use this information to track health risks, identify emerging problems, prevent disease, and improve treatment. **Each year over 10,850 Maine adult, non-institutionalized residents are called to participate in this important survey."**

I have put in a data request to receive information from the recently available 2023 Maine BRFSS data, and I have asked them to provide data back as far as when they first added the problem gambling question. I will pass that along when I receive it. **For now, this is the data I have been provided by Maine CDC:**

BRFSS Question asked on the Maine survey: Has the money or time that you spent gambling led to financial problems or problems in your family, work, school or personal life?

Maine adults reporting problem gambling in 2022: **1.29%**

I am attaching the table of Maine BRFSS Data going back to 2017 to this testimony.

If you apply that percentage to the Maine adult population using 2020 Census Data, the number is around **14,323 Maine adults experiencing gambling problems**. Another number that I've heard people quote is that an estimated 25,000 Mainers are struggling with a gambling problem. That's double what the BRFSS says, so where did that come from? That figure came from **2021 Survey of Publicly Funded Problem Gambling Services in the United States** which stated on page 99, "An estimated 2.2% of Maine adults (24,647) are believed to manifest a gambling problem in Maine." That figure was obtained by multiplying a national estimate of problem gambling prevalence (2.2% times Maine census data). Until we can afford to fund a prevalence survey, we will need to use these numbers as estimates when we are trying to understand how many Mainers are impacted by gambling harm.

As we know, gambling problems don't only impact the gambler. In December 2024, the **World Health Organization (WHO)** put out a gambling fact sheet (attached to this testimony). The article says:

"For every person who gambles at high-risk levels, an average of six others (usually non-gamblers) are affected (6). This number is likely much higher in kinship cultures, including among Indigenous peoples. Gambling may also divert normal consumption expenditure from other businesses."

I am happy to answer any further questions. Thank you for the opportunity to testify on this matter.

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The Maine Council on Problem Gambling

MCPG is an all-volunteer 501(c)3 non-profit.

Mission

To raise awareness about and reduce the impact of gambling problems.

Vision

The Maine Council on Problem Gambling's vision of success is that Maine people will recognize and address gambling problems and their impact on individuals, families, businesses, and communities.

Areas of Focus

- Advocate for increased public awareness of problem gambling
- Collaborate with community partners through education and prevention programs
- Support referral services for problem gambling and affected others
- Support treatment and recovery options for problem gamblers and their families
- Encourage research on problem gambling in Maine

Learn more

Visit: maineproblemgambling.org

Email: maineproblemgambling@gmail.com

Facebook: <https://www.facebook.com/MaineCouncilProblemGambling>



MCPG is the Maine State Affiliate of the National Council On Problem Gambling (NCPG)

According to NCPG:

- The national annual social cost of problem gambling is \$14 billion.
- 9 million American adults suffer from gambling addiction.
- There are currently no federal funds designated for problem gambling treatment or research, unlike the billions in funding for alcohol, tobacco, and drug addiction.
- Problem gambling doesn't just affect the individual—it has a ripple effect that impacts friends, family, and loved ones. Gambling problems can lead to financial strain, legal troubles, job loss, and damage to personal relationships
- Learn more at ncpgambling.org

See Maine Problem Gambling statistics on the other side

Problem Gambling in Maine by the Numbers

79%

Percentage of Mainers who gamble within a year.

2018 National Survey on Gambling Attitudes and Gambling Experiences



1.29%

Percentage of Maine adults who said the money or time they spent gambling led to financial problems or problems in family, work, school or personal life.

2022 Behavioral Risk Factor Surveillance System (BRFSS)



3%

Percentage of all Maine high school students who said the money or time they spent gambling led to financial problems or problems in family, work, school, or personal life.

2023 Maine Integrated Youth Health Survey Page 1054



8.8%

Percentage of Maine high school students who report gambling & said the money or time they spent gambling led to financial problems or problems in family, work, school, or personal life.

2023 Maine Integrated Youth Health Survey Page 1059



117

Number of problem gambling intakes recorded by Call Specialists at 211, Maine's Problem Gambling Helpline in 2024.

Data provided by 211 Maine



172

Number of people who signed up for Maine's Casino Self-Exclusion list in 2024.

Data provided by Maine Gambling Control Unit



36th

Maine's rank in per capita spending on problem gambling services.

2023 Budget Update: Publicly Funded Problem Gambling Services in the United State: National Association of Administrators for Disordered Gambling Services



BRFSS Data				
Adults reporting problem gambling				
Year	n	Weighted %	95% Confidence Limits	
2017	13	0.65	0.12	1.18
2018	22	0.96	0.43	1.49
2019	53	1.36	0.78	1.94
2020	59	1.41	0.85	1.96
2021	51	1.14	0.73	1.55
2022*	33	1.29	0.72	1.86

Maine Center for Disease Control and Prevention
Data, Research, and Vital Statistics
5/7/2024 Paul Josephson

Variable definition

Adults reporting problem gambling: Has the money or time that you spent gambling led to financial problems or problems in your family, work, school or personal life?

n: Number of respondents age 18 years and over who report problem gambling

Description: Percentage of Maine adults ages 18 years and over who report problem gambling

Numerator: Weighted number of Maine adults ages 18 years and over who report problem gambling

Denominator: Weighted number of Maine adults ages 18 years and over who responded to question

Data source: BRFSS multi-year dataset, 2017-2022

*** Note:** 2022 Data analysis from partial year data collection

Unit of Analysis: Individual

World Health Organization Fact Sheet

Gambling

2 December 2024

Key facts

- Standardized global estimation of gambling harms has been limited, but estimates suggest that 1.2% of the world's adult population has a gambling disorder. Harm from gambling by others is also widespread.
 - Industry analysts estimate global gambling revenue will reach US\$ 700 billion by 2028 (1). Smartphone use in low- and middle-income countries will drive much of this growth.
 - People gambling at harmful levels generate around 60% of losses (gambling revenue) (2).
 - Gambling can threaten health, leading to increased incidence of mental illness and suicide. It can drive poverty by diverting household spending from essential goods and services.
 - Gambling harms also include relationship breakdown, family violence, financial distress, stigma, income-generating crimes (theft, fraud), neglect of children, and erosion of civil institutions via corruption and corporate political activity. Gambling is also a common way to launder money obtained through illegal activities.
 - The rapid normalization of gambling is occurring through commercialization and digitization. Sponsorship and marketing are also key factors in rapid global growth.
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Overview

Gambling is risking money (or another item of value) on an event of uncertain outcome, with the possibility of gaining an increased return. Betting, slot machines, casino games, lotteries and bingo are all forms of gambling. Electronic gambling machines (EGMs) and casino games are often associated with the most risk of harm. These are available both in physical venues and online. The legal status of gambling varies within and between countries, although many jurisdictions have now legalized gambling. As it is available online, it is accessible almost anywhere, at any time, even in places where gambling is prohibited.>

Gambling can lead to serious harms to health. These include financial stress, relationship breakdown, family violence, mental illness and suicide. The legacy of gambling harm can endure throughout one's life and transmit intergenerationally. Population-wide interventions can help prevent and reduce harm. These include ending advertising and promotions, providing centralized account registration to require those who gamble to set binding loss limits, and restrictions relating to access and availability (opening hours, density). Strict regulation and enforcement are also required to ensure compliance with existing laws.

Scope of the problem

Gambling is now legally available in many countries. It has been normalized through new commercial associations with sport and cultural activities that are now heavily promoted. Around 5.5% of women and 11.9% of men globally experience some level of harm from gambling (3). A Swedish study estimated that those with a gambling disorder were 15 times more likely to die by suicide than the general population (4). In Victoria Australia, at least 4.2% of suicides were found to be gambling-related (5).

For every person who gambles at high-risk levels, an average of six others (usually non-gamblers) are affected (6). This number is likely much higher in kinship cultures, including among Indigenous peoples. Gambling may also divert normal consumption expenditure from other businesses.

Industry self-regulation is a common feature of gambling regulation. However, there are many examples of the failure of this approach. There is often little transparency about the way many gambling products function. EGMs can mislead users with design features that encourage extended use. Existing health promotion messages are often inadequate and can use so-called dark nudges, which encourage the consumption of harmful products (for example, by exploiting gamblers' cognitive biases) and may enhance normalization.

Alongside strong regulation of gambling products and their availability, clear warning messages about harms associated with use are likely to be more effective than messages suggestions to simply stop when gambling is no longer fun, for instance.

There is no global agreement on the regulation of online gambling. Unlicensed providers regularly offer unregulated gambling products, and there is an urgent need for the regulation of online gambling.

Who is at risk?

People experiencing significant life events including separation, retirement, injury or the death of a loved one may be at increased risk. Social stressors such as poverty, discrimination or other disadvantage also increase risks. Heavy promotion of gambling online and through sport also poses risks of normalizing gambling for children and young people.

Signs and symptoms

Gambling disorder is described alongside substance use disorders in both the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM 5), and the International Classification of Diseases, eleventh revision (ICD 11). The ICD-11 describes three diagnostic requirements:

- 1) impaired control over gambling;
- 2) increasing priority given to gambling, taking precedence over other life interests and daily activities; and
- 3) continuation of gambling despite negative consequences.

Gambling harm also occurs well below clinical thresholds. Signs of harm include the diversion of money from essential household spending. This can lead to food insecurity, housing problems and difficulties accessing healthcare and education.

Transmission

Easy accessibility of gambling products increases the risk of uptake. Opportunities to gamble are often disproportionately located in areas of higher disadvantage. High-intensity

products including EGMs, high-speed wagering platforms, and casino games, including online versions, are readily accessible almost anywhere.

The commercialization of gambling in many countries – which also drives normalization – is increasing the incidence of gambling harm. Sponsorship or other association with popular sporting leagues, and the colocation of gambling products in social settings, are key mechanisms. Aggressive promotion of gambling in popular and social media also increases gambling activity.

Prevention and control

Universal, population-wide public health approaches are required to prevent gambling harm. These include:

- ending gambling advertising, promotion and sponsorship of sports and other cultural activities;
- reducing stigma and shame experienced by those harmed by gambling;
- universal account registration with binding pre-commitment and effective self-exclusion tools;
- product safety measures including universal loss limits, maximum bet sizes and required breaks in gambling sessions;
- effective regulation of gambling providers, including well-resourced enforcement activities;
- addressing gambling industry corporate political activity and influence on research; and
- counter-messaging that conveys warnings about harms associated with gambling products.

Treatment

A range of therapies exist for those with gambling disorder. Currently, the most effective are long-term cognitive behavioural therapy or motivational interviewing. Self-help, pharmacological interventions and mutual support have less evidence of efficacy, although the latter are among the most used interventions. Some evidence supports internet-based therapies, although attrition is a significant issue.

Treatment for gambling disorder has a low rate of uptake, with an estimated 0.14% of the population seeking formal and informal help for current problems. Stigma and shame often prevent people from seeking help. The preferred regulatory approach of the gambling industry – so-called responsible gambling – adds to this burden by effectively blaming those who experience harm. Responsible gambling interventions are typically ineffective, particularly where the uptake of measures is optional.

Those seeking to better control or cease gambling should be provided with tools to support them. These include universal pre-commitment (requiring people to set binding limits of time and money spent gambling) and self-exclusion (allowing people to ban themselves from gambling providers). Universal (also known as mandatory) systems are most effective. Voluntary systems have poor uptake and are non-enforceable. Prevention is the most cost-effective strategy for minimizing gambling-related harm.

Challenges

In countries where gambling has been legalized, governments typically receive substantial taxation revenues. This can create some dependence, creating disincentives to reduce

harm. Perceived economic benefits of gambling markets may have precedence over poorly understood effects on health and well-being.

Gambling industry groups typically strongly oppose high-impact regulations and other measures that affect their commercial interests. Corporate political activity is widespread and effective in protecting the interests of these businesses. The research sector has also been influenced by industry using funding and other support. Limiting the capacity of vested interests to influence the research agenda and public policies are among the key public health objectives.

Global impact

Gambling harm increases as gambling markets expand, challenging the health and well-being of populations. Unlicensed, illegal or offshore gambling poses significant regulatory challenges for all governments. Responding effectively requires intergovernmental cooperation to share data, protect consumers from unregulated practices and allow governments to capture lawful taxation revenue. Without effective protections, gambling may undermine progress toward the achievement of the Sustainable Development Goals (SDGs), particularly 3, 10 and 16.

WHO response

WHO recognizes negative effects of gambling on health. Multisectoral action to reduce gambling harm is required to reduce the potential for gambling to impede progress on SDGs. WHO acknowledges the need for Member States to closely monitor and effectively regulate gambling operations, products and activities. This should include reducing stigma and shame related to gambling, ending advertising and promotion, and a focus on other upstream efforts to prevent and reduce gambling harm.

WHO is coordinating a group of global experts to build capacity to address public health implications of gambling. Initial efforts include leading the development of new diagnostic instruments for gambling disorder to better reflect populations outside North America and facilitating an expert consensus on diagnostic boundaries. WHO recognizes that some jurisdictions have developed effective gambling regulatory systems. Efforts to document and distribute these lessons are underway, particularly to support low- and middle-income countries where commercial gambling activity is rapidly increasing.

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