



To: House Federal and State Affairs Committee

From: Deb Stidham, Chair Kansas Association  
of Addiction Professionals

HB 2740 – Neutral

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

KAAP is appearing as neutral to the proposed legislation to expand legalized gambling in Kansas. However, we do have several recommendations for the committee to consider which we believe will serve to mitigate the potential risks that can accompany such expansion.

**The Impact of Sports Betting:**

The addition of sports betting into our state will bring an unprecedented blitz of advertising to urge Kansans to bet instantly from their phone on every action by every player on every play in every game in every sport. Internet gambling is available virtually all the time. It's more convenient and provides more privacy. Live "in-play" betting allows gamblers to bet on many more factors than just who the winner will be. Sports gamblers can bet-during the game-on hundreds and potentially thousands of discrete events. Any aspect of a team or player's performance or activity that can be measured is now a potential wager. This shortens the lag between bet and reward, increase the speed and frequency of gambling – which increases the risk of problematic behavior.

**Mental Health, Substance Use Disorders and Problem Gambling:**

The National Center for Responsible Gaming, which was created to help individuals and families affected by gambling disorders by supporting scientific research into compulsive gambling, cites the following facts:

- As with all addictive behaviors, people who struggle with gambling disorders tend to have other co-occurring problems such as depression, anxiety and substance use disorders.
- According to the National Comorbidity Survey Replication, 96% of the lifetime compulsive gamblers also met lifetime criteria for one or more of the other psychiatric disorders assessed in the survey.

- Another study of 43,000 Americans concluded that almost 75% of those diagnosed with a gambling disorder also had a co-occurring alcohol use disorder, while almost 40% had a co-occurring drug use disorder. (Petry NM, Stinson FS, Grant BF. *JClin Psychiatry* 2005;66(5); 564-74)

### **Recommendations to Mitigate Potential Harm**

As providers of treatment services to the Kansans effected by these disorders, KAAP requests that in addition to directing 2% of gaming revenue under current law to the Problem Gambling and Addiction Fund, that this measure be amended to also direct 2% of net revenues from sports wagering to Problem Gambling and Addiction Fund as follows:

HB 2740 – Page 34 – Lines 29 – 31- (13) include a provision for 2% of lottery gaming facility revenues *and 2% of sports wagering revenues if such contract includes provisions for the operation and management of sports wagering* to be paid to the problem gambling and addictions grant fund established by K.S.A. 79-4805, and amendments thereto.

The legislature recognized in 2006 the State's responsibility to provide for adequate funding for the prevention and treatment of problem gambling and other addictions. KAAP also urges this committee to amend the language pertaining to the Problem Gambling and Addiction Fund "Attachment A". This new language will ensure that the original intent of this fund is fully realized as this and not for other purposes such as Medicaid state match rather than adding new revenue into the alcohol and drug treatment system as the legislature intended in 2006.

Because there are no federal funds available for the prevention and treatment of problem gambling, each state must decide what is an adequate amount. A 2016 survey by the National Council on Problem Gambling found that Kansas ranked 16th out of the 40 states (.31 cents per capita) that receive public funding for problem gambling and was slightly below the \$0.37 per capita average spending and far below the highest funded state (Delaware, at \$1.46 per capita.)

KAAP recommends that a minimum of \$1 per capita be allocated to the prevention and treatment of problem gambling. This level of funding would have the potential of bringing state-of-the art prevention and treatment programming for this often-hidden disorder to the citizens of Kansas. The remaining funds should be directed to shore up long standing gaps in the alcohol and drug prevention and treatment field, many of which were well articulated in the 2020 Special Committee on Kansas Mental Health and Modernization Reform report.

I thank you for your time and consideration.