Gerald Faverman, Ph.D. • *Chairman of the Board*
Craig Ruff • *President*
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HEALTH POLICY BULLETIN

FOCUS: COMPULSIVE GAMBLING

Calls for new gambling outlets in Michigan should draw some attention to compulsive gambling. The *Diagnostic and Statistical Manual* describes compulsive or pathological gambling as "a chronic and progressive failure to resist impulses to gamble and gambling behavior that compromises, disrupts, or damages personal, family, or vocational pursuits." In 1987 the Council on Compulsive Gambling of New Jersey reported that nearly 61 percent of its callers said that they gambled in casinos; 33.5 percent bet on horse races; 29.4 percent bet on sports events; and 21 percent played lotteries. Lance Hilkene, the council's deputy director, says that "availability [of gambling outlets like casinos] tends to bring the problem out--many people have value systems that stop at illegal acts."

How widespread is compulsive gambling? Who is at risk? Jean Chasen-Falzon, executive director of the National Council on Compulsive Gambling (NCCG), estimates that about 2 percent of the population over age twenty-one are compulsive gamblers and that another one percent is at risk. For Michigan that means about 119,000 people are compulsive gamblers and another 56,000 are at risk.

The progression of compulsive gambling is generally divided into three phases: winning, losing, and desperation. In the first phase, gamblers win frequently and become considerably excited about gambling. The second phase features more losses than wins, obsessive thinking about gambling, moderately severe family difficulties related to gambling, and increasing financial and personal stress. The final phase may be characterized by employment difficulties, alienation from family and friends, potentially criminal behavior, hopelessness, suicide attempts, divorce, and cross-addictions to alcohol and/or other substances.

Compulsive gambling has much in common with alcoholism. Both are chronic, progressive impulse-control disorders that can do great damage to one's personal, family, and work life. The same myths hamper acceptance of compulsive gambling and alcoholism as serious disorders; many believe that neither is a real disease and that anyone with willpower can avoid them. Extrapolation from a nationwide sampling of Gamblers Anonymous (GA) members indicates that 18-24 percent of alcoholics have gambling problems and that 34 percent of GA members are addicted to other substances.

A shortage of programs is not surprising given prevailing attitudes. Nationwide, only six inpatient and thirty-two outpatient programs are available. The one inpatient facility located west of the Mississippi is in Las Vegas, although Nevada devotes no state revenues to treating compulsive gambling. "There's no legislation and no interest," says Chasen-Falzon. New Jersey, which has legalized gambling in Atlantic City, spends very little on treatment, education, and prevention, but that may change soon. Legislation to establish a state office of compulsive gambling, with an appropriation of $750,000, has passed the New Jersey Assembly and is expected to be acted on by the Senate in the fall. The Governor's Advisory Commission on Gambling is expected to recommend soon that the state also mandate third-party coverage for treatment of compulsive gambling. Hilkene has noted that New Jersey's mistake was failing to use some gambling revenues to support treatment programs.

Although the NCCG plans to have a Michigan affiliate soon, little attention is paid to compulsive gambling in this state, which has no inpatient or outpatient treatment facilities. This may stem, in part, from the belief that state-run

Public Sector Consultants, Inc.
Knapp's Centre • 300 S. Washington Square
Suite 401 • Lansing, MI 48933 • (517) 484-4954

lotteries do not attract compulsive gamblers because they have to wait too long for the results. Hilkene disagrees, citing the case of a former colleague with a $65-a-day lottery ticket habit. Rosanne Persichilli, a senior research associate in the Majority Office of the New Jersey Assembly, is more blunt: "If you have racing and a lottery, you have compulsive gambling."

FOCUS: WAYNE COUNTY INDIGENT CARE

The Wayne County Patient Care Management System, which replaces the resident county hospitalization (RCH) program, will be operating by October 1. The county has selected all four bidders--United American Health Care Corporation, Health Source, Inc., Michigan Health Care Corporation, and Southwest Detroit Hospital--to provide inpatient and outpatient care to Wayne County's 51,000-54,000 general assistance (GA) recipients. Only persons eligible for both RCH and GA Medical will be covered under the capitated plan, although $5 million have been set aside to cover people eligible only for the RCH program.

The new program's estimated first-year cost of $58 million is being funded by the county ($15.5 million) and the state ($42.5 million). The state's share will come from cigarette taxes and federal matching dollars. The four contractors will receive a flat rate of about $73 per person each month. They will then subcontract with providers--hospitals, clinics, physicians, labs, dentists, and pharmacists--for health care services. Provider payments are estimated at $48.3 million, program administrative costs at $1.2 million, the set aside for RCH-only eligibles at $5 million, and the county stabilization fund at $3.5 million. Michael E. Duggan, deputy executive of Wayne County, says that "the only factor affecting the county's costs is how many are enrolled. If the enrollment goes up beyond what we expect, the state and Wayne County will share in the costs proportionately."

Duggan expects the program to be fully accessible; recipients will be assigned to a contractor by zip code. "Nobody should be more than 20 minutes from a facility," Duggan says. "Bidders have a real incentive to make sure clinics are accessible," he adds, "since they will have to pay for services rendered by another provider."

Robin Barkley, contract administrator for Southwest Detroit Hospital, states that "hospitals are pleased with the program. Patients won't have to be so acutely ill before they can be treated, and we can broaden our ambulatory services because physicians will be paid for treating these people." Under the old RCH program, physicians were not paid for services, and many hospitals lost staff as a result.

Despite general enthusiasm for the program, some concerns exist about the people who no longer will be covered. William Fairgrieve, senior planning/research associate for Michigan League for Human Services, says the new program "has disenfranchised lots of people entitled to RCH services because it is designed to serve only GA Medical people." He points out that, in 1986, 4,600 RCH admissions were for non-GA eligible people: "A group of very needy people have, in effect, lost eligibility for health care. It's a lousy way to run a health care program." Fairgrieve is convinced that the extra $5 million will not cover the services needed by these people. In his view, Wayne County is saving money by denying access.

OF INTEREST

The CON package is dormant until the legislature returns on September 14. HBs 5575 and 4525 have passed both houses and will be sent to the governor when the rest of the package is ready. SB 64 also has passed both chambers and will go to conference committee. SB 948 remains in the House; HB 5145 is in the Senate awaiting resolution of the new CON standards commission membership and appointment issues. Because the bills are tie-barred, none may become law without the others.

--Frances L. Faverman, Editor