

June 3, 2025

TO: House Finance  
FR: Chris Tuell, Ed.D.  
Clinical Director of Addiction Services  
Lindner Center of HOPE  
RE: HB-298 opponent testimony

Chairman Stewart, Vice-Chair Dovilla, Ranking Member Sweeney, and Members of this Committee. Thank you for this opportunity to provide my testimony regarding HB-298.

My name is Dr. Chris Tuell. For the past 41 years, I have worked in the field of mental health and addiction; working within community mental health system; the Court system; and a psychiatric hospital environment. Presently, I serve as the Clinical Director of Addiction Services, at the Lindner Center of HOPE. in Mason, Ohio, where I have worked for the past 16 years. I also serve as Assistant Professor in the Department of Psychiatry and Behavioral Neuroscience, at the University of Cincinnati - College of Medicine. I am also licensed by the State of Ohio as a Licensed Clinical Counselor and a Licensed Independent Chemical Dependency Counselor. I believe I bring a valuable testimony to this committee. I have witnessed, firsthand, the devastating impact of problem gambling upon the patients I serve. Regarding this proposed Bill, my professional and clinical stance is that I am an Opponent of HB-298, I base my position on my years of clinical experience in treating problem gamblers. I have witnessed the ongoing impact gambling has upon the patients I serve, the family members who are impacted, and the devastating emotional, social and financial cost that gambling has upon our community and the citizens of the State of Ohio. Thank you for this opportunity to present my testimony to this Committee.

According to SAMHSA (Substance Abuse Mental Health Service Administration), 84% of individuals with a substance disorder also have a co-occurring disorder of mental illness (depression, anxiety, PTSD). This is the rule, rather than the exception. With problem gambling, this co-relationship with mental illness, is even higher, approximately 94%.

- The brain doesn't care what it is.
- The same neurochemical process happens with gambling, as with any drug.
- We know so much more about the science of addiction and the addicted brain.

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The clinical providers and researchers at the Lindner Center of Hope are faculty of the University of Cincinnati College of Medicine.

Let's pretend that in the 1950s, 60s, 70s and so forth, the State of Ohio decided to go into the selling of nicotine as a financial business. I believe many of us would see it as a lucrative and financially strong venture. But such a decision would still result in the death of 480,000 people each year in the United States from nicotine addiction.

Let's pretend that in the 1990s, into the 2000s, and the decades since, that the State of Ohio decided to go into the selling and promoting of opioids as a financial business. Such a decision would be lucrative and would be financially strong. But such a decision would still have resulted in the deaths of 727,000 from 1999 to 2022. Especially if we were told by interested parties that opioids were not addicted.

- Many of us are familiar with the definition of insanity, "doing the same thing and expecting different results."

The research is clear (SAMHSA). The data is clear. There is a correlation between increased accessibility to gambling, and higher rates of problem gambling. Do we really need to add additional accessibility and additional forms of gambling, to an already devastating addiction? Of all addictions (heroin, opioid, alcohol, methamphetamine, fentanyl), gambling has the highest suicide rate. Members of Gamblers Anonymous, half the members have contemplated suicide; spouses of problem gamblers (not the gambler) are twice as likely to commit suicide than the general population. The suicide rate in Ohio is roughly 14.6 per 100,000. The suicide rate of the State of Nevada is 21 per 100,000. I don't believe the State of Ohio aspires to be the State of Nevada. When you gamble away your life savings, your retirement, your children's college fund, your mortgage to your house, how devastating this would be for any of us. The financial and emotional strain on the family is devastating.

The financial cost of a single suicide in Ohio encompasses both direct expenses, such as medical and emergency services, and indirect costs, including lost productivity, loss of future earnings, contributions to society, not to mention the emotional toll on families and communities.

Nationally, the average economic cost of a single suicide is estimated at approximately \$1.3 million.

- Applying this estimate to Ohio, with 1,798 suicide deaths in 2022, the total economic burden for that year would be approximately \$2.34 billion.

But can we put a dollar figure on the life of a person?

Gambling addiction continues to be destructive to the institution of marriage. The number one reason for divorce is not infidelity, it is financial. Gambling increases psychological, social, familial and financial hardship for the patient, their spouse and every loved one who is close and connected to that person

This past May, we celebrated National Mental Health Awareness Month. It is my hope that this Committee digests these facts, the research, and acknowledges the destruction that gambling addiction is having on our communities throughout this great State. I know that this Committee is all about dollars and cents, but I would hope it's also about common sense, and that's why I am opposed to HB-298.

Behind every bet is a person. And behind every recovery is a community that believes healing, health and wellness is always possible

I would like to thank Chairman Stewart and the Committee for your time today.