

PDF version of: [This Article \(46 KB\)](#) | [This Issue \(842 KB\)](#)

# JOURNAL OF GAMBLING ISSUES

[contents](#)[intro](#)[keynote  
address](#)[session I](#)[session II](#)[session III](#)[session IV](#)[letters](#)[submissions](#)[links](#)[archive](#)[subscribe](#)

## session

Proceedings of the 19th annual conference on prevention, research, and treatment of problem gambling. June 23–25, 2005, in New Orleans, Louisiana. National Council on Problem Gambling, Washington, DC.

Session II: Critical issues in problem gambling prevention, public health, and policy

### The Association of Problem Gambling Service Administrators

**Presenter: Tim Christensen**

*(Introduction.)* **Loreen Rugle:** Tim Christensen is the new czar of problem gambling in Arizona. The bio is a little bit wrong and outdated. He's also Chair or President of the Association of—

**Tim Christensen:** Problem Gambling.

**Loreen Rugle:** Problem Gambling.

**Tim Christensen:** Service Administrators.

**Loreen Rugle:** Service Administrators. Asparagus. *(Laughter.)* And a wonderfully knowledgeable, perceptive, and thinking out of the box kind of person. So, Tim.

**Tim Christensen:** Thank you. I found myself in the unenviable position of being a government employee standing between several hundred people and their lunch. *(Laughter.)* So I am nervous and I'm hoping your frontal brains are restraining all of your impulses at the moment. *(Laughter.)* I'm very honored to be here. I appreciate the invitation to speak with you all. I feel somewhat out of place up at the table with all of the greats in this field, but I do think that, given those things, I do have something important to share with you, especially for those of you in the United States.

This is a young enough field, it's an emerging enough field, and I think the underpinning to what Dr. Blaszczynski was talking about is that we're still learning. We're still trying to figure this out.

Even from a government perspective, a regulatory perspective, what programs work? What don't work? What do we need to do as public policy? And, honestly, this is an area where democracy is working. Your voices will have an impact in this.

I hope that, although it is dry government stuff for most people, it is something that does impact the work you do and the way that you will do it in the future.

In the United States, almost all of our gambling and problem gambling policies have developed independently of each other, up to this point. And the reason for that is the federal government has really taken no stand on gambling.

It's a state-level issue. States will have to deal with it as they do. Every single state that has allowed legalized gambling has done so in different ways.

We have some similar characteristics, but all the specifics are really quite different. So from the problem gambling side of things, this is changing somewhat.

The infamous Asparagus Group, which is the Association of Problem Gambling Service Administrators, was created to get states to work together a little bit, to learn from the lessons that the others have learned through recent painful experiences. We're a small group, but I think we're making a lot of headway.

There is also confusion with where problem gambling fits. Is it a mental health issue? Is it a substance abuse issue? What is it? Is it something that needs to be regulated? Do we just need to throw these people in jail? Do we need to give them checkbook-writing lessons? What do we do with it as a government?

And that's been a real challenge for us. Not only in the states, where sometimes it winds up in the mental health agency, sometimes it winds up in the substance abuse agency. In Arizona, we actually work for the Department of Gaming, which is the regulatory agency for the tribal casinos.

It's done differently in every single state. And that creates real challenges for us. At the federal level, we have a lot of agencies in the Substance Abuse and Mental Health Services Administration that are interested in this.

This disorder is impacting the substance abuse agencies and mental health agencies in what services they can provide, but does it fit under the Center for Substance Abuse Treatment? Does it fit under the Center for Mental Health Services? Nobody really knows, yet.

And there isn't a strong mandate from the government as to whose responsibility it is. So what we rely on are people's good intentions and desire to do what's right. Strange, maybe, for some of you to hear from government, but it is true. We are trying to do the things that are right. But there are a lot of constraints that make this difficult.

One of the trends that I've seen change here recently is that states are now almost assuming that you need to address problem gambling in their legislation. The latest round of expansions of legal gambling have all included mandates to do something around problem gambling services.

We also have states expanding the resources that they're providing for this disorder, which is also very, very encouraging. Just four of them that have occurred over the last month or two here are, in Washington State, thanks in large part to Gary Hansen, Chuck Mahar, and their Council; in Nevada, Carol O'Hare and the Nevada Council; in Nebraska, with Jerry Bauerkemper. With Nebraska it was interesting to see one of the few funding increases that didn't come from gaming revenue. They actually appropriated funds from a state healthcare cash fund, which is a little bit unique, and again shows that it is rising on the agenda of governments. And in Oregon, Jeff Marotta is also likely to receive some additional funds. So it's rising on the public agenda and this is progress that we really need to acknowledge.

However, my concern is that often policies are not developed and are not based on a sound overall view like the one Dr. Blaszczynski just described. Rather than just focusing on whether all the signs need to have the 800 number, how about a comprehensive policy that really does change community attitudes, beliefs, takes away the stigma of problem gambling, of receiving help, et cetera, et cetera.

All those things have been kind of interwoven in the talks up to this point, and that's really where I would like to see problem gambling policy go.

Instead of the debate being, "Do you get 0.5 percent of the revenue or one percent of the revenue?" I'm hoping it'll change to, "We need to have a comprehensive awareness, prevention, treatment, da-da-da-da-da, and, in our state, this is how much that's going to

cost."

We need to figure out how to get those resources to provide the appropriate services. So it's a maturation, I think, of this process. The result of all these independent states creating things is we have a lot of duplicate and inefficient processes with very little resources. Now, the example that I always use is with help lines. I think we've got three or four help lines in Arizona alone. We have 800-GAMBLER, we've got 800-NEXTSTEP, there's 877, I think, 2 STOP NOW.

There's the national number, 522-4700. All of them do, in essence, the same thing. And Jeff talked about how in different states their function may be a little bit different, but especially when we're working with the industry to say, "You need to promote this number over and over and over again." But the number's different in every single place, which doesn't work so well.

Again, some of these independent processes have created problems for us. The other thing that happens is when the legislation gets passed in some states, it's given to the bureaucrat that is also responsible for mental health, substance abuse services, other types of activities, and so what you have is a 0.25 FTE, or Full Time Equivalent person, trying to set up this whole elaborate system. And that's not very easy to do.

So one of the things that we're really hoping for is that the policies will allow for adequate staffing. The collaboration among the states, ultimately, I hope, will wind up in our being able to pool some of those resources, identify some common goals, and work together.

We have seen this in a couple of different areas, with several states getting together to put on conferences, things like that. Hopefully, we're going to move into things like creating minimum data sets. We have these for mental health and substance abuse services, with TEDS data, or Treatment Episode Datasets, but we need to get the different states working together to identify some minimal criteria and datasets that we can use to improve our services. And to work together on certification issues and on reciprocal agreements amongst states for problem gambling counselors, so that when people move we don't have disparate criteria. And, obviously, the development of best practices is also important.

The problem with everything being governmental is that eventually we're going to be held accountable to everybody and if we can't prove that those resources are being used in an effective and efficient way that results in some positive outcomes, then we're going to see the tide turn. With the creation of minimum datasets

and our working together in different states, hopefully, we can get to a point where we can actually show that we are making a positive difference.

What do we need? One of the first things—and this has been kind of an underpinning to everything that's been talked about up to this point—is we need to involve more than just the substance abuse agency, or the substance abuse counselors, or the mental health counselors, or whatever else may be there.

We need to have networks that go across systems. We need to interface with the legal system, with the corrections system, with law enforcement, with gaming regulators, with the industries, et cetera, et cetera.

It's got to be a collaborative effort. We can't do it in isolation from all of these other service systems. So when we develop state strategic plans, or when we're planning for services in a state, I encourage people to not just look to a council, or just to the government agency that's responsible for it, but to ask, "How do you bring all the stakeholders together?" I think Dr. Korn talked about engaging the stakeholders. That is critical. We absolutely have to do that in order to provide the services that we need to offer.

With the Authorizing Legislation, for a long time, we had a lot of states that were receiving funding, but all they were allowed to do by statute was to provide a help line or to provide public awareness. There wasn't the authorizing legislation that allowed them to develop the services that are actually needed to reach the people.

If you're in a state where you're looking at maybe being able to receive some money or get some of those allocations, then you can't make that legislation so restrictive that it ties their hands, that they can only address this issue with one approach. Then the problem will be that it won't work well.

And, finally, what I call proof of the progress that we're making is in the two reports in your handout. Get out your magnifying glass and read them. (*Laughter.*) But, the National Association of State and Alcohol Drug Abuse Directors, NASADAD, recently did a report about the role of problem gambling services in the states. It's growing to where, on a national or federal level, this is being addressed.

There was a very, very promising meeting with The Center for Substance Abuse Treatment, actually just last Friday, where they're considering developing a TIP (Treatment Improvement Protocol) or a TAP (Technical Assistance Protocol) directly

addressing problem gambling services.

For nonbureaucrats, that may not sound like much, or as just more government documents, but it represents on a governmental level a real commitment and desire to address this issue in a meaningful way. So there are a lot of encouraging things happening.

And, finally, the APGSA Web site, we're currently working on it—we've got to update it with all the recent advances and changes, but it will be operational here shortly. So, thank you.

[End of presentation.]

[The APGSA Web site is now available at: <http://www.apgsa.org/> - ed.]

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[contents](#) | [intro](#) | [keynote address](#) | [session I](#) | [session II](#) | [session III](#) | [session IV](#)

[letters](#) | [archive](#) | [submissions](#) | [subscribe](#) | [links](#)

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