

Good afternoon,

My name is Tim Christensen, and it is my honor to speak with you today about the Comprehensive Problem Gambling Act of 2009. I work in different capacities within the problem gambling field – as a Treatment Administrator for the Arizona Office of Problem Gambling, as President of the Association of Problem Gambling Administrators (APGSA) and as Chair of the Federal Affairs Committee for the National Council on Problem Gambling.

Let me begin by thanking Rep. Moran and Rep. Wolf for their support of the Comprehensive Problem Gambling Act of 2009. With the passage of HR 2906, the United States will be much more effectively positioned to meet the challenges presented by problem and pathological gambling – an emerging and serious public health issue in every state in the Union. Your desire for a comprehensive, efficient and collaborative approach to mitigating the consequences of pathological gambling is reflected in this legislation.

Currently, we are a nation of disparate policies and services for problem gambling. Some States have developed progressive policies and services, others have just begun to craft programs and still others remain on the side line while the consequences of this disorder continue to build in their communities. This piecemeal approach to addressing public health issues is inefficient, ineffective and results in immeasurable harm to individuals, communities, States and ultimately the country as a whole.

The APGSA conducts a biennial survey of all 50 states to assess the level of public effort in the US targeted toward problem gambling. At present, the APGSA has identified 34 States, up from 13 in 2001, which allocate public funds toward some level of service delivery. Among these 34 states, per capita spending on problem gambling ranges from a low of less than \$0.01 to a high of \$1.65. This level of spending pales in comparison to other public health issues and the amount of revenue generated from gambling in the states. Using California as an example, the State spends \$148 per capita on mental health issues, \$20 per capita on substance abuse, and \$0.08 per capita on problem gambling – even though the state receives \$228 in per capita revenue from gambling.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has also completed surveys of its Single State Authorities (SSA) and found that in 32 states, the SSA has responsibility for the treatment of problem gambling. Many of these states have requested technical assistance and guidance from SAMHSA in their efforts to develop appropriate problem gambling services, which have resulted in SAMHSA addressing this issue as a co-occurring disorder. There has been a consistent plea from the States to rely on SAMHSA to be the Federal lead in this area and to provide assistance in policy and program development.

SAMHSA involvement in this issue is reinforced by research that has consistently shown high rates of co-morbidity with other disorders already falling under the purview of the agency. Specifically, problem gamblers are five times more likely to be alcohol

dependent, four times more likely to abuse drugs, three times more likely to be depressed, eight times more likely to have bi-polar disorder and have significantly elevated rates of tachycardia, angina and cirrhosis¹. Between seventeen and twenty four percent of members of Gamblers Anonymous and individuals in professional treatment for pathological gambling have attempted suicide². Failing to address this significant issue in a meaningful way produces systems that do not meet the needs of the persons they are designed to serve. Furthermore, inclusion of problem gambling services has been shown to decrease demands on the other public service systems that frequently interact with problem gamblers³.

The Comprehensive Problem Gambling Act will address these public policy needs in a variety of common sense approaches. First, by authorizing SAMHSA to address this public health issue, coordination and increased collaboration amongst States already working in this area can be realized. States will be able to learn from the experiences of others and receive the technical assistance they need to create meaningful services. States have already collaborated with SAMHSA on three White Papers addressing problem gambling policy issues since 2001 – demonstrating the need for a Federal role in assisting the states to develop coherent policy approaches.

Second, by allocating resources to raise awareness of this disorder in the general public, persons who may be affected can receive early interventions before social and personal costs become severe. All states that have existing policies on problem gambling incorporate awareness activities into their service array, but a coordinated nationwide campaign on which states can build upon a common theme will be much more effective in reaching the people who are in desperate need of the message. By modeling this initiative after successful awareness programs focused on other public health issues such as substance abuse and depression we can minimize the impact of this disorder throughout the country.

Third, by allocating funds for treatment, persons for whom no services are currently available can receive the treatment and interventions they need to return to a healthy and productive life. Rather than requiring each state to provide uniform services controlled by a Federal payor source, this legislation calls for the development of public-private partnerships developed to address the needs unique to each community. For those states in which treatment services have not been funded, this allocation can result in access to services that would otherwise be unavailable to those in need.

Fourth, by allocating funds for research, we can identify and develop those services and policies which can be documented as resulting in the best outcomes. There are less than a handful of States who have the funding available to conduct any type of meaningful

¹ Petry, N. Disordered Gambling and Its Treatment. Report to the Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse. 2008.

² DeCaria, C., Hollander, E., et.al. Diagnosis, neurobiology, and treatment of pathological gambling. *Journal of Clinical Psychiatry*. 57:80-83. 1996.

³ Christensen, T. Fraser, T. Outpatient Problem Gambling Treatment: Utilization Trends and Impact on Nebraska Public Behavioral Health Systems. Presentation to NCPG National Conference on Problem Gambling. 2001.

research on gambling issues. Scientifically rigorous studies are simply not possible if each state is left to its own devices; however, with an infusion of Federal support, and an incentive for State Governments and Universities to partner in projects, we can and will make great strides in improving our services.

This legislation is crafted in such a way as to ensure the Federal Government, State Governments, local organizations and non-profits are all working in concert to create real solutions for problem gamblers and those affected by problem gambling. This Act does not supplant existing State efforts, nor does it discourage States from developing solutions that are best tailored to their unique situations. Instead, it encourages collaboration and partnerships among all stakeholders to ensure a balanced, appropriate response to the needs we have identified. Through the use of less than ¼ of 1% of Federal revenue from income tax on gaming winnings, we can make real advances in our ability to reduce the personal, social and health costs that result from problem gambling.

The Comprehensive Problem Gambling Act is supported by a number of national, state and local organizations. It is a balanced approach by providing Federal funds to meet gaps in state service delivery systems while preserving the state's responsibility and authority over gambling policy and regulation.

Thank you.