



PROBLEM GAMBLING IN THE U.S.:

FROM THE BEGINNING - INTO 2001

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PROBLEM GAMBLING IN THE U.S.:

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- 1957 - Gamblers Anonymous Begins in California
- 1960 – GamAnon Begins in New York
- 1972 – First Professional Treatment Program-V.A.
National Council on Problem Gambling
- 1979 – First State Funded Treatment Program-
Maryland
- 1980 – American Psychiatric Assoc. – DSM III
- 1984 – NCPG begins Counselor Certification process
- 1987 – A.P.A. – DSM III-R...DSM I

PROBLEM GAMBLING IN THE U.S.:

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- 2000 – Association of Problem Gambling Service Administrators- First International Assoc. **APGSA**
- As of 2001 26 of 50 US States provide some kind of funding for Problem Gambling. First year more than half of the States offered such funding.
- Funds range from about \$5000 towards Helpline costs to \$3.5 million for comprehensive programs and projects.
- As of 3-01 only 14 States offer funding for treatment.

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- There are no Federal dollars for treatment or public awareness or prevention programs.
- There are a few Federally funded grants for some research projects thru NIMH.
- Funding for State programs usually comes from State government allocation, which may or may not be designated funds.



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- Private funding includes the gaming industry, drug companies, insurance companies, businesses and foundations.
- The National Council on Problem Gambling and private providers are currently working towards insurance parity of gambling treatment with other mental health illnesses.



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- TREATMENT EFFORTS
- Emphasis on accurate & comprehensive assessment.
- Use of appropriate instruments to identify: physical, psychological, personality, cognitive functioning and neurocognitive concerns.
- Remembering the US gambling treatment consumer typically presents in crisis and with advanced issues in several life areas.



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- TREATMENT EFFORTS
 - Are gradually expanding beyond the limits of largely homogeneous abstinence programs due to the more varied types of clients presenting for care.
 - Government funded Tx programs are beginning to demand program utilization and evaluation to become consistent with funding.



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- TREATMENT EFFORTS
 - Efforts to establish best practice standards continue with progress being made in the collection of outcome data analysis.
 - Primary prevention efforts targeting adult gamblers are all but unheard of- some minimal efforts at secondary prevention or early intervention are growing slowly for teens.



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- TREATMENT EFFORTS
 - 36 states still fund no treatment efforts for gamblers. Though 11 States fund Helplines, though in most areas there is no where to refer the gamblers outside of far spread G.A. meetings.
 - The lack of insurance parity for gamblers leaves those in 36 states with limited to no coverage for care. Which, overall, discourages treatment seeking.



PROBLEM GAMBLING IN THE U.S.:

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- TREATMENT & THE PRIVATE SECTOR
 - As in many a capitalistic country- the private sector has stepped to the forefront in treatment design and implementation.
 - Significant contributions have been made to structuring gambling treatment programs from one jurisdiction to another and passing on the “state of the art” as it evolves from a handful of experts to hundreds of counselors new to the field.



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- TREATMENT & THE PRIVATE SECTOR
 - Programs for Children of gamblers have been produced: "What About Me Too: & " Table Talk"
 - Programs for Teens are growing: "Improving Your Odds," "Deal Me In", and "Wanna Bet" etc.
 - Responsible Gaming Programs for Casinos, Lotteries and Racetracks have been produced by several agencies, The AGA, NCPG, IPG, etc.



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- TREATMENT & THE PRIVATE SECTOR
 - The double edged sword of private development has led to a response to demand for structured treatment programs (IOP) based on peer reviewed strategies, outcome data, treatment effectiveness and patient satisfaction.
 - Trimeridian Inc. is an example of public-private partnerships stepping forward to meet demands for structured programs that spare overburdened public programs from re-inventing the wheel.

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- In the US gambling treatment resources, data, statistics etc. are found first among the private sector.
- Initiative for program development, drug trials, research projects etc. are still dominated by the private-public partnerships.
- The fastest response time to changing client needs- leading to modifications, change and expanded services also comes from the private sector.

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- Coordinating Agencies are few.
- With the lack of Federal leadership common to drug, alcohol, mental health and health concerns (NIH, NIMH, NIDA, NIAAA, CSAP, CSAT etc) available for problem gambling...
- Private organizations like the NCPG, Minn Inst. for Public Health and a handful of funded affiliates of the NCPG strive to keep agencies, government and organizations informed across all areas of development.

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- The problem gambling field is growing faster than ever before.
- There is more of a need now than ever before for strong partnerships and growing coordination of information.
- To this end the NCPG, APGSA are focusing information sharing and coordination efforts and need the input of each Canadian Province, and input from other nations.

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- Thanks to the efforts of Nina Littman-Sharp & CAMH we now have an international list-serve-chat thingee that gives us all the coordinated ease of instant communication with over 200 clinicians and researchers.
- In response to requests: Trimeridian Partnership manuals have been designed for the Administrator, Clinical staff and Clients of new gambling treatment programs.

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- Any and All efforts to build on the existing knowledge base (small as it may be) helps to further the entire field of gambling treatment.
- Increased communication, cooperation, sharing of data and clinical experience all can combine to assure adequate and competent care to gamblers and their families in need of services.