

05 - 0344

Governor's Report on Compulsive Gambling

A Report to the Minnesota Legislature

February 2005

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COST TO PREPARE REPORT

Minnesota Statutes, chapter 3.197 requires disclosure of the cost to prepare reports. The cost of this report was approximately \$5,000.

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I. EXECUTIVE SUMMARY

The Minnesota Legislature requires the Governor to prepare a report addressing compulsive gambling. It is due every odd numbered year and covers the nature and extent of gambling and gambling addiction in Minnesota, resources available to prevent or treat addiction and recommendations for future policy direction.

A COMPULSIVE GAMBLER is a person who is chronically and progressively preoccupied with gambling, and with the urge to gamble, to the extent that the gambling behavior compromises, disrupts, or damages personal, family or vocational interests.

Minnesota Statutes 1989, Section 245.98, Subdivision 1 Compulsive Gambling Treatment Program

Gaming is as old as humanity - every culture on the earth today has its own form of gaming. Gambling or gaming is defined as "games of chance that are informal or regulated through legislation such as playing cards, track betting, casino games, poker machines, raffles, lotteries, sport betting and investment on the stock (Shaffer and Korn 2002). Minnesotans appear to enjoy having a range of gambling options from which to choose. The state continues to rank high in per capita spending on gambling.

For many individuals, gambling is a harmless form of entertainment. However, for some, gambling becomes a problem with negative consequences affecting many aspects of their and their family members' lives. Problem gambling refers to any gambling that goes beyond "normal" bounds of gambling for fun, recreation, or entertainment. Pathological gambling is the inability, over an extended period of time, to resist impulses to gamble. It is often characterized by increasing preoccupation with gambling and a general loss of control. Pathological gamblers often "chase" their losses, feel a need to bet more frequently and in larger amounts, and continue to gamble in spite of the serious negative consequences of their behavior. (North American Association of State & Provincial Lotteries - NSPL)

Minnesota has had a compulsive gambling program in place since the Lottery began in 1990. Most all of the funding for compulsive gambling treatment, public education and research is provided from unclaimed Lottery prize funds. The program is administered through the Department of Human Services.

Treatment Options

Funding from the Department of Human Services is available to providers who treat persons with problem/compulsive gambling and who have no other source of reimbursement for treatment. Many third party payers do not cover this treatment and see it as still in its infancy and as yet not fully recognized as a service model. As the field develops, this is likely to change.

Individuals have their choice of 129 approved outpatient treatment providers and a variety of treatment modalities. There is also one inpatient setting that tends to serve individuals from across the state who have co-occurring disorders. The shift to a fee-for-service model in 2000 has resulted in increases in outpatient providers although shortages still exist in the central and south western parts of the state.

In SFY 04, state funding supported 188 individuals served in the inpatient setting and 943 as outpatients. These numbers do not reflect those for whom there were other sources of reimbursement.

Helpline

The state funds a free, confidential twenty-four hour service that is available by calling an 800 number. In SFY 04, the Helpline staff received an average of 335 calls per month with 138 of this requesting information about available treatment services.

Public Awareness

Public awareness efforts have focused on a range of stakeholders including health care providers, financial institutions, correctional staff and the public at large. Over the past several years, attention has also been focused on high school seniors and college students. The DHS program has developed tools for gambling treatment providers to bring awareness to their communities. Radio and TV spot ads have been created and positioned to reach throughout the state. A number of national problem gambling organizations have also directed their attention to public awareness and education.

Research

Research into gambling prevalence, what types of treatment are most effective, impact of public awareness efforts and the social costs of compulsive gambling are still in their infancy. Canada appears to be far ahead of the United States in its efforts to conduct a range of research studies examining a number of these items. There are now some national organizations and academic institutions, notably Harvard School of Medicine and the University of Minnesota who are committed to advancing the field of knowledge in this area.

Long Range Goals of the Department of Human Services compulsive gambling program

- Help problem gamblers and their families become self-sufficient
- Reduce the negative consequences of problem gambling on families, employers, and the community at large
- Inform the general public about the warning signs of problem gambling to intercept the progression of many problem gamblers to pathological states
- Expand the knowledge base regarding problem gambling

II INTRODUCTION

This report is being submitted pursuant to Laws of Minnesota 1994, Chapter 633, Article 8, Section I which states: "The governor shall report to the legislature by February 1 of each odd-numbered year on the state's progress in addressing the problem of compulsive gambling. The report must include:

- (1) a summary of available data describing the extent of the problem in Minnesota;
- (2) a summary of programs, both governmental and private, that
 - (i) provide diagnosis and treatment for compulsive gambling;
 - (ii) enhance public awareness of the problem and the availability of compulsive gambling services;
 - (iii) are designed to prevent compulsive gambling and other problem gambling by elementary and secondary school students and vulnerable adults; and
 - (iv) offer professional training in the identification, referral, and treatment of compulsive gamblers;
- (3) the likely impact on compulsive gambling of each form of gambling; and
- (4) budget recommendations for state-level compulsive gambling programs and activities.

This report begins by describing the overall extent of gambling in Minnesota (Section III). Private and governmental programs to address compulsive gambling and to provide a range of treatment services, public awareness, and preventive efforts within the state are described in Section IV. National efforts to address problem/compulsive gambling appear in Section V. Short and long term goals and strategies for the compulsive gambling program managed by the Department of Human Services, a description of the problem gambling advisory committee and budget recommendations for the 2006-2007 biennium are located in Sections VI through VIII.

III. EXTENT OF GAMBLING IN MINNESOTA

A. INDUSTRY PROFILES

There are a number of venues in which persons can legally gamble in Minnesota. Each is governed by state or federal statutes and has agencies or commissions that are responsible for oversight of their operations. A brief summary of each follows:

1. **Charitable gambling** opportunities include pull-tabs, raffles, bingo, paddlewheels and tipboards. During fiscal year 2004, there were 1,468 licensed organizations at 3,069 premises that were authorized to provide charitable gambling. Total revenues in fiscal year 2004 totaled \$1.4 billion. After payout for prizes, the remaining \$257 million in receipts were distributed in the following fashion: \$74 million for charitable contributions; \$57 million for state taxes and \$126 million for allowable expenses directly related to the conduct of lawful gambling (Gambling Control Board Annual Report, 2004).

The **Gambling Control Board** was established in 1976 with the following charge: "to regulate the lawful gambling.... To prevent its commercialization, to ensure the integrity of operations, and provide for the lawful use of net profits" (MN. Statutes, 1976, Chapter 349.11).

2. The **Canterbury Park Holding Corporation** is a publicly traded corporation that operates a Class A horseracing track in Shakopee. Live racing occurs from mid-May through early September as well as year round Tele-racing. In calendar year 2004, \$81.9 million was wagered in horse racing.

In 1999, the Legislature passed language that allows a Class B license to conduct Card Club activities at a Class A racetrack. Fifty card tables opened in April 2000 and are available on a 24-hour, 365 day basis. The Card Club generated a total of \$27.6 million in calendar year 2004.

The **Minnesota Racing Commission** was established in 1983 and regulates horse racing by enforcing laws and rules, issuing licenses, supervising wagering, collecting and distributing taxes imposed upon racetrack receipts and conducting investigations and inquires.

3. The **Minnesota Lottery** began selling tickets in April 1990. For fiscal year 2004, \$387 million was wagered on lottery tickets.

Approximately 90 percent of the lottery funds are returned to Minnesotans in the form of prize money, retailer commissions and contributions to the State for environmental projects, public services and the problem gambling treatment and public awareness programs.

4. The federal **Indian Gaming Regulatory Act (IGRA)** was enacted by Congress in 1988 to create three classes of gaming in Indian Country and to provide for regulation of gaming by Tribal Governments. The IGRA authorizes the use of gaming revenues only for the following purposes: infrastructure improvements, education, health care, social services and economic and diversification initiatives.

Compact agreements between tribes and states were negotiated in 1989 under the IGRA. Currently, under compact agreements, there are 18 casinos throughout Minnesota operated by 11 American Indian tribal governments. It is estimated that wagering is between \$2.5 and \$4 billion per year.

As part of its broader responsibilities, the **Gambling Enforcement Division, Department of Public Safety** is responsible for conducting background and criminal investigations related to legalize gambling activities as well as inspections of tribal casinos.

5. Sports betting and Internet gambling are **illegal gambling activities** in Minnesota and are subject to criminal prosecution.

The use of the Internet for sports and simulated casino games appears to be a growing industry both nationally and internationally. Minnesotans who engage in Internet gaming are subject to fines, jail sentences and confiscation of property.

In 2004, the **U.S. Department of Justice, Office of the US Attorney, Minnesota District** charged fourteen Minnesotans with illegal sports betting. As part of the sentencing, one of the defendants was required to pay two state agencies for gambling related treatment and public awareness efforts.

B. GAMBLING PATTERNS

All forms of gambling contain the following three key elements:

Consideration: it must cost to play

Chance: the game must be based predominately on chance

Prize: the player must be able to obtain something worth value if s/he wins

The vast majorities of individuals who gamble do so for pleasure and do not experience any negative consequences in doing so. For those who gamble and exhibit symptoms of pathological gambling, the gambler usually experiences the following three phases:

Adventurous phase: an increasing desire to gamble as excitement that often includes a big win that the gambler sees as a result of their personal abilities

Losing phase: the gambler bets increasing amounts of money "chasing" the money they have lost

Desperation phase: gambling becomes a full time obsession; the individual increasingly gambles on credit and takes greater and greater risks

These phases do not necessarily represent an inevitable progression. Most of those who seek gambling treatment have passed through the first two and have reached the desperation phase which often negatively impacts their personal relationships, employment and quality of life.

In April 2003, the **Minnesota State Lottery and St. Cloud University Survey Research Center** conducted a survey of 2002 individuals to determine patterns of gambling. Respondents were asked if they had ever participated in any of sixteen different forms of gambling and whether, in the past twelve months, they made wagers on each of those activities. The survey found the following patterns:

- Participation in gambling peaks in the 25-34 year old age group and slowly declines with age
- Educational attainment shows little relationship to gambling participation
- Men (96%) are only slightly more likely to gamble than women (94%)
- Ninety five percent of respondents reported they had gambled
- 83 percent gambled in the year prior to the survey
- Although participation varies from gambling activity to activity, the percent of respondents who chose to wager remained stable since the survey began in 1993.
- Respondents wagered, on average, on six forms of gambling in their lifetime and three in the past year.
- The top three forms of gambling activities of the respondents were the Lottery, raffles and Indian casinos.
- The greatest growth in the type of gambling activity from 1993 to the current survey was Indian casinos.

Various groups have tried to understand the nature of gambling and its potential social consequences. The 1999 **National Gambling Impact Study Commission (NGISC)** and the **US General Accounting Office (GAO)** were not able to clearly identify the social effects of gambling. The NGISC and GAO concluded data on family problems, crime, and suicide are available, but tracking systems do not collect data on the causes of these incidents, so they cannot be linked to gambling. It is difficult to isolate whether gambling is the only factor causing problems because the pathological gamblers often have other behavior disorders. Pathological gamblers seeking treatment typically have a greater variety and intensity of psychological problems compared to those that don't seek treatment. R. C. Kessler is conducting the new, ongoing **National Comorbidity Study (NCS)** which includes a gambling module.

The NGISC estimated the annual cost for problem and pathological gamblers is \$5 billion per year and an additional \$40 billion in lifetime cost for productivity reductions, social services, and creditor losses. An article by Politzer et al. (1992) suggests that problem gamblers each negatively affect 10 to 17 people around them including family, employer, and government.

Recent national studies, using recognized diagnostic criteria, estimates the rate of compulsive gambling at less than 1 percent of the population. In Minnesota, there are no current reliable estimates of compulsive gamblers. In Minnesota, the last prevalence study conducted in 1994 estimated that 1.2 percent (48,000) adults meet the criteria for pathological gambling problems.

The next section describes utilization of the Helpline and treatment approaches managed by the Department of Human Services. This data does not reflect private providers or services reimbursed by third party payors. The Department of Human Services does not have access to that data.

IV. SUMMARY OF GOVERNMENTAL AND PRIVATE PROGRAMS TO ADDRESS COMPULSIVE GAMBLING

A. PUBLIC PROGRAMS ADMINISTERED THROUGH THE DEPARTMENT OF HUMAN SERVICES, COMPULSIVE GAMBLING PROGRAM

1. Minnesota Problem Gambling Helpline

The helpline is a free, confidential twenty-four hour service that is available statewide by calling 1-800-333-HOPE. The Department contracts with a community agency to provide this service. The helpline is staffed with trained employees and volunteers who guide callers to the appropriate referral services.

During SFY'04, the Minnesota Problem Gambling Helpline received an average of 335 calls per month. Of these, 138 calls were requests for referral or specific information about treatment services. Of this number:

- a. 40 percent were between the ages of 35 – 50 years old
- b. Callers were about equally distributed between men and women
- c. 60 percent resided in the seven county metropolitan area
- d. 48 percent indicated that casino slots were the source of their problem

2. Problem/Compulsive Gambling Treatment Options

a. Fee-for-Service Outpatient Treatment

On July 1, 2000, outpatient treatment shifted from a grant funded to a fee-for-service payment system. This shift was enacted by the legislature to expand the availability and location of gambling treatment providers across the state and to be more comparable with other methods of payment for behavioral health service delivery.

The Department of Human Services has established statewide provider eligibility criteria and a fee schedule. Current and potential providers are advised through written and verbal communications of the operating guidelines, criteria and rate schedule.

As of 2004, there are 129 qualified providers approved by the Department of Human Services to provide outpatient gambling treatment in 77 locations throughout the state. Providers who serve communities of color are included in the total.

There has been an expansion of qualified providers in portions of the state that were previously under-served. However, it should be noted that the central western and southwestern parts of the state continue to have a shortage of

qualified providers.

The total number of individuals seeking outpatient treatment who were reimbursed under the fee-for-service method was:

SFY 2002	SFY 2003	SFY 2004
904	873	943

This total does not include individuals for whom the provider received reimbursement from third party payers. Starting in January 2001, Minnesota family members and/or significant others affected by the negative consequences of the problem gamblers activities can also access the family component of the fee-for-service treatment services even if the gambler is unwilling to participate in treatment.

b Inpatient Treatment Services

There is one inpatient program in Minnesota, located in the southwestern region of the state. Clients served by this program are those with long histories of gambling problems, those who have not succeeded in outpatient treatment and individuals with co-occurring compulsive gambling and/or mental illness and chemical dependency. The number of clients who received inpatient treatment was:

SFY 2002	SFY 2003	SFY 2004
147	162	188

It should be noted that the numbers of individuals seeking both types of treatment have increased since SFY 2002 with the larger increase in inpatient treatment. Although individuals are referred to this program from across the state, the increase may also be due to the lack of outpatient providers in this region of the state.

c Assessment of Felons

Minnesota Statutes 1991, sec.609.115, subd.9 mandates screening for compulsive gambling of persons pleading guilty to or found guilty of theft, embezzlement of public funds or forgery.

The 1998 Legislature broadened the definition of those who must be screened by deleting "felony" from the statute to allow for misdemeanors. Administration is the responsibility of the Minnesota Department of Human Service with implementation carried out by probation officers under either the Department of Corrections or County Community Corrections. The number of assessments requiring reimbursement by the Department of Human

Services continues to be small. The Rule 82 assessments completed were:

SFY 2002	SFY 2003	SFY 2004
42	71	45

3. Public Awareness Efforts

The Department of Human Services contracts with a public relations/advertising firm to promote the recognition of problem gambling behavior awareness; to inform the general public of the signs and symptoms of problem/compulsive gambling; and to identify resources available for problem gambling assessment, treatment and aftercare support.

Key products for the current contract include but are not limited to:

- a. Public Service Advertisements on television, radio, print media to identify signs of problem gambling and available treatment resources;
- b. Newsletters to clergy, financial planners, college councilors and officers about problem gambling and treatment;
- c. Public awareness campaign targeted to university students and faculty;
- d. Outreach communications targeted to the Southeast Asian communities; and
- e. Quantitative research to assess effectiveness of public awareness efforts.

4. Special Legislative Appropriations

The 2004 –2005 Health and Human Services bill appropriated \$150,000 per year to continue a statewide compulsive gambling prevention and education project for adolescents provided by a compulsive gambling council in St. Louis County and \$100,000 per year for the Southeast Asian Problem Gambling Consortium. Funding for both of these was allocated from the unclaimed Lottery prize fund.

The Minnesota Council on Compulsive Gambling (MCCG) located in St. Louis County is contracted to provide statewide compulsive gambling prevention and education targeted to high school seniors, parents, school faculty and other interested community members. The contract included an analysis of current research addressing successful public education methods for this population and developing a multi-media public awareness campaign using Duluth and Northeastern Minnesota communities as pilot sites. The strategic planning includes an advisory committee of various stakeholders and an independent evaluator of the public awareness campaign.

The Southeast Asian Problem Gambling Consortium includes five community based organizations serving the Hmong, Lao, Cambodian, and Vietnamese communities. The Consortium has facilitated the training of ten bi-cultural, bi-lingual staff located in the partners' agencies. The staff is outreaching to their

communities to engage individuals who have problem gambling issues. These front line counselors provide first response to the issue of problem gambling and attendant issues of social services, financial counseling, and co-occurring mental health disorders such as depression, suicide ideation, and post traumatic stress.

5. Training of Professionals

The availability of gambling specific training programs for licensed mental health professionals, mental health practitioners, and certified addiction counselors is essential to assuring that service providers are skilled in treating persons with gambling problems.

Two Minnesota organizations, the North American Training Institute and New Waves, provide the required sixty hours of classroom training to interested providers. Each organization is accredited by at least one of the national certification agencies. The Department of Human Services has offered scholarships to 23 individuals in SFY'03 and 21 individuals in SFY'04 who then commit to serving individuals funded through the DHS Compulsive Gambling Program.

New providers in the Chicano/Latino, Asian Pacific, African/African American and American Indian communities have also received training to provide gambling counseling.

6. Research

The Department of Human Services issued a Request for Proposal (RFP) in December 2004 to conduct an evaluation to determine if a particular treatment modality was more appropriate for certain types of problem gamblers. Proposals were submitted in January 2005, and a contract is expected to be awarded in April 2005.

B. PRIVATE PROGRAMS IN MINNESOTA THAT ADDRESS COMPULSIVE GAMBLING

1. The **University of Minnesota's, School of Medicine** is one of several research institutions that are experimenting with pharmacologic treatment for compulsive gambling and other addictive disorders. A recent research article by Dr. S.W. Kim indicates that the use of Naltrexone has been effective in 75 percent of the cases who participated in the research study.
2. **Gamblers Anonymous (GA)** was established in 1957 as a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from a gambling problem. The GA helps the compulsive gambler in the following five significant

areas: identification, acceptance, pressure-relief group meeting, the Twelve Steps of Recovery, and peer support. Professionals who work with compulsive gamblers understand the importance of encouraging their clients to join Gamblers Anonymous. Professional treatment is generally short term while Gamblers Anonymous offers a lifetime support group for the recovering gambler. There are presently about 46 Gamblers Anonymous in Minnesota. The GA website is www.gamblersanonymous.org.

3. **Gam-Anon** is a group of men and women who are husbands, wives, relatives, or close friends of compulsive gamblers. Their goal is to seek a solution for living with this problem by changing their own lives. Gam-Anon members are cautioned not to expect that their actions will cause the problem gambler to seek treatment, although this is sometimes the fortunate results. In Minnesota, there are presently about 17 Gam-Anon groups. Their website is www.gam-anon.org/gamanon/index.htm
4. **Northstar Problem Gambling Alliance, Inc (NPGA)**, a nonprofit organization, was established in September 2002. The NPGA's mission is to increase public awareness, promote the widespread availability of treatment for problem gamblers and their families, and encourage education, research and prevention, while remaining neutral on gambling policy.

The Northstar Alliance was formed due to a concern that a gambling neutral independent entity was needed to address concerns of those with a vested interest in gambling including stakeholders, gatekeepers, and providers serving problem gamblers and those harmed by problem gambling. Despite the sometimes conflicting missions of the stakeholders and gatekeepers, they share a common belief that problem gambling is a serious public health problem that is both treatable and preventable. The following are some of NPGA's activities:

- NPGA has achieved status as the Minnesota affiliate of the National Council on Problem Gambling
 - *Northstar Roundtable* is NPGA's quarterly publication with circulation of approximately 4,000 Minnesotans and regional policy makers, stakeholders, gatekeepers, and others concerned about gambling issues.
 - Several statewide conferences focusing on issues related to problem gambling.
 - Host for the 2006 National Council on Problem Gambling Annual National Conference.
 - Presentations to a number of civic organizations, faith communities and others interested in problem gambling
5. **Minnesota Indian Gaming Association (MIGA)** was established in 1993. Minnesota tribes have adopted a progressive approach to the problem of gambling addiction. MIGA has participated in a number of awareness and education efforts including sponsorship of conferences, helpline, casino-based training programs

and scholarships for gambling specific training.

6. **Gambling Treatment Providers** Many of the providers who offer compulsive/problem gambling treatment through the state funded fee for service system also provide treatment to individuals covered by private insurance or through an employer's EAP program. Because the treatment service is still in its infancy, many third party insurers are unwilling to reimburse for treatment.

V. NATIONAL EFFORTS TO ADDRESS PROBLEM/COMPULSIVE GAMBLING

A. TREATMENT OPTIONS

1. Voluntary Self Exclusion

Several organizations have explored the feasibility of a voluntary self-exclusion approach for a subset of individuals who are problem gamblers. The voluntary self-exclusion process involves an individual enrolling and signing documents acknowledging that they have a history of compulsive behavior and are subject to arrest if caught gambling. If caught, any winnings are turned over to groups that treat compulsive gambling. In 2003, the National Council on Problem Gambling (NCPG) appointed a task force to study self-exclusion policies and supports this approach with specific recommended additions to the policy and procedure for agencies and providers to follow. A Canadian research group studied this approach using self reports of gamblers at one casino. They found that those who voluntarily banned themselves from frequenting a casino had considered seeking compulsive gambling treatment more often than those who did not. (Ladouceur, Jacques, Giroux, Ferland, and Leblond; *The Wager*, Vol. 6 No.14, 2000).

In 2003, Missouri created a new database for the Voluntary Exclusion Program to process applications for placement on the List of Disassociated Person. This list is available to Class A licensees for queries such as when an individual seeks to cash a check or request a player card. Using the threat of prosecution for trespassing, the self-exclusion program bars gamblers from entering Missouri casinos. The study broke new ground by tracing the correlation between self-exclusion rates and gambling disorders. A second phase of the two-year study will examine the effectiveness of self-exclusion by interviewing gamblers in the program.

Global Cash Access (GCA) Responsible Gaming Partnership developed STEP (Self Transaction Exclusion Program). STEP provides a way for patrons to exclude themselves at GCA's Cash Advance and ATM network in more than 1,000 gaming locations in the United States. When the required authorization forms are completed, access to cash through GCA's network will be denied or reactivated depending on the instructions given.

2. Stepped Care Approach

Oregon has implemented a range of treatment options based upon the degree of individual difficulty the individual is experiencing with his/her problem gambling. The lowest level (0.5) interventions are considered least restrictive approaches and consist of either local Gamblers Anonymous groups or the *Gambling Evaluation and Reduction (GEAR) Program*.

GEAR is a confidential, educational, phone-based program designed to help gamblers steer away from potentially harmful gambling patterns without going to a treatment center. It combines phone consultation with certified counselors, workbook exercises and referral resources to give participants the tools and motivation to make good choices about if and how much to gamble.

This program is especially beneficial for those individuals who reside in communities where there is no available treatment provider. A pre-release GEAR program also provides offenders with a history of problem gambling with educational materials and work book exercise to reduce re-incarceration due to problem gambling.

Minnesota is exploring the possibility of this approach to its current array of treatment options.

3. Gambling Treatment Court

A gambling treatment court, started in 2001, in Amherst, New York, is the only one in the United States. Originally in Drug Court, Judge Mark G. Farrell discovered there was a challenge of identification and referral for problem gamblers in the traditional criminal justice system. The gambling treatment court uses a therapeutic justice system approach. The defendant must first plead guilty to the charges and is then referred for problem gambling treatment rather than jail or prison. Non-compliance with treatment results in incarceration appropriate to the crime. This program still has small numbers of individuals who are provided this option. At this point, none of the graduates of this program has been convicted as a repeat offender. (Seminar presentation, Iowa Department of Health, November 17, 2004)

B. PUBLIC AWARENESS/ PREVENTION EFFORTS

- 1. The National Council on Problem Gambling (NCPG)** mission is to increase public awareness of pathological gambling, ensure the widespread availability of treatment for problem gamblers and their families, and to encourage research and programs for prevention and education.

In order to assure a body of qualified and competent professionals working in the field of clinical treatment with pathological and problem gamblers and their families, the National Council on Problem Gambling in conjunction with regional planning committees recommends organizational goals to aid in the certification of gambling counselors nationally.

2. **The Association of Problem Gambling Service Administrators (APGSA)** was formed in October, 2000. Minnesota is a member state. This association is committed to the facilitation of information dissemination among its membership and the creation of a strong, unified voice to support the development of state-of-the-art publicly funded problem gambling services. The 2003 and 2004 national Problem Gambling Awareness campaigns were organized by the APGSA and the National Council on Problem Gambling.

The APGSA in collaboration with a number of other organizations sponsored an International Symposium on problem gambling and co-occurring disorders. The symposium focused on presentations about program design and various treatment modalities.

The APGSA web site (www.apgsa.org) provides an overview of the status of publicly funded programs in the United States. The site includes a member state map, detailed program information and contacts for each state.

3. **Harvard Medical School's Division on Addictions**, in association with the Massachusetts Council on Problem Gambling, developed a "First Step to Change" toolkit that is being implemented in several states. The tool kit includes an interactive questionnaire and guide aimed to help individuals understand their gambling habits, determine if there is a need for change in their behaviors and learn how to begin that journey. Minnesota is exploring the possibility of adding this tool kit to its current Harvard has also developed a Brief Addictions Science Information Source Online (BASIS). Basis Online publishes the "Wager", a newsletter addressing problem gambling and treatment. The website is: www.basisonline.org.
4. **The National Collegiate Athletic Association (NCAA)** opposes all forms of legal and illegal sports wagering (NCAA Bylaw 10.3). The NCAA became concerned about sports wagering as having the potential to undermine the integrity of sports contests, and to jeopardize the welfare of student-athletes and the intercollegiate athletics community. Recently, the professional leagues – the National Football League, the National Basketball Association, the National Hockey League and Major League Baseball – in conjunction with the FBI produced a videotape entitled "Gambling with Your Life". This video is an outstanding tool to educate professional athletes of the pitfalls associated with gambling generally and sports gambling specifically. It also provides a

meaningful forum that the professional leagues use to solicit information about persons with possible ties to organized gambling.

5. **GamBlock**, created by David Warr, an Australian software developer, is a program that prevents a personal computer from linking to Internet gambling, wagering and betting sites. This includes links to casinos, horse racing and sports book betting sites. It also blocks downloading program's games onto personal computers. GamBlock is intended to be used by those who wish to "self exclude" themselves and their loved ones from unrestricted gambling.

C. TRAINING OF PROFESSIONALS

The National Gambling Counselor Certification Board and the American Compulsive Gambling Certification Board were the first national organizations to certify treatment providers who completed 60 classroom hours of gambling specific training. The American Academy of Health Care Providers in the Addictive Disorders has recently approved gambling specific training.

The Addiction Technology Transfer Center of New England, funded by the Center for Substance Abuse Treatment (CSAT) offers an online program on *Problem and Compulsive Gambling: An Overview*.

Hazelden Center expanded their Distance Learning Center for Addiction Studies to include courses about problem gambling. The Center has produced a video *Gambling – It's Not about Money*, which won Time Incorporated Freddie Award for behavioral diseases.

Project Turnabout/Vanguard *Residents in Training* is an onsite weeklong professional development program for both counselors and others working with gamblers.

The University of Minnesota offers a class on problem gambling as part of elective classes in the addiction curriculum.

New Waves Training and the North American Training Institute (NATI) offer their training to providers in the private sector as well as individuals receiving scholarships through the Department of Human Services funding. NATI also offers their 60 hour training electronically.

D. RESEARCH

Research into problem gambling continues to be in its infancy. As the field develops, there is a growing body of researchers who feel attention should be focused on the following areas:

- Natural history of the disorder
- Treatment outcomes

- Movement between levels of severity
- How many people recover on their own
- Study relationship between various venues and problem gambling
- Gold standard to validate screening and diagnostic instruments
- Viable model for social/economic impact
- Impact on potentially vulnerable populations (elderly, minorities)

The **National Center for Responsible Gaming (NCRG)**, the only national organization devoted exclusively to public education about and funding of peer-reviewed research on disordered gambling, was established in 1996. The NCRG supports peer-reviewed basic and applied research on gambling disorders; encourages the application of new research findings to improve prevention, diagnostic intervention and treatment strategies; and enhances public awareness of pathological and youth gambling. To date, the casino industry and related businesses have committed more than \$12 million to this effort, and the NCRG has issued more than \$8 million in support of groundbreaking research on gambling disorders. In 2000, the NCRG established the Institute for Research on Pathological Gambling and Related Disorders at Harvard Medical School's Division on Addictions.

The NCRG is committed to funding research that will identify the risk factors for gambling disorders and determine methods for not only treating the disorder but preventing it. In a field that is just emerging, continued research is critical to the advancement of scientific breakthroughs that will aid in developing tools for prevention and treatment. Their web site is: www.ncrg.org.

Alberta Gaming Research Institute in affiliation with three universities (Alberta, Calgary, and Lethbridge) is conducting a five-year collaborative inter-disciplinary, multi-disciplinary project entitled "*Factors Influencing the Development of Responsible Gambling: A Prospective Study*." The scope of the project will involve a study of several distinct age groups (cohorts) over an extended period of time (longitudinal) which will compare variables across the biopsychological, sociocultural, public policy, and economic domains. The longitudinal design will show how gambling problems develop, how individuals cope with problem gambling, and the costs and benefits of gambling expansion. The project will study 2,000 Albertans in five age cohorts over a five year period of time. There will be 400 in each group in which fifty percent will be from the general population and fifty percent from the "high risk". The study will also provide a better understanding of "normal" gamblers, who gamble responsibly and under control.
(www.abgaminginstitute.ualberta.ca)

VI. FUNDING - SFY 2004-05

State base level biennial funding for FY 2004-2005 totaled \$2,980,000.

2003 First Special Sessions Laws, Chapter 14 appropriated \$150,000 per year from the Lottery Prize Fund to continue a statewide compulsive gambling prevention and education project for adolescents provided by a compulsive gambling council in St. Louis county; and \$100,000 per year from the Lottery Prize Fund for the Southeast Asian Problem Gambling Consortium.

Major Program Components Allocated Funds:	ACTUAL SFY04	BUDGET SFY05
1. Treatment		
Outpatient Treatment (Master Grant Contract, Fee-for-Service Providers)	\$552,823	\$600,000
Outpatient Treatment (Annual Plan, Fee-for-Service Providers)	\$40,193	\$45,000
2. Inpatient Treatment (Project Turnabout, per diem)	\$640,996	\$500,000
3. Assessment of Felons (Rule 82)	\$4,500	\$5,000
4. Helpline - Statewide, toll-free, 24/7	\$148,562	\$151,438
5. Public Awareness & Education		
Statewide – Russell & Herder Agency	\$200,000	\$200,000
6. Gambling Specific Professional Training	\$11,480	\$5,000
7. Professional/Technical Contracts		\$200,000
8. Administrative Costs	\$148,000	\$148,000
9. Special Appropriations		
Public Awareness & Education – Adolescent	\$85,000	\$215,000
Southeast Asian Consortium	\$51,700	\$148,300
TOTAL Expenditures *	\$1,883,254	\$2,217,738

*Note: Total Expenditures exceed the biennial funding due to carryover funds from the prior years.

VII. COMPULSIVE GAMBLING ADVISORY COMMITTEE

The mission of the Department of Human Services (DHS) Advisory Committee on Compulsive Gambling is to provide advice and direction to the Department to ensure that a comprehensive continuum of services is available to all Minnesota residents. This continuum of services includes: 1) providing assistance to individuals and families affected by gambling problems; 2) developing prevention strategies, including education and awareness that would lessen the occurrence of gambling problems and promote positive and healthy life styles.

The Advisory Committee on Compulsive Gambling has 24 members appointed by the Commissioner for a two year term. Other state agencies involved with gambling have standing positions on the committee.

In making appointments, consideration is given to achieving geographic, age, gender and cultural balance on the committee as well applicant's areas of interest, broad knowledge of the economic and social impacts of gambling and knowledge of the state's Compulsive Gambling Treatment Program.

The committee, which meets bimonthly, is charged with advising the Department of Human Services on policy, programs and funding that will enhance the department's ability to meet its statutory obligation as defined in MN Statutes 245.98. Members may participate in three work groups: Access to Treatment, Research and Data Collection, and Public Awareness and Education. Committee members can be reimbursed for limited travel, food and lodging expenses. Per Diem is not allowed by statute.

VIII. FUTURE POLICY DIRECTIONS

Over the past several years, the Department of Human Services and the Compulsive Gambling Advisory Committee have developed long term goals and strategies for a comprehensive, unified approach to advance the program components. These are described below:

Long Range Goals:

- Help problem gamblers and their families become self-sufficient
- Reduce the negative consequences of problem gambling on families, employers, and the community at large
- Inform the general public about the warning signs of problem gambling to intercept the progression of many problem gamblers to pathological states
- Expand the knowledge base regarding problem gambling

Strategies:

Access to Treatment

1. Expand treatment for compulsive and problem gamblers
 - Continue to provide scholarships for underserved populations
2. Develop intervention techniques for significant others when the identified gambler refuses treatment
 - DHS reimburses for a total of 12 individual and group hours for family or significant other individuals, who often bear the negative consequences of problem gambling.
3. Provide opportunities for treatment providers to earn continuing education units and learn more about gambling and addictive behaviors and treatment modalities

Public Awareness, Education, and Prevention

1. Provide public awareness, education, and prevention programs
 - In-service training for correction officers on Rule 82 – Assessment of Felons;
 - Workshops for educators, counselors and seniors;
 - Expand the Extranet (treatment provider website) with downloadable materials to bring awareness to their community;
2. Warn students of the risks of gambling, beginning at the elementary level and continuing through college
 - Provide presentations by treatment provider and gambler in recovery to schools, churches and youth organizations.
3. Provide radio and television public service announcements, and news releases to print media - targeted to the public and gatekeepers to treatment providers
 - Radio Talk show format available for both metro and non-metro;
 - Promotions on billboards and movie screens.
4. Provide an exhibit booth kit for conferences and health fairs
 - Portable Bulletin Board with posters, fact sheets and handouts
5. Write articles in professional newsletters

Research

Conduct an evaluation of State funded gambling treatment services

IX. BUDGET RECOMMENDATIONS FOR SFY 2006-2007

The Governor's Budget 2006-07 recommends continuation of \$2,980,000 base level biennial funding for the program.

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