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Governor's Report on Compulsive Gambling

A Report to the Minnesota Legislature

February 2007

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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

Gambling is nearly universal. The ancient Egyptians played board games as long ago as 4000 B.C. In the last decade, there has been an increased social acceptance of gambling and ready accessibility of gambling opportunities. A majority of people gamble responsibly for recreation and entertainment. But for some, what starts as recreation can get out of control, and the results can be disastrous.

What is problem gambling? Problem gambling is gambling behavior which causes disruptions in any major area of life: psychological, physical, social or vocational. The term "Problem Gambling" includes, but is not limited to, the condition known as "Pathological", or "Compulsive" Gambling, a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences. (National Council on Problem Gambling, 2006)

By the time most gambling addicts seek help, they are experiencing major financial problems. Most states that offer legalized gambling also offer subsidized gambling addiction treatment, often paid for by lottery sales and slot machine proceeds. (Association of Problem Gambling Service Administrators survey results, 2006)

Minnesota has had a compulsive gambling program in place since the Lottery began in 1990. Most 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

The field is still relatively new and treatment is considered by many third party payers as experimental and therefore, not reimbursable.

Currently, Minnesota residents have a choice of 131 state approved outpatient gambling

treatment providers and a variety of treatment modalities. An inpatient facility serves individuals who have co-occurring disorders from across the state. There is, however, a shortage of providers in the central and southwestern parts of the State.

Funding from the Department of Human Services is available to providers who treat persons with compulsive/problem gambling and their families who have no other source of reimbursement for treatment. In SFY 06, state funding supported 186 individuals served in the inpatient setting and 965 as outpatients. These numbers do not reflect those for whom there were other sources of reimbursement.

Helpline

The State funds a free, confidential 24 hour service that is available by calling 800-333-HOPE. In SFY 06, the Helpline received an average of 433 calls per month with 196 of them requesting information or referrals to treatment services.

Public Awareness

Public awareness efforts have focused on a range of prevention and intervention strategies, including collaborative initiatives to address the diverse and ever changing Minnesota population. Over the past two years, attention has also focused on young adults as they enter to college or university. The DHS program website provides tools for gambling treatment providers to bring awareness to their communities. Other national and international organizations also promote public awareness and education.

Research

Two research studies have been implemented in the last year to identify and explore issues related to gambling. There remains a need for greater clarity around how and why individuals develop gambling problems.

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 2007-2008 bienniums 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 2006, there were 1,419 licensed organizations at 3,356 permitted premises authorized to provide charitable gambling. Total revenues in fiscal year 2006 totaled \$1,308,264,000. After payout for prizes, the remaining \$238,939,000 in receipts was distributed in the following fashion: \$64,783,000 for charitable contributions; \$51,138,000 (after tax refund) for state taxes and \$122,928,000 for allowable expenses directly related to the conduct of lawful gambling. (Gambling Control Board Annual Report, FY06)

The **Gambling Control Board** was established in 1984 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, Chapter 349.11). (www.gcb.state.mn.us)

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 2006, \$74,939,624 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 \$30,168,349 in calendar year 2006.

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. (www.mnrace.commission.state.mn.us)

3. The **Minnesota Lottery** began selling tickets in April 1990. For fiscal year 2006, \$450 million was wagered on lottery tickets.

Approximately 92 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. (www.lottery.state.mn.us)

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. There are 18 tribal casinos in Minnesota operating under a combination of state law, tribal ordinance, and tribal-state compacts.(MN House Research Department, Indian Gambling in Minnesota) There is no actual information on total revenues generated by these casinos. However, the regional revenue for the upper Midwest and plains states was \$3.9 billion in 2005, according to the National Indian Gaming Commission, the federal agency that oversees tribal gambling.

5. 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.
6. As of June 4, 2005, **Texas Hold'em** tournaments and contests are also permitted, subject to restrictions. Gambling in tournaments consisting of any other social skill game is illegal in Minnesota. (Minnesota Legislative Reference Library)
7. The use of the **Internet** for sports and simulated casino games appears to be a growing industry both nationally and internationally. The legality of online gaming varies around the world. Many jurisdictions have legalized and regulated the industry. Minnesotans who engage in Internet gaming are subject to fines, jail sentences and confiscation of property. In addition, sport betting remains an illegal activity in the State.

B. GAMBLING PATTERNS

All forms of gambling contain the following three key elements:

1. Consideration: it must cost to play;
2. Chance: the game must be based predominately on chance; and
3. 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:

1. 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;
2. Losing phase: the gambler bets increasing amounts of money "chasing" the money they have lost;

3. 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.

The Minnesota State Lottery contracted with the Saint Cloud State University and surveyed 2,015 Minnesotans age 18 and older about participation in 16 gambling activities over the past twelve months. Survey calls were completed between February 6th and March 6th, 2006. Some of the key findings include:

- 83 percent participated in at least one of the gambling activities;
- The most popular individual form of gambling was the Minnesota State Lottery, with 61 percent purchasing a lottery ticket;
- Raffle tickets were purchased by 48 percent of adults;
- 36 percent visited a casino; and
- 26 percent purchased pull tabs.

The survey also found that 92 percent of Minnesota adults have participated in at least one gambling activity during their lifetime. At some point in their life 72 percent of Minnesota adults has purchased a Minnesota State Lottery ticket, 72 percent purchased a raffle ticket, 61 percent have visited an Indian casino in their lifetimes, and 48 percent have purchased a pull tab.

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 payers. 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/PROBLEM GAMBLING SERVICES 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.

The main purpose of the Helpline is to ensure that when an individual makes the decision to call, they are able to speak to a person. Without this immediate response, a caller may lose the motivation to address their gambling. This information is also of benefit to family members and significant others who are concerned about a loved one's gambling.

During SFY 2006, the Minnesota Problem Gambling Helpline received an average of 433 calls per month. Of these, 196 calls were requests for referral or specific information about treatment services. Of this number:

- a. 37 percent were between the ages of 35 – 50 years old
- b. Callers were about distributed between men (40%) and women (60%)
- c. 52 percent resided in the seven county metropolitan area
- d. 52 percent indicated that casino slots were the source of their problem

In August 2005, the Minnesota State Lottery added the helpline number to the back of scratch tickets.

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 December 2006, there are 131 qualified providers approved by the

Department of Human Services to provide outpatient gambling treatment in 100 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 northwestern and southwestern parts of the state continue to have a shortage of qualified outpatient providers.

The total number of individuals seeking outpatient treatment who were reimbursed under the fee-for-service method has remained fairly stable over the past three years:

SFY 2004	SFY 2005	SFY 2006
943	982	965

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 2004	SFY 2005	SFY 2006
188	179	186

And, as is the case with outpatient, the numbers requiring inpatient treatment has remained fairly stable over the past three years.

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 over the past three years were:

SFY 2004	SFY 2005	SFY 2006
45	40	51

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. All materials created are available on the web site www.nojudgment.com

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

- Brochures – *Are you a problem gambler? Is someone you love a problem gambler?*
- Six Minnesota colleges/universities are participating in the on-campus gambling awareness campaign “Beat The Bet” – creative materials are audience appropriate;
- REACH – a quarterly newsletter for treatment providers;
- Extranet – password protected web site with information about problem gambling created to enhance communication and awareness efforts among State approved treatment providers and Advisory Committee members;
- Native American poster to be distributed to area casinos. Target audiences are young employees of casinos and the younger gambler.
- As part of the National Guard’s reintegration academy, a PowerPoint on compulsive/problem gambling was developed as well as a poster, a DVD, and information packets with handouts. These were designed with specific attention to returning personnel who served in Iraq and Afghanistan.

4. Special Legislative Appropriations

- a. The 2004-2005 Health and Human Services bill appropriated \$100,000 per year for the **Southeast Asian Problem Gambling Consortium**. The Lao Assistance Center of Minnesota was the fiscal agent and program manager for the Southeast Asian Gambling Consortium (SAPGC) to develop and implement compulsive gambling prevention and awareness strategies utilizing the cultural knowledge of the SAPGC members consisting of the four Southeast Asian primary communities of Lao, Hmong, Cambodian and Vietnamese. The consortium implemented a culturally relevant 60 hour training for SAPGC providers. Gambling treatment strategies were developed to identify, treat, and refer as appropriate to Southeast Asian individuals who are problem gamblers. A poster and grocery bag were created and distributed during gambling awareness presentations within the

SAPGC community. Presentations to mainstream providers explained gambling in Southeast Asian counties as part of the culture and traditions for celebrations and religious festivals.

- b. **Northstar Problem Gambling Alliance, Inc (NPGA)**, a nonprofit organization, was established in September 2002. The Northstar Alliance was formed due to a concern that a gambling neutral entity was needed to address concerns of those with vested interest in gambling including stakeholders, gatekeepers, and providers serving problem gamblers and those harmed by problem gambling.

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. Northstar Alliance is the Minnesota affiliate of the National Council on Problem Gambling.

The 2006 –2007 Health and Human Services bill appropriated \$25,000 the first year and \$150,000 the second year to the state affiliate recognized by the National Council on Problem Gambling. The contract duties include:

- State host of the 20th Annual Conference on Prevention, Research & Treatment of Problem Gambling National Council on Problem Gambling's that was held on June 22-24, 2006 at the in St. Paul.
- Regional conferences series (Duluth, Bemidji, St. Cloud, Rochester, and Marshall) and a statewide conference focusing on issues related to problem gambling for winter 2007.
- Gambling Awareness Week activities March 5-11, 2007
- Increase public awareness to three professional gatekeeper communities – judges/judicial system, financial institutions, and faith communities
- Presentations to civic organizations and others interested in problem gambling

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 training to interested providers. Each organization is accredited by at least one of the national certification agencies. The Department of Human Services has provided partial scholarships to four individuals in SFY'05 and nine individuals in SFY'06, who then commit to serving individuals funded through the DHS Compulsive Gambling Program. Completion of the gambling specific training education may allow participants to become eligible as a referral source for the Minnesota Problem Gambling Helpline 1-800-333-HOPE.

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

6. Research

- a. The University of Minnesota was awarded a contract from November 2005 through October 2007 to conduct **an evaluation of the State approved inpatient and outpatient gambling treatment services.**

The study research design, will at a minimum, address the following:

- Treatment provider profiles;
- Client admission and discharge data for both participating and non-participating clients;
- Six and twelve-month follow-up data;
- Predictors of treatment completion/attrition and outcome/relapse; and
- Identify differences between participants and non-participants including but not limited to: demographics, gambling history, gaming venue, gambling treatment, treatment provider, etc.

- b. The Minnesota Institute of Public Health was awarded a contract from May 2006 through April 2007 to assess the **current awareness in three professional gatekeeper organizations** – judges/judicial system, financial institutions, and the faith communities – about issues related to problem gambling.

The purpose of this study is to obtain more knowledge about how the three specific gatekeeper communities could recognize signs of problem gambling and make appropriate referrals.

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. ([www.mmf.umn.edu/bulletin/spring 2006](http://www.mmf.umn.edu/bulletin/spring2006))
 - a. **Dr. Jon Grant** has achieved promising results in treating pathological gambling with a new medication containing the drug Nalmefene. **Nalmefene** is an opioid antagonist that negates the rush associated with gambling and curbs the craving to gamble. The study was published in the February 2006 issue of the *American Journal of Psychiatry*.
 - b. In a series of studies, **Dr. S. W. Kim** has shown that **Naltrexone** is highly effective in the treatment of uncontrolled cravings that are triggered by a potential reward—such as winning at a casino. Naltrexone has been approved by the FDA

for treatment of alcoholism and opiate addiction, but not to treat problem gambling.

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 to 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 80 (47 of which are outside the metro area) Gamblers Anonymous groups in Minnesota. The Minnesota GA website is www.minnesotaga.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 currently 15 (8 of which are outside the metro area) Gam-Anon groups. Their website is www.gam-anon.org/gamanon/index.htm
5. **Minnesota Indian Gaming Association (MIGA)** was established in 1993. The Minnesota tribes have approached the problem of gambling addiction in various ways. MIGA has participated in a number of awareness and education efforts including sponsorship of conferences, casino-based training programs and scholarships for gambling specific training.
6. Many of the providers who offer compulsive/problem gambling treatment services 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 COMPULSIVE/PROBLEM GAMBLING

A. TREATMENT OPTIONS

1. **Community Reinforcement and Family Training (CRAFT)** is a scientifically based intervention designed to help family members and concerned significant others to engage treatment-refusing substance abusers into treatment. The CRAFT program, developed by Dr. Robert J. Meyers, teaches concerned significant others coping skills and strategies to motivate the substance abuser to seek treatment or change behavior. (www.casaa.umn.edu/craft). The CRAFT approach was modified into a self-help manual

for family members of problem gamblers as a brief intervention support through hot lines. (Makachuk, K., Hodgins, F. D., & Peden, N. (2002). Development of a brief intervention for concerned significant others of problem gamblers. *Addictive Disorders & Their Treatment*, 1(4), 126-134).

2. **Motivational Interviewing** is a client-centered and directive therapy style that may enhance motivation to change. A highly successful treatment approach developed by Dr. William R. Miller, Motivational Interviewing techniques have been established as an effective means of helping individuals recognize present and potential problems, while creating an openness to the concept of change. It was developed in the addictions field, and is complementary to the Stages of Change model. (www.motivationalinterview.org).

The Minnesota Department of Human Services, Chemical & Mental Health Services (CMHS) in partnership with the Metropolitan State University, Minneapolis Community & Technical College, and Prairielands Addiction Technology Transfer Center are working together on a train-the-trainer program that will provide an opportunity to over 2,000 mental health providers and chemical dependency counselors to learn basic training in motivational interviewing.

3. 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. It is a voluntary program, offered as a service, and places the responsibility on the customer to stay out of gaming sites. If caught, any winnings are turned over to groups that treat compulsive gambling. A state-based self-exclusion program was developed in Missouri in 1996, and has been implemented in six other states. (American Gaming Association, *Responsible Gaming Quarterly*, Winter 2003, Self-exclusion 101)

STEP (Self Transaction Exclusion Program) is an extension of Global Cash Access (GCA) Responsible Gaming Partnership. STEP provides a way for patrons to exclude themselves at GCA's cash advance and ATM network in nearly 1,000 gaming establishments 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 (reactivation requires a one-year waiting period).

2. An option of a gambling **treatment residential facility** is now available in three states including Minnesota for those who repeatedly fail outpatient settings. Typical inpatient treatment is 30 days with an emphasis in program components to help maintain abstinence from gambling. The treatment centers are funded through an annual contract with the state.
3. Louisiana has 21 Judicial District Courts participating in a pilot program offering **treatment instead of jail** time for financial crimes as a result of a gambling

addiction. The chance of repeat offenses decreases with treatment rather than jail time and is believed to help relieve crowded dockets and jails.

The Louisiana district courts are modeled after a program established by Mark G. Farrell, senior justice of New York's Amherst town court. Judge Farrell founded the first gambling treatment court in the United States with a goal to prescribe the minimum punishment necessary to achieve compliance with the law while successfully treating problem gamblers. (Penix, M. (2006, December 18). *Compulsive gambling surges*. New Orleans City Business)

4. **Treatment Workforce** - Some problem gamblers aren't ready to talk about quitting altogether but are open to learning how to moderate their behavior. 'There aren't many quality studies showing what gambling treatments work best' according to Christine Reilly, executive director for the Institute for Research on Pathological Gambling and Related Disorders, an affiliate of Harvard Medical School. The Institute awarded an 18 month grant with the specific aim to amass a set of recommendations to enable the development of an evidence-based curriculum. The grant for "*A Survey of the Pathological Gambling Treatment Workforce: Who They Are and How Better We Can Help Them*" project start date was August 2006 and anticipated date of completion is December 2007.

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. A list of the state affiliates, resources, counselor certification and problem gambling signs are on the NCPG web site at (www.ncpgambling.com).
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 National Problem Gambling Awareness campaigns are organized by the APGSA and the National Council on Problem Gambling.

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. 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.
6. The **Ontario Problem Gambling Research Centre (OPGRC)** is conducting a research project with the Ontario Lottery and Gaming Corporation. The Lottery is implementing an 'early-intervention strategy' by mailing messages warning about the risks of problem gambling and asking them to assess their habit. The questions are designed to be a "trip-wire" to get people to think about their gambling. The letter will provide them with a phone number for a gambling counseling program. The OPGRC website is (www.gamblingresearch.org).
7. The **Responsible Gambling Council (RGCO)** through its awareness programs provides people with the tools to make informed choices and offers resources for those affected by problem gambling.

"*Know the Score* is an interactive problem gambling awareness program that engages university and college students in a fun and informative way. *Know the Score* (www.knowthescore.ca) dispels some common myths regarding randomness, shares signs of problem gambling, tells students where they can get help with gambling-related problems in their local community, and suggests ways to limit their risks.

The Council also developed and produced four theatre dramas with youth-inspired language and situations to build an awareness of some of the non-monetary problems that can develop if gambling gets out of control. The dramas have been designed to increase awareness of problem gambling and its signs, to suggest ways to avoid a gambling problem, and to let audiences know where they can get local help. The Council's website is: (www.rgco.org).

C. TRAINING OF PROFESSIONALS

1. 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.

Following completion of the training program, counselors are ready to assess, screen and evaluate for gambling problems among those who present for care. They will be ready to intervene in crisis, assist in preparation of restitution plans, refer clients for appropriate levels of care and begin the treatment planning process, using an array of clinical strategies focusing on impulse control and self-regulation interventions in the treatment of gambling problems.

2. The **Addiction Technology Transfer Center of New England**, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) offer online courses including - *Problem and Compulsive Gambling: An Overview*. Additional information can be located on the internet: <http://www.attc-ne.org/education/>.
3. **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.
4. **Project Turnabout/Vanguard Residents in Training** is an onsite weeklong professional development program for both counselors and others working with gamblers.
5. The **University of Minnesota** offers a class on problem gambling as part of elective classes in the addiction curriculum.
6. **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 offers their 60 hour training electronically.

D. RESEARCH

1. 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. The NCRG website: (www.ncrg.org).

2. The **Alberta Gaming Research Institute** is a consortium of three universities. A five-year study to gain a better understanding of both social and problem gambling will focus on all forms of gambling as well as all levels of gambling from serious to social. The Institute will build the knowledge base in gambling research through increased focus on strategic research. The Institute website: (www.abgaminginstitute.ualberta.ca)

The Institute awarded Dr. Gary Nixon of the University of Lethbridge's, School of Health Sciences a grant to investigate the under-explored "lived experience" of the pathological gambler and to attempt to understand the psychological and cultural aspects that motivate gamblers. (Gambling Research Reveals, Vol. 6(1), October/November 2006)

3. A study "*Health Problems and Medical Utilization Associated with Gambling Disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions*" found pathologic gamblers were more likely than low-risk individuals to have more health problems. The researchers took into account demographic characteristics (age, gender, ethnicity, marital status, education, income and region of the country) and behavioral risk factors. The conclusion was a lifetime diagnosis of pathologic gambling is associated with several medical disorders and increased medical utilization. A potential outcome of this research could lead to earlier detection and treatment by helping practitioners. (Morasco, B. J., Pietrzak, R.H., Blanco, C., Grant, B. F., Hasin, D., Petry, N. M. (2006). Health Problems and Medical Utilization Associated with Gambling Disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychosomatic Medicine*, 68 978-984)

4. In a recently published study, **Dr. Ahmad R. Hairi** and associates examined the relationship between individual preferences for smaller immediate over larger delayed rewards and brain activity. They found that discounting future outcome is associated with impulsivity and is a risk factor for addictive disorders such as pathological gambling, cigarette smoking, and drug and alcohol abuse. (Hariri, A. R., Brown, S. M., Williamson, D. E., Flory, J. D., de Wit, H., Manuck, S.B. (2006) *Preference for Immediate over Delayed Rewards is Associated with Magnitude of Ventral Striatal Activity*. Journal of Neuroscience: 26(51) 13213-17)

5. A research study by Professor Mark Griffiths of the International Gaming Research Unit at Nottingham Trent University may have important implications for public health through changing patterns of gambling and responding appropriately to a potential increase in demand for gambling addiction treatment. He expressed concern about **remote gambling** via the internet, telephone, cell phone and interactive television gambling due to the availability of 'virtual cash' and the unlimited access and anonymity. (Griffiths, M. (2007) Gambling addiction and its treatment within the NHS: A guide for healthcare professionals, (Report ISBN: 1-905545-11-8) London, UK: British Medical Association)

E. FEDERAL LEGISLATION

1. The Safe Accountability for Every Port Act of 2006 included an unrelated ban on credit card and other payment methods being used to pay for offshore gambling.

The act targets Internet service providers, banks, and credit card companies and will punish those who allow transactions to take place. The bill makes exceptions for state-run lotteries and horse racing, which operate some online sites.

2. The Comprehensive Awareness of Problem Gambling bill first introduced in the U.S. House of Representatives in July 2006 will be reintroduced during the 2007 congressional session

Highlights of the bill include increased public awareness, increased research on gambling addiction, and the creation of a federal grant program to treat gambling addiction.

VI. FUNDING - SFY 2005-06

State base level biennial funding for FY 2005-2006 totaled \$2,980,000.

The 2004 –2005 Health and Human Services bill appropriated \$100,000 per year for the Southeast Asian Problem Gambling Consortium and \$150,000 per year for a statewide compulsive gambling prevention and education project for adolescents provided by a compulsive gambling council in St. Louis County.

The 2006 –2007 Health and Human Services bill appropriated \$25,000 the first year and \$150,000 the second year to the state affiliate recognized by the National Council on Problem Gambling.

Funding for these was allocated from the unclaimed Lottery prize fund.

Major Program Components Allocated Funds:	ACTUAL SFY05	ACTUAL SFY06
1. Helpline – Statewide, toll-free, 24/7	\$150,710	\$150,000
2. Outpatient Treatment: Fee-for-Service Providers	\$710,232	\$752,081
3. Inpatient Treatment – Project Turnabout (per diem)	\$478,412	\$406,411
4. Interpretation Services		\$12,354
5. Assessment of Felons (Rule 82)	\$4,000	\$4,600
6. General Public Awareness & Education	\$200,000	\$242,000
7. National Council on Problem Gambling Conference		\$5,000
8. Gambling Professional Training	\$2,080	\$4,761
9. Research – Treatment Evaluation		\$37,780
10. Special Appropriations - Southeast Asian Consortium	\$148,300	
11. Special Appropriations - Youth Awareness/Education	\$45,000	
12. Special Appropriations – Northstar Problem Gambling Alliance		\$25,000
13. Business Expenses		\$7,716
14. Administrative Costs	\$148,000	\$148,000
TOTAL Expenditures *	\$1,886,734	\$1,795,703

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

VII. COMPULSIVE/PROBLEM GAMBLING ADVISORY COMMITTEE

The mission of the Department of Human Services (DHS) Advisory Committee on Compulsive/Problem 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 15 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 as persons in recovery and applicant's areas of interest, broad knowledge of the economic and social impacts of gambling and knowledge of the state's Compulsive/Problem Gambling Services 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. Committee members can be reimbursed for limited travel, food and lodging expenses. Per Diems are not allowed by statute.

VIII. FUTURE POLICY DIRECTIONS

Over the past several years, the Department of Human Services and the Compulsive/Problem 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
4. Continue to expand treatment providers in the northwestern and southwestern regions of the state.

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. Educate students of the risks of gambling with an emphasis on college/university settings.
 - Provide presentations by treatment provider and gambler in recovery to schools, churches and youth organizations.
3. Provide radio and television public service announcements, billboards 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

1. Conduct an evaluation of State funded gambling treatment services
2. Conduct a study of professional community key informants to obtain knowledge base and awareness/educational needs

IX. BUDGET RECOMMENDATIONS FOR SFY 2006-2007

The Governor's Budget 2008-09 recommends continuation of \$2,980,000 base level biennial funding for the program.

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