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Governor's Report on Compulsive Gambling

A Report to the Minnesota Legislature

February 2013

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I. Executive Summary

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

In addition, each year by February 15, 2014 and annually thereafter, the commissioner of human services shall complete a Compulsive Gambling Annual Report to include information on the percentage of gambling revenues that come from gamblers identified as problem gamblers, or a similar defined term, as defined by the National Council on Problem Gambling. The report must disaggregate the revenue by the various types of gambling, including, but not limited to: lottery; electronic and paper pull-tabs; bingo; linked bingo; and pari-mutuel betting. By February 15, 2013, a preliminary update on the 2014 Compulsive Gambling Annual Report is due (Minnesota Statute 245.981). Preliminary information on the 2014 Compulsive Gambling Annual Report can be found in this report under Section II – Introduction.

Some form of legalized gambling is available in 48 states plus the District of Columbia. The two without legalized gambling are Hawaii and Utah. Individuals can legally gamble in Minnesota at a number of venues. Each is governed by state or federal statutes and has agencies or commissions that are responsible for oversight of their operations.

Research indicates that most adults are able to gamble responsibly. However, it is estimated that approximately two million or 1% of the adults in the United States meet criteria for pathological gambling in a given year (NCPG, 2013). Further, there are approximately four to six million adults who do not meet the full diagnostic criteria for pathological gambling, but are experiencing problems due to their gambling behavior.

Some states report higher than the national average for numbers of individuals with gambling problems, such as California. California has approximately 89 card clubs, about 100 tribal casinos, the state lottery and racetracks, in addition to its state proximity to Las Vegas and Reno, Nevada. State estimates are that the rate is close to 4 percent, approximately one in every 25 Californians (Fong, 2011).

The National Council on Problem Gambling defines problem gambling behavior as, “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. In extreme cases, problem gambling can result in financial ruin, legal problems, loss of career and family, or even suicide” (NCPG, 2013).

The need for gambling treatment services and designated gambling treatment funding is gradually being recognized by many states. A 2010 national survey sponsored by the Association of Problem Gambling Service Administrators (APGSA) reported the number of states that have designated funding, based on statutory authority to administer problem gambling programs increased from 30 states in 2008 to 37 states in 2010.

Minnesota has had a compulsive gambling program in place since 1990, when the State Lottery began operations. Most of the funds for the program, which includes a Helpline, public awareness and educational activities, and formal counseling services, come from the Lottery Prize funds. The program is administered through the Department of Human Services (DHS).

In 2012, the State authorized the construction of a National Football League stadium, in part funded by the sale and issuance of state appropriation bonds, the use of certain local tax revenue, and electronic pull-tab games. As a result, Minnesota Statutes 297E.02, subdivision 3 was amended to require that one-half of one percent of the revenue of the sale of pull-tabs and tip-boards be appropriated to the commissioner of human services for the compulsive gambling program. Additionally another one-half of one percent was appropriated to Northstar Problem Gambling Alliance, Minnesota's state affiliate of the National Council on Problem Gambling to increase public awareness. These funds are not to replace the existing program funds.

The promising news is that with gambling treatment, individuals with a gambling problem can receive the help they need to address the personal destruction that a gambling addiction can have on their lives and the lives of their families (Substance Abuse Mental Health Services Administration, 2007). New clinical treatment strategies, educating families on protecting finances and coordinating needed mental health treatment with addiction treatment gives hope for the future.

Minnesota residents have a choice of 67 state approved outpatient gambling treatment providers. Minnesotans also have an option for inpatient treatment when residential treatment level of care is required. Gambling treatment services include individual counseling, group counseling, and family counseling. Services are tailored specifically to the needs of the individual, as identified through an assessment process. Treatment for problem gambling focuses on changing unhealthy gambling behaviors and thoughts. Counseling helps to work through issues related to strained relationships, financial, and work problems as a result of a gambling addiction. Individuals with problem gambling behavior often experience other issues, including serious mental health problems.

Funding administered by the Department of Human Services (DHS) is available to individuals who have no other source of payment or insurance coverage for gambling treatment. In SFY11 and SFY12, state funding supported 1,309 individuals served in an outpatient setting and 315 individuals served in a residential setting. Counseling services included a combination of individual counseling and/or group counseling, depending upon what the individual needed. Follow-up services, such as Gamblers Anonymous and other support groups are often recommended to help maintain the new skills learned during treatment and support a healthy lifestyle.

Minnesota's gambling program funds also support a free, confidential 24-hour service that is available by calling the Minnesota Problem Gambling Helpline at (800) 333-HOPE. In SFY11 and SFY12, the Helpline received 1,054 and 906 calls, respectively, requesting information or referrals for treatment services. Of the 1,054 calls received in SFY11:

- 56.6% (597) of callers were female and 43.4% (457) of callers were male
- The majority of callers, 32.7% (345), were between 35 to 50 years of age
- The majority of callers, 27.3% (288), were referred by casinos
- The majority of callers, 57.6% (600), reported the primary problem gambling activity was casino-slots

Of the 906 calls received in SFY12:

- 52.0% (471) of callers were female and 48.0% (435) of callers were male
- The majority of callers, 32.9% (298), were between 35 to 50 years of age
- The majority of callers, 31.4% (283), were referred by casinos
- The majority of callers, 58.7% (519), reported the primary problem gambling activity was casino-slots

Despite fewer calls in SFY12, there was a notable increase in internet gaming (4.3% of calls in SFY12 up from 1.7% of calls in SFY11). There was also a moderate decrease in lottery (6.1% of calls in SFY12 down from 8.2% of calls in SFY11).

In addition to a gambling crisis hotline, the state also conducts public awareness efforts to prevent problem gambling behavior. 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 four years, prevention efforts have also focused on young adults in high school as they enter a college or university.

The state compulsive gambling program website (www.nojudgment.com) provides a list of Minnesota approved gambling treatment providers by county. The website also has downloadable brochures for communities and treatment counselors to use to educate the public. Examples of available materials include:

- "Problem Gambling: The Hidden Addiction" (a PowerPoint presentation)
- "Older Adults and Problem Gambling" (a PDF brochure)
- "Stay on the Path of Pride" (a Native American poster)
- "At Ease Soldier, There's Help for Problem Gamblers" (PDF brochure)
- "Are You a Problem Gambler?" (PDF brochure)

The state website also includes a link to Minnesota's affiliate to the National Council on Problem Gambling, the Northstar Problem Gambling Alliance (NPGA). NPGA is a non-profit, gambling-neutral organization dedicated to improving the lives of Minnesotans affected by problem gambling. The website contains a wealth of resources helpful to persons seeking information

related to problems with gambling, as well as information for gambling treatment professionals.

In SFY 2012, the Department of Human Services worked with the Problem Gambling Advisory Committee in a discussion seeking recommendations for short and long range goals and strategies for Minnesota's compulsive gambling program. The following represents recommendations from the Committee:

- Help individuals with problem gambling behavior and their families become self-sufficient through individualized attention to multi-cultural factors;
- 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 minimize the progression to pathological states;
- Develop policy and procedures that support a recovery oriented, person-centered system of care;
- Expand the knowledge base regarding problem gambling with focus on evidenced-based techniques and best practices.

II. Introduction

This report is being submitted pursuant to Minnesota Statute 4.47 which requires a report every odd-numbered year on compulsive gambling in Minnesota. This biannual report will describe:

- (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;
 - (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.

In addition to the biannual report, the 2012 Legislature required the development of a preliminary report of the February 2014 Compulsive Gambling Annual Report on the percentage of gambling revenues that come from gamblers identified as problem gamblers, or a similar defined term, as defined by the National Council on Problem Gambling.

In 2012, the State authorized the construction of a National Football League stadium, in part funded by the sale and issuance of state appropriation bonds, the use of certain local tax revenue, and electronic pull-tab games. As a result, Minnesota Statutes 297E.02, subdivision 3 was amended to require that one-half of one percent of the revenue of the sale of pull-tabs and tip-boards be appropriated to the commissioner of human services for the compulsive gambling program. Additionally another one-half of one percent was appropriated to Northstar Problem Gambling Alliance, Minnesota's state affiliate of the National Council on Problem Gambling to increase public awareness. These funds are not to replace the existing program funds.

Preliminary Update of the February 2014 Compulsive Gambling Annual Report

The Report due in February 2014 is required to report on the "percentage of gambling revenues that come from gamblers identified as problem gamblers, or a similar defined term, as defined by the National Council on Problem Gambling. The report must disaggregate the revenue by the various types of gambling, including, but not limited to: lottery; electronic and paper pull-tabs; bingo; linked bingo; and pari-mutuel betting. The cost that will be incurred to complete the full report is unknown at this time. This is partly due to the difficulty the state will have to identify the percentage of gambling revenues that can be attributable to individuals whose gambling behavior eventually leads to a problem gambling behavior and then to seek gambling treatment services. A further difficulty occurs with patient confidentiality if clients are asked to provide information as part of the therapeutic treatment process. While treatment providers could be requested to survey their clients who seek and receive gambling treatment, the accuracy of

reporting and numbers of persons who agree to report call into question the validity and reliability of this type of reporting method. Furthermore, the report “must disaggregate the revenue by the various types of gambling.” One of the significant issues related to problem gambling behavior can include losing one’s job or financial catastrophe. Sometimes, gambling behavior can lead to stealing money to gamble or pay debts. Access by the Department to obtain reliable reports of monies earned by gambling in order to disaggregate the revenue by various types of gambling will most likely be cost-prohibitive.

III. Summary of Available Data Describing the Extent of the Problem in Minnesota

Minnesota has defined compulsive gambling as:

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 pursuits. (Minnesota Statutes 245.98.1)

Gambling Helpline Service

Minnesota funds a gambling helpline staffed by trained mental health professionals who guide callers to the appropriate referral services. Calls can be from either the person seeking help, a family member, or anyone concerned about someone's gambling behavior. The gambling helpline is a free, confidential twenty-four hour service that is available statewide by calling (800) 333-HOPE. The Department of Human Services contracts with a privately owned professional services company to provide this service.

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 and would like information about what the options might be.

The Minnesota Problem Gambling Helpline (800) 333-HOPE received 1,054 and 906 calls in SFY11 and SFY12, respectively, requesting information or referrals for treatment services.

Minnesota Problem Gambling Helpline Calls

SFY	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
11	92	76	75	89	100	73	71	78	129	92	95	84
12	75	90	81	80	76	66	72	76	100	68	57	65

In-Person Gambling Counseling Services

Scientific research has expanded the understanding of gambling disorders. This research has led to the re-classification of the definition of pathological gambling. The American Psychiatric Association's (APA) latest Diagnostic and Statistical Manual of Mental Disorders (DSM-V) proposed a new category of "behavioral addictions," which contains gambling addiction. Research supports that pathological gambling and substance use disorders have similar effects on the brain and neurological reward system. There is continued need for empirically-supported, evidence-based treatment standards, including research on the impact of online gambling.

Minnesota funds gambling counseling services for individuals who may need in-person gambling treatment. Minnesota has both outpatient and inpatient treatment services dedicated to the

treatment of gambling behavior. In addition to gambling treatment services, some individuals seek treatment from mental health clinics and chemical dependency programs for issues related to depression, anxiety, suicidal thinking, substance use, or other conditions. The Minnesota compulsive gambling treatment program provided 682 individuals in SFY 2011 with access to outpatient gambling counseling services and another 627 individuals in SFY2012. Individuals with insurance coverage through an employer or those with the ability to self-pay are not included in these numbers.

When inpatient gambling treatment services are needed, individuals receive a comprehensive assessment to determine the degree of severity of the gambling addiction and need for inpatient care. Clients served by this program are most typically those with long histories of gambling problems, those who have not succeeded in outpatient treatment and individuals in need of 24-hour monitoring and supervision. The number of clients who were able to access inpatient gambling treatment services in SFY2011 was 161 and another 154 individuals in SFY2012.

Compulsive Gambling Assessment Required

If a person is convicted of theft under Minnesota Statute 609.52, embezzlement of public funds under 609.54, or forgery under 609.625, 609.63, or 609.631, a trained probation officer administers the South Oaks Gambling Screen (Lesieur and Blume, 1987) to the offender to determine whether compulsive gambling may have contributed to the commission of the offense. If the offender scores five or more on the South Oaks Gambling Screen, the probation officer makes an appointment for the offender to receive a gambling assessment. An independent assessor then conducts an evaluation to identify the nature and extent of the offender's gambling behavior as well as the consequences gambling has had on personal, family and vocational pursuits. The determination of compulsive gambling must meet the conditions of pathological gambling. If compulsive gambling contributed to the commission of the offense and the gambling assessor concludes that the offender is in need of treatment, the gambling assessor must prepare a written report that includes the information and indicates whether or not the offender is a compulsive gambler. A copy of the written report is sent to the probation officer who requested the evaluation. In SFY 2011, there were 27 evaluations completed and another 28 evaluations completed in SFY2012.

IV. Summary of Programs That Provide Diagnosis and Treatment for Compulsive Gambling

Minnesota is fortunate to have a range of options for individuals who may need formal gambling treatment services as well as support groups that reinforce new skills learned after formal treatment is completed.

Support Groups

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. 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. Gamblers Anonymous offers a lifetime support group for the recovering gambler to support the skills learned during professional counseling. 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.

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 12 (2 of which are outside the metro area) Gam-Anon groups. Their website is www.gam-anon.org.

Diagnosis and Treatment Services

Gambling treatment funding is a fee-for-service payment system. 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 January 2013, there are 67 qualified providers approved by the Department of Human Services to provide gambling treatment in 89 locations throughout the state. State-recognized gambling treatment providers complete coursework in gambling counseling in addition to any state licensure required to provide professional counseling services. Gambling treatment providers include licensed mental health professionals and licensed alcohol and drug counselors. Some specializations include counseling in other languages (Spanish, Korean, Deaf/Hard of Hearing), LGBT specialization, working with Native Americans, working with seniors, counseling women and families, and gambling counseling for veterans. Approved gambling counselors provide outpatient counseling services, including diagnostic and treatment services.

Inpatient gambling treatment is available through Project Turnabout. The Vanguard Center for Compulsive Gambling is a nationally recognized residential treatment program for men and women 18 years of age and older who are experiencing problems due to compulsive gambling. The 20-bed Vanguard facility is a separate unit located on Project Turnabout's main campus. It is

currently the only residential program for problem gambling in Minnesota and one of a few in the nation. All Vanguard patients complete a comprehensive assessment with a clinical team (licensed counselors, mental health professionals, and nurses), as well as a physical exam at the local clinic. Physical and psychological needs, gambling behavior, social, spiritual, nutritional, emotional, education, and family history are all addressed during the assessment. If, during the course of treatment, a co-occurring alcohol or drug problem is identified, patients may complete an assessment and be referred for chemical dependency treatment. Information gathered in the assessment process is utilized by the clinical team and the patient to formulate an individualized treatment plan designed to help the person identify and overcome barriers and develop coping skills to help live a gamble-free lifestyle.

Many of the providers who offer 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 Employee Assistance Program. Third party insurers are slowly beginning to reimburse providers for gambling treatment.

Promising Pharmacological Treatment

The University of Minnesota, 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). In a series of studies, Dr. S. W. Kim, Professor of Psychiatry at the University of Minnesota, 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. The FDA has approved naltrexone for treatment of alcoholism and opiate addiction, but not problem gambling.

Dr. Jon Grant, former Professor of Psychiatry and Co-Director of the Impulse Control Disorders Clinic at the University of Minnesota who is now Director of Addiction Research at the University of Chicago Department of Medicine, has achieved promising results in treating pathological gambling with a new medication, Nalmefene. Nalmefene is an opioid antagonist that negates the rush associated with gambling and curbs the craving to gamble.

V. Summary of programs that enhance public awareness

Compulsive Gambling Problem Public Awareness Efforts

The Department of Human Services contracts with a public relations firm to promote the recognition of problem gambling behavior awareness, to inform the general public of the signs and symptoms of compulsive and problem gambling, and to identify resources available for problem gambling assessment, treatment, and recovery supports. The primary objectives of the awareness work are to generate inquiries to the state website, www.nojudgment.com, Facebook pages, Helpline, and increase marketing communications efficacy of state-approved treatment providers. Marketing materials to build awareness have promoted the following messages:

- Treatment works;
- Professional help exists through Minnesota for problem gamblers and their families;
- Financial assistance is available for those who need funding for treatment; and
- Free, confidential information about problem gambling is available at (800) 333-HOPE, www.NoJudgment.com, and Facebook.

Most of the materials created are available on the web site www.nojudgment.com. The statewide problem gambling campaign is intended to address the informational and awareness needs of several distinct market segments including: adult gamblers ages 30-54, high school students, college students, treatment providers, and persons affected by those with a gambling problem.

Some of the highlights of the state compulsive gambling program awareness efforts include:

- A launch of the “Treatment Works” campaign to reach affected others (families, friends, colleagues). The following items were executed within this theme, both online and offline:
 - A special microsite providing videos, signs of problem gambling and available resources to affected others (www.TreatmentDoesWork.com);
- Development and media placement of public service ads, such as billboards, movie theaters, and radio to generate inquiries to the Helpline, website, and Facebook page;
- Outreach efforts with statewide human resource associations, and subsequently their members, with information on problem gambling and available treatment options. News releases, poster, paycheck stuffers and fact sheets on problem gambling were sent as part of the outreach effort to the following:
 - Society for Human Resource Management – MN Chapter (SHRM)
 - Healthcare Human Resources Association of MN (HHRAM)
 - Human Resources Professionals of MN (HRP-MN)
 - Twin Cities Human Resources Association (TCHRA)
 - Buyers Health Care Action Group
- Webinars for treatment providers and interested others:
 - Problem Gambling: A Hidden Addiction Steps into the Light
 - Online Marketing for Treatment Providers: How to Reach People Where They Are

- Addicted Gamblers and Financial Counseling
- Problem Gambling: A Hidden Addiction Steps into the Light
- The production of six issue briefs on new developments and approaches to problem gambling treatment, recent DHS-sponsored research findings, and treatment provider profile. Distributed to over 2,813 individuals, including: lawyers, county officials, public safety professionals, health professionals, banks, high school educators, college educators, treatment providers, advisory committee members, and faith community responders.
- Outreach campaigns to College/University students included awareness efforts such as street media, bulletin board posters, and DVD for freshman orientation presentations. Street media teams visited the University of Minnesota, St. Cloud State University, University of Minnesota Duluth, and Mankato State University campuses.
- A curriculum and study guide that features interview with young gamblers was developed for high school students.
- A DVD video titled “Conversation- What do you say in the face of problem gambling?”
- Awareness materials such as posters, brochures, employee newsletter content, and fact sheets to treatment providers, colleges, high schools, and other audiences.
- Culturally specific awareness material including brochures, posters and shopping bags with information about Problem Gambling Helpline (800) 333-HOPE.
- The development of an Adult and Student Facebook designed to build issue awareness of problem gambling and free confidential gambling help (800) 333-HOPE.
- Received national recognition for DHS Problem Gambling Awareness work
 - Aster Awards: Gold**
 - High-profile national competition that recognizes excellence in health marketing
 - Judged by a diverse panel of experts
 - Published in *Marketing Healthcare Today* magazine
 - Healthcare Advertising Awards: Silver**
 - Oldest, largest and most widely respected such competition
 - Sponsored by *Healthcare Marketing Report*
 - National panel of judges reviewed entries based on creativity, quality, message effectiveness, graphic design and overall impact

National Council on Problem Gambling

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).

Northstar Problem Gambling Alliance

Northstar Problem Gambling Alliance, Inc. (NPGA), is the Minnesota affiliate of the National Council on Problem Gambling (NCPG), and is a non-profit, gambling neutral organization. It was established in September 2002. The NPGA was formed due to a concern that a gambling neutral entity was needed to address concerns of those with a stake in gambling including gambling providers, the treatment community, allied professionals in a position to impact problem gamblers, state agencies, prevention and treatment providers, and the recovery community. As a state affiliate, NPGA can leverage national efforts at the local level, including the annual National Problem Gambling Awareness week activities, and linking state professionals with national counterparts.

The 2011 legislature appropriated funds for fiscal year 2012-2013 to NPGA from the Lottery Prize Fund. Of this appropriation, each fiscal year is contingent on the contribution of non-state matching funds. Public awareness efforts of the NPGA include:

- The NPGA hosted over 6,000 visits, with people accessing over 10,000 pages of information in 2012. Promotion of the site is done through every communication channel, from business cards to billboards, print ads to TV interviews. Promoting this website and the Minnesota Problem Gambling Helpline is a standard practice in all outreach efforts.
- The NPGA Facebook site was launched in early 2012, and a Twitter news feed was established shortly thereafter. The Twitter feed allows for quick announcements of events or other problem gambling news and information. The Facebook site is intended to become a more interactive place to gain feedback from the online community. Northern Light, the online Newsletter of NPGA, is sent out via email each month to approximately 1,200 readers.
- NPGA trainers present on problem gambling training to numerous professional groups. This includes webinars for legal continuing education credits, training for staff members of alcohol and drug treatment centers and mental health programs, and social service professionals. In 2012, the group spoke to 22 different professional groups reaching an estimated 1,700 people. In addition to the training programs, Northstar produced a special educational brochure on recognizing problem gambling specifically for employees that work in bars and other locations engaging in charitable gambling. They were distributed by mail and made available at conferences and trainings.
- The 9th Annual Minnesota Conference on Problem Gambling Recovery Oriented Care; Recovery Oriented Communities was held in May 2012. The conference focused on better integration of mental health and alcohol and drug programs to increase support opportunities for the gambling treatment and recovery communities. About 100 attendees joined in the professional day event, and an additional 30 came to an open all-recovery meeting in the evening.
- As part of the Speakers Network, NPGA trainers conducted 8 training programs around the state reaching approximately 200 corrections officers on Rule 82, a statute that requires probation officers to conduct a gambling assessment on each new offender they engage.
- NPGA provides speakers to numerous community groups to introduce problem gambling,

teach the warning signs of a gambling problem, responsible approaches to gambling, and provide attendees with online and additional resources. Twenty-five such programs were presented in 2012 reaching an estimated 3,000 people. Groups included Rotary Clubs, college classes, and senior centers, among others.

- NPGA has established a strong connection with the legal community through an alliance with Lawyers Concerned for Lawyers (LCL), a support program for lawyers in trouble with alcohol, drugs, gambling and other issues. Trainers from NPGA conduct regular webinars with LCL.

Association of Problem Gambling Service Administrators

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 Council on Problem Gambling and the APGSA organize the National Problem Gambling Awareness campaigns. 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.

Tribal Public Awareness Efforts

Minnesota Indian Gaming Association (MIGA) (<http://www.mnindiangamingassoc.com/>) 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.

Some Minnesota tribes are taking a proactive approach to help employees, patrons, and communities alike by contributing towards printing costs for responsible gambling awareness brochures and posters.

VI. Summary of programs designed to prevent gambling by elementary and secondary school students and vulnerable adults

University of Minnesota

Dr. Randy Stinchfield, Licensed Clinical Psychologist and Associate Director of the Center for Adolescent Substance Abuse Research in the Department of Psychiatry at the University of Minnesota Medical School, was part of a four-member team to develop the Canadian Adolescent Gambling Inventory (CAGI), which is available on the Ontario Problem Gambling Research Centre (OPGRC) website. He has also conducted extensive research about the effects of problem gambling on American Indian youth.

National Center for Responsible Gaming

The National Center for Responsible Gaming (NCRG) is the only national organization exclusively devoted to funding research to increase understanding of pathological and youth gambling. Founded in 1996, the NCRG's mission is to help individuals and families affected by gambling disorders by supporting peer-reviewed, scientific research into pathological gambling; encouraging the application of new research findings to improve prevention, diagnostic, intervention and treatment strategies; and advancing public education about gambling disorders and responsible gaming. The casino gaming industry and related businesses have committed funds to this effort. The NCRG is the American Gaming Association's (AGA) affiliated charity. The National Center for Responsible Gaming website is (www.ncrg.org). The NCRG published online "Increasing the Odds" a series of public health issues related to gambling and "Gambling and the Public Health" research on pathological gambling prevalence rates, the demographic characteristics of youth gamblers and the effects of increased exposure to gambling (www.ncrg.org/resources/mongraphs.cfm).

Institute for Research on Pathological Gambling and Related Disorders

The Institute for Research on Pathological Gambling and Related Disorders was established in 2000 with a multi-million dollar contract from the NCRG to the Division on Addictions, Cambridge Health Alliance which is a teaching affiliate of Harvard Medical School. The Institute supports the NCRG's education mission through the dissemination of research through the BASIS (Brief Addictions Science Information Source Online), EMERGE (Executive, Management, and Employee Responsible Gaming Education) and the annual NCRG Conference on Gambling and Addiction. (www.divisononaddictions.org/). The BASIS online publishes the "Wager" a newsletter addressing problem gambling and treatment (www.basionline.org).

VII. Summary of programs for professional gambling counselor training

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. The Department of Human Services requires qualified professionals to complete 60 hours of gambling specific training to qualify as a state approved gambling provider. The North American Training Institute (NATI) provides online gambling treatment training to meet the 60 hours of required training. The NATI organization is accredited by national certification agencies. In an effort to increase the number of trained professionals, the Minnesota Problem Gambling Program offers scholarships to applicants to help defray the costs of the training. State approved providers are eligible to be listed as a referral source for the Minnesota Problem Gambling Helpline (800) 333-HOPE.

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.

The North American Training Institute (NATI) offers training to providers in the private sector as well as individuals receiving scholarships through the Department of Human Services funding. The University of Minnesota - Duluth, Continuing Education Department has combined efforts with NATI to offer the Studies in Gambling Addiction: Counseling the Pathological Gambler - an online 60-hour "noncredit professional development certificate on the topic of gambling addiction." The online certificate is the first of its kind in the United States. The certificate may also be applied towards certification by the American Academy of Health Care Providers in Addictive Disorders.

Additional training resources for counselors

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: at <http://www.attc-ne.org/education/>. SAMHSA also offers excerpts from A Treatment Improvement Protocol (TIP) 48 related to problem gambling (SAMSHA, 2005).

Hazelden Center expanded their Distance Learning Center for Addiction Studies to include courses about problem gambling. Hazelden also offers a curriculum called Stacked Deck by:

Robert Williams & Robert Wood (2010) citing “lifetime problem gambling rates are highest in college, followed by adolescents.” The evidenced-based curriculum seeks to prevent the onset of problem gambling in youth. Hazelden offers several books (also available electronically) to address problem gambling and provide support to families affected by gambling.

VIII. The likely impact on compulsive gambling of each form of gambling

The International Gambling Studies Journal (IGS) is a peer reviewed interdisciplinary journal in gambling studies. The IGS adopts a transnational and comparative approach to the challenges posed by global expansion of gambling. The journal is published online at (<http://www.tandf.co.uk/journals>) and issues scholarly articles on many issues related to gambling.

Dickson, L., Derevensky, J., and Gupta, R. (2008). Youth Gambling Problems: Examining Risk and Protective Factors. *International Gambling Studies*, 8(1), 25-47.

Abstract: This study examined the relationship between several pre-examined risk factors for youth problem gambling, a number of potential protective factors for youth problem gambling, and the development of adolescent problem gambling. The sample consisted of 2179 students, ages 11–19. The results of analyses of variance revealed that lower family and school connectedness are associated with adolescent problem gambling. Further, an examination of the effect of potential protective factors on a set of risk factors predictive of adolescent problem gambling suggests that lack of family cohesion plays a role in predicting at-risk and problem gamblers. The results are framed in terms of a general model of risky behaviour and implications for prevention are outlined.

Griffin, M. and Wood, R. (2008). The Psychology of Lottery Gambling. *International Gambling Studies*, 1(1), 27-45.

Abstract: This paper examines the major factors in the psychology of lottery gambling (including instant scratchcard lotteries and video lottery terminals) and argues that success is due to a number of simple and inter-related factors. Part of the popularity of lotteries is that they offer a low cost chance of winning a very large jackpot prize, i.e. without the huge jackpot very few people would play. However, there are other important maintenance factors including: (i) successful advertising and television coverage; (ii) a general ignorance of probability theory; (iii) entrapment; (iv) manufacturing credibility; and (v) use of heuristics (e.g. illusion of control, flexible attributions, hindsight bias, availability bias, representativeness bias). The paper also argues that some types of lottery game (i.e. instant scratchcards and video lottery terminals) can stimulate excessive and problematic play.

Kalischuk, R., Nowatzki, N., Cardwell, K., Klein, K., and Solowoniuk, J. (2006). Problem Gambling and its Impact on Families: A Literature Review. *International Gambling Studies*, 6(1), 31-60.

Abstract: This paper offers an overview of the existing literature concerning problem gambling and families and identifies gaps in current research knowledge on this topic. Relevant theoretical perspectives are outlined and the role of familial factors in the development of problem gambling is discussed. This is followed by a focused review of the effects of problem gambling on family members, specifically the spouse, children and parents. Available treatments and therapies for family members are also reviewed. The paper concludes by identifying the limitations of existing

knowledge and some directions for future research on this topic.

Welte, J., Barnes, G., Wieczorek, W., Tidwell, M., and Hoffman, J. (2007). Type of Gambling and Availability as Risk Factors for Problem Gambling: A Tobit Regression Analysis by Age and Gender, *International Gambling Studies*, 7(2), 183-198.

Abstract: A telephone survey of 2631 US adults was analyzed to determine how particular types of gambling and gambling availability were related to problem gambling by age and gender. Casinos produced the most problems per daily participation. Casinos and lottery gambling produced the most society-wide problems. Lotteries, casinos, gambling machines and bingo produced the most overall problems in women; for men it was casinos and cards. Casinos, lotteries and gambling machines produced the most overall problems for people over age 29; for people under 30 it was cards and casinos. Residential proximity to casinos predicted gambling problems in males 30 years or older; for those under 30 friends' approval of gambling predicted gambling problems.

Young, M., Markham, F., and Doran, B., (2012). Too close to home? The relationships between residential distance to venue and gambling outcomes. *International Gambling Studies*, 12(2) 257-273.

Abstract: Although gambling accessibility is generally viewed as a multidimensional construct, few studies have successfully untangled the specific role of spatial accessibility in determining gambling outcomes relative to other forms (i.e. temporal, social and psychological). In this paper, we explore the association between gambling outcomes and the distance travelled from a person's home to their most-frequented gambling venue. To this end, we conducted a geocoded mail survey of 7044 households in the Northern Territory of Australia. We employed a geographic information system to calculate the network distance from each household to all visited electronic gaming machine (EGM) venues (n = 64). Multivariate regression modelling revealed that, when adjusted for individual and neighbourhood-level characteristics, frequency of venue visitation and gambling participation were inversely related to residential distance from venue. There was no additional distance effect for problem gambling. Spatial accessibility of EGMs is an important determinant of gambling risk and should be explicitly considered by regulators.

IX. EXPENDITURES - SFY 2011-12

Funding was appropriated by the legislature from the Lottery prize fund.

Major Program Components Allocated Funds:	ACTUAL SFY11	ACTUAL SFY12
1. Helpline – Statewide, toll-free, 24/7	\$70,214	\$70,214
2. Outpatient Treatment: Fee-for-Service Providers	\$628,956	\$518,640
3. Residential Treatment – Project Turnabout (per diem)	\$537,857	\$509,869
4. Assessment of Felons (Rule 82)	\$5,600	\$5,800
5. General Public Awareness & Education	\$300,000	\$7,593
6. Gambling Professional Training	\$585	
7. Presentations/exhibits/speakers	\$500	
8. Special Appropriation		
9. Business Expenses	\$3,154	\$2,247
10. Strategic Planning		\$494
11. Administrative Costs	\$137,077	\$77,955
TOTAL Expenditures *	\$1,683,943	\$1,192,812

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

X. Budget Recommendations for SFY 2014-2015

The Governor recommends continuation of the current base level of funding for the compulsive gambling program which is \$3,330,000 for the 2014-2015 biennium. Funds will be used to provide gambling counseling services; promote public awareness of the effects of problem gambling behavior, its warning signs and information on treatment services; scholarships for professional training to support a quality gambling treatment workforce; fund a 24-hour crisis helpline dedicated to assisting callers with concerns regarding gambling behavior, suicidal thinking related to gambling problems, questions about related mental health or substance use issues, and information to help loved ones who may be struggling with a gambling problem. As the budget allows, funds will also support the policy recommendations of the Problem Gambling Advisory Committee.

Policy Recommendations of the Problem Gambling Advisory Committee

The mission of the Problem Gambling Advisory Committee is to provide advice and direction to the Department of Human Services to ensure that a comprehensive continuum of services is available to all Minnesota residents. This continuum of services includes:

- providing assistance to individuals and families affected by gambling problems;
- developing prevention strategies, including education and awareness that would lessen the occurrence of gambling problems and promote positive and healthy lifestyles.

The Problem Gambling Advisory Committee has 15 members appointed by the Commissioner of Human Services 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 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 Minnesota Statutes, section 245.98. Committee members can be reimbursed for limited travel, food and lodging expenses. Per Diems are not allowed by statute.

Over the past several years, the Department of Human Services and the Problem Gambling Advisory Committee have developed long-term goals and strategies for a comprehensive, unified approach to advance the program components. In SFY 2012, the DHS engaged the Advisory Committee in a discussion to develop recommendations for short and long-range goals and strategies that address a comprehensive continuum of service to include awareness, prevention, treatment, recovery supports, and advocacy services for all Minnesotans experiencing negative

impacts as a result of problem gambling. The following represent the recommendations from the committee:

Long Range Goals:

- Assure effective, high-quality problem gambling services across the state;
- Help problem gamblers and their families become self-sufficient with individualized attention to multi-cultural factors;
- 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;
- Develop program services and policies that support a recovery oriented, person-centered and culturally responsive continuum of care;
- Establish evidence based core competencies for the treatment of compulsive gambling.

Access to Treatment

1. Expand treatment options for gamblers and families;
2. Explore and develop ways to use the internet and new technology (texting, online chat, Facebook, Twitter, etc.) in increasing access to treatment;
3. Enhance the Helpline by adding online capacity in order to encourage support for callers;
4. Increase and support service provider availability, capacity and quality.

Public Awareness, Education, and Prevention

1. Accelerate public awareness efforts using new research information;
2. Promote multiple prevention strategies (environmental approaches, alternative activities) for individuals and/or families experiencing problem gambling across a range of settings (colleges, employment settings);
3. Expand education for current and potential service providers (physicians, addiction counselors, mental health professionals);
4. Continue to build collaborative relationship with other service providers.

Research

1. Expand and continue research in order to enhance treatment and recovery milestones;
2. Evaluate the effectiveness of programmatic activities;
3. Expand research to measure the cost of gambling to society;
4. Establish core competencies providers must possess to ensure standardized and quality delivery of service.

XI. REFERENCES

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