



# **Problem Gambling: A Report on the State's Progress in Addressing the Problem of Compulsive Gambling and on the Percentage of Gambling Revenues that Come From Problem Gamblers**

## **Alcohol and Drug Abuse Division**

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February 2017

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# Problem Gambling: A Report on the State's Progress in Addressing the Problem of Compulsive Gambling and on the Percentage of Gambling Revenues that Come From Problem Gamblers

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## **I. Executive Summary**

This report examines the state's progress towards addressing problem gambling in Minnesota and reflects current understanding of the extent of problem gambling and gambling disorder in Minnesota. The report also provides information about Minnesota's various gambling revenues and attempts to identify the percentage of revenue that comes from individuals who experience problem gambling. In addition, the report identifies resources available to prevent and treat gambling disorder and concludes with recommendations for future funding and policy decisions.

Problem gambling negatively affects individuals, families and communities in Minnesota. The behavior patterns associated with problem gambling compromise activities of daily living such as relationships, education and vocational opportunities, personal and financial well-being, substance use, emotional stability, physical health and housing. As individuals and families suffer from the effects of problem gambling, communities also suffer.

The impact of problem gambling for individuals, families and communities is not adequately captured by economic disparities alone. Broken relationships, unemployment, loss of housing, co-occurring mental illness, or substance use disorders, crime and suicide are some of the harmful effects of problem gambling experienced by individuals, families and communities. These consequences increase the economic and social burdens that problem gambling presents for individuals, families and communities.

A portion of gambling tax revenue and lottery proceeds are designated to address problem gambling in the state. Pursuant to Minnesota Statutes, section 245.98, the Department of Human Services, Alcohol and Drug Abuse Division administers a program which funds awareness and education campaigns, a statewide helpline, treatment for inpatient and outpatient gambling addiction services, professional training opportunities and research designated to address the needs of Minnesota communities experiencing problems. DHS recognizes that a continuum of services is needed for problem gambling, as with other diseases of addiction, such as substance use disorder. A comprehensive continuum requires education, prevention, treatment and recovery supports to minimize the harmful effects of problem gambling. Prevention initiatives include both individual and population-based education strategies which minimize community risk of the harmful effects of problem gambling. Early intervention and treatment efforts involve both early identification of an individual's risk as well as treatment to minimize the harmful effects of problem gambling.

Northstar Problem Gambling Alliance, a non-profit organization that describes itself as "gambling neutral" and "dedicated to improving the lives of Minnesotans affected by problem gambling"<sup>1</sup> receives specified funding for public awareness campaigns, education, training for professionals and research projects as the state affiliate recognized by the National Council on Problem Gambling. Private treatment providers, problem gambling support programs and the Minnesota Indian Gaming Association also offer services to address problem gambling in Minnesota.

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<sup>1</sup> <http://www.northstarproblemgambling.org/about-us/>

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Information about problem gambling in Minnesota is provided through several sources, which includes:

- survey targeting college students;
- focus groups targeting young adults (18-24)
- focus groups in racial and ethnic diverse communities;
- 2016 Minnesota Student Survey reports and adult surveys;
- treatment providers survey and;
- Northstar Problem Gambling Alliance and the Department of Human Services Advisory Committee on Problem Gambling.

The prevalence of problem gambling in Minnesota is estimated to be 4.4 percent of the adult population.<sup>2</sup> This includes approximately one percent of the population who may meet criteria for a clinical diagnosis of *gambling disorder*.<sup>3</sup> The Substance Abuse and Mental Health Services Administration (SAMHSA)<sup>4</sup> recently cited research indicating high rates of co-occurring behavioral health issues for individuals with gambling disorder. Additional research was cited by SAMHSA which determined between 10 percent and 15 percent of individuals diagnosed with a substance use disorder may also have a gambling disorder<sup>5</sup>.

Minnesota's Problem Gambling Program, managed by the Department of Human Service's Alcohol and Drug Abuse Division, provides funding for both residential and outpatient treatment services and family support services. Training and education for behavioral health and allied professionals is offered through program funding. Support groups such as Gamblers Anonymous and Gam-Anon are also available for people struggling with problem gambling.

Public awareness campaigns are coordinated by the Department of Human Services and Northstar Problem Gambling Alliance. Privately funded campaigns are sponsored by the gaming industry. Minnesota's program includes a state-wide phone and text confidential helpline to guide individuals and concerned others to resources in their geographic area.

In order to analyze, and better describe, the prevalence of gambling and problem gambling, types of gambling activities, and the amount of money spent in the previous thirty day period on gambling activities, updated information is needed. An integrated service delivery system should include prevention and treatment strategies and address both problem gambling, and chemical and mental health needs.

The systemic and personal costs of problem gambling are great. Given these collateral costs, the state must ensure that problem gambling is addressed and mitigate perceived economic incentives that come from gambling industry revenues.

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<sup>2</sup> Adult Survey of Minnesota Problem Gambling, 1994

<sup>3</sup> Adult Survey of Minnesota Problem Gambling, 1994

<sup>4</sup> SAMHSA Advisory Gambling Problems: An Introduction for Behavioral Health Services Providers, 2014

<sup>5</sup> SAMHSA Advisory Gambling Problems: An Introduction for Behavioral Health Services Providers, 2014

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By legalizing gambling, the State sees gambling as a viable vehicle for generating revenue for the state, creating social forums of entertainment for its citizens, and creating venues that support the state's tourism market. While these are some of the incentives of the gambling industry, the industry may also be seen as feeding the dilemma of compulsive gambling disorders. The state needs to take up its responsibility to mitigate the fallout of supporting its gambling industry.

Recommendations in this report include:

1. Establish and develop research to provide data-driven decision-making to inform policy makers about the cause and effects of problem gambling to guide the best course of future action.
2. Support increased education regarding the risks of cross-addiction when treating gambling disorder or substance use disorder. Support increased cross- referral, integrated treatment services and continuing care when providing services to individuals with gambling and substance use disorder.
3. Appropriate funding to conduct a comprehensive study to determine the percentage of gambling revenue generated from those at risk for problem gambling. It is recommended that any such study be conducted by an independent body to ensure unbiased findings. The study should be conducted every 5 years to identify trends.
4. Conduct a study to assess the extent and impact of problem gambling among adults in Minnesota.
5. Expand community engagement collaborations that provide valuable information about how gambling impacts disparate communities and develop prevention and educational materials and other types of resources to respond to community needs in a culturally responsive manner.
6. Invest in primary prevention initiatives that will use the information gained from research and community engagement projects in order to develop the most effective types of primary prevention and early intervention strategies that are data-based and data-driven to better affect problem gambling at the community level.
7. Work with stakeholders to enhance the current problem gambling treatment program requirements to ensure the use of best practices and person-centered recovery- driven outcomes.
8. Support increased use of telehealth to expand access to problem gambling treatment. Increase awareness of telehealth technical assistance opportunities and the availability of teleconferencing services.
9. Ensure that service delivery systems for problem gambling are not compromised by perceived economic incentives and prevent industry interests from influencing resources intended to address problem gambling.

## **II. Legislation**

This report is a combined report pursuant to Minnesota Statutes, sections 4.47 and 245.981.

A biennial report on the state's progress in addressing problem gambling in the state is required in Minnesota Statutes, section 4.47:

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.

An annual report on the percentage of gambling revenues that come from problem gamblers is required in Minnesota Statutes, section 245.981.

...(a) Each year by February 15, 2014, and thereafter, the commissioner of human services shall report to the chairs and ranking minority members of the legislative committees having jurisdiction over compulsive gambling on the percentage of gambling revenues that come from gamblers identified as problem gamblers, or a similarly 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.



### **III. Introduction**

This report is submitted pursuant to Minnesota Statutes, sections 4.47 and 245.981. Minnesota Statutes, section 4.47 requires that the governor report on the state's progress in addressing the problem of compulsive gambling. Minnesota Statutes, section 245.981 requires an annual report on the percentage of gambling revenues that come from problem gamblers. The report must disaggregate the revenue by the various types of gambling.

Minnesota's state sponsored Problem Gambling Program is administered by the Department of Human Services, Alcohol and Drug Abuse Division. The Minnesota Department of Human Services, working with many others, helps people meet their basic needs so they can live in dignity and achieve their highest potential.

The Alcohol and Drug Abuse Division staff, from the Minnesota Problem Gambling Program, developed this report. Problem gambling website review, and current reports submitted by contracted grantees (e.g. Minnesota Indian Gaming Association, Northstar Problem Gambling Alliance), were reviewed. In addition, problem gambling information is provided through several sources, which include statewide meetings, focus groups, surveys, and treatment providers. The Minnesota Gambling Program is advised by the Advisory Committee on Compulsive Gambling: a 16-member committee appointed to a four-year term by the Commissioner of Human Services.

This report provides:

- A description of problem gambling and problem gambling prevalence data.
- A statewide examination of public and private programs that promote awareness, education, and treatment and support services designed for prevention and recovery of gambling disorder.
- Results from the 2016 Minnesota Student Survey on problem gambling.
- Research that investigates the likely impact of each form of gambling on problem gambling.
- State fiscal year 2015 and 2016 expenditures.
- Recommendations for budgeting and future program direction.

## **IV. Description of Problem Gambling**

The term “problem gambling” encompasses a range of problems and issues related to gambling that span a continuum from mild to severe. The Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition: (DSM-5), defines gambling disorder as a “persistent and recurrent problematic gambling behavior” leading to clinically significant impairment or distress that disrupts personal, family or vocational pursuits. The DSM-5 reclassifies gambling disorder as an addiction disorder rather than a disorder of impulse control as it was in the past. Research supports that the effects on the brain and neurological reward system identified in those with substance use disorder are similar to the changes found in the brains of individuals with gambling disorder. For the purpose of this report, the term gambling disorder is used rather than the term compulsive gambling except when referring to historical studies which were published prior to the 5<sup>th</sup> edition of the DSM.

The National Council on Problem Gambling describes problem gambling and gambling disorder as “gambling behavior patterns that compromise, disrupt or damage personal, family or vocational pursuits. The essential features of the disorder are: increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop gambling 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.”<sup>6</sup>

SAMHSA describes similarities between gambling disorder and substance use disorders, which include: loss of control, cravings, withdrawal, and increased tolerance to the harmful effects of the addiction. SAMHSA also cites potential co-occurring issues which have been associated with gambling problems, including victimization and criminalization, social problems, and health issues. Gambling disorder is linked to a higher risk for contracting sexually transmitted diseases and HIV/AIDS.<sup>7</sup>

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<sup>6</sup> National Council on Problem Gambling website, 2014

<sup>7</sup> SAMHSA Advisory Gambling Problems: An Introduction for Behavioral Health Services Providers, 2014

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The Minnesota Gambler's Anonymous website<sup>8</sup> offers a personal perspective of problem gambling:

Gambling addiction is more common than you may think. It often starts with a recreational gambling experience, but then it turns into a compulsion. Gambling becomes something the person has to do in order to be happy. They think about it constantly and plan their next trip to the casino. Some gamblers use the internet to play games at all times of the day or night.

The problem comes when people are gambling away money that they need for survival. If you spend your mortgage payment on lottery tickets and you don't win, then you are eventually going to end up homeless. For compulsive gamblers, they live in a fantasy world where they think the next big win is just around the corner.

Problem gambling also impacts families and loved ones. It contributes to chaos and dysfunction within the family, can contribute to separation and divorce, and is associated with child and spousal abuse. Family members may have depressive or anxiety disorders and/or abuse substances. People often hide gambling problems from their families; disclosing the gambling secret can be devastating to relationships, leading to resentment and loss of trust. The financial difficulties created by pathological gambling can be devastating to the individual and their family members.

While most research completed in the United States focuses on individual pathology, the effects of problem gambling on communities was included in the federal government's 1999 [National Gambling Impact Study](#).<sup>9</sup> Clearly, more current research is needed to inform policy decision making. This report cited studies indicating the nearby presence of gambling facilities and increased gambling opportunities as a contributing factor to problem and pathological gambling. A 2013 study by the National Association of Realtors cited negative impacts of a prospective casino on the local housing market due to nuisance traffic and increased home foreclosure associated with personal bankruptcies.<sup>10</sup>

The negative financial impact of problem gambling is experienced by families and communities when the gambler is unable to pay debts. One study reported that about a quarter of people who gambled pathologically had committed at least one illegal gambling-related act, such as stealing, writing bad checks or unauthorized use of credit cards.<sup>11</sup>

The 1999 [National Gambling Impact Study](#) called for more study to provide objective data by impartial sources to inform policy makers about the cause and effects of problem gambling and to guide prevention and treatment strategies. Future research recommendations proposed that

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<sup>9</sup> 1999 National Gambling Impact Study <http://govinfo.library.unt.edu/ngisc/reports/finrpt.html>

<sup>9</sup> 1999 National Gambling Impact Study <http://govinfo.library.unt.edu/ngisc/reports/finrpt.html>

<sup>10</sup> *Lost home values...* Jim Kinney, "Realtors: Western Massachusetts Casino Will Hurt Home Values in Host Community," *The Republican*, July 2, 2013.

<sup>11</sup> Ledgerwood, D. M., Weinstock, J., Morasco, B. J., & Petry, N. M. (2007). Clinical features and treatment prognosis of pathological gamblers with and without recent gambling-related illegal behavior. *Journal of the American Academy of Psychiatry and the Law*, 35(3), 294–301.

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gambling components be added to existing federal research in the substance abuse and mental health fields. The recommendation has not been supported by federal funding to date. Research in the United States is primarily funded with gambling industry resources. When the gambling industry provides funding for research the topics typically focus on individual level problems and pathology, and the best practices recommended for better treatment outcomes.<sup>12</sup> While such research provides valuable information, it does not inform best practices for community level strategies needed to prevent and reduce the harmful effects of problem gambling.

### **A. Prevalence Data Related to Problem Gambling in Minnesota**

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Individuals, families and communities suffer as a result of problem gambling. Therefore, this report considers both problem gambling and the prevalence of compulsive gambling in the state. Like other public health approaches, interventions and strategies which address concerns early in the progression of the disorder, reduces the financial and emotional costs to individuals, families and communities. Prevalence of gambling disorder is estimated between .5 percent and 1 percent of the adult population in Minnesota. A 1994 Minnesota survey of adult problem gambling, estimates that 4.4 percent of Minnesota's adult population has gambling problems with a likelihood of gambling disorder, if the problems are not resolved.<sup>13</sup> There is a need for more current research to inform policy makers about the current prevalence of problem gambling.

SAMHSA recently cited research indicating high rates of co-occurring behavioral health issues for individuals with gambling disorder<sup>14</sup>. The research found that 73.3 percent of people with gambling disorder had an alcohol use disorder, 38.1 percent had a drug use disorder, 60.4 percent had nicotine dependence, 49.6 percent had a mood disorder, 41.3 percent had an anxiety disorder, and 60.8 percent had a personality disorder.

Results from the most recent statewide student survey in 2016 also shows similar findings. Students in grades 8, 9 and 11 who have gambled during the past year were much more likely to report higher rates of substance use (tobacco, alcohol, marijuana and prescription drugs) during the past 30 days. For example, 10.8 % of non- gambling students reported alcohol use during the past 30 days, compared to 19.0 % for those who gambled and to 24.1% for those who gambled frequently. A similar pattern was observed for both tobacco and drug use. A summary report of the 2016 Minnesota Student Survey results of gambling behavior is available in Section VIII.

### **B. Critical Issues in Minnesota**

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The Advisory Committee on Compulsive Gambling makes recommendations to the Department of Human Services regarding policy, programs and funding related to the state sponsored problem gambling program. Bylaws formalize the committee's mission: to provide advice and direction to the Department and to ensure a culturally responsive and recovery oriented

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<sup>12</sup> Why Casinos Matter, Thirty-One Evidence-Based Propositions from the Health and Social Sciences, Institute for American Values. <http://www.americanvalues.org/search/item.php?id=1981>

<sup>13</sup> Adult Survey of Minnesota Problem Gambling, 1994

<sup>14</sup> SAMHSA Advisory Gambling Problems: An Introduction for Behavioral Health Services Providers, 2014

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comprehensive continuum of services is available to all Minnesota residents. The 16-member committee is appointed to a four-year term by the Commissioner of Human Services. The term's timeline is July 1 through June 30.

In December, 2013, the Department of Human Services, in partnership with Northstar Problem Gambling Alliance, co-sponsored a shared vision summit on compulsive gambling. Fifty people participated, representing a range of stakeholders including:

- Individuals in recovery from gambling addiction and treatment providers;
- Northstar Problem Gambling Alliance staff and board members;
- Department of Human Services Advisory Committee representatives;
- Representatives from Chicano Latino and Southeast Asian Communities;
- Chemical and Mental Health Services Administration staff from the American Indian section;
- Helpline staff persons;
- Representatives from the current marketing vendor that develops public awareness initiatives for the Department of Human Services; and
- Minnesota Department of Health, Gambling Control Board, Higher Education, Corrections Enforcement, and State Lottery staff persons.

This broad representation of stakeholders provided an opportunity to share and exchange ideas, hear each other's perspectives and inform the Department of Human Services as to priority needs for the program. The following themes emerged from the summit:

- Expand and improve public awareness and access to treatment;
- Identify barriers to accessing the continuum of care;
- Develop and implement a collaborative effort with stakeholders;
- Increase breadth and depth of research to improve treatment/ awareness;
- Foster improved education and outreach to relevant professionals and service providers.

The Problem Gambling Advisory Committee, Northstar Problem Gambling Alliance and the Department continue to be guided by this information. In addition to various state agencies that respond to problem gambling, community organizations and health care provider agencies are valuable partners. As these partners respond to emerging themes in their inquiry they also assist with developing action steps for improvement.

### **C. Focus Group & Survey Studies**

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The Department sponsored several studies to advise the public awareness campaign. Overall, the research showed gaps and areas for improvement, understanding of the perceptions of gambling and insights into effective prevention and education strategies. Target groups researched included adults and youth in racially and ethnically diverse communities, young adults, college students and treatment providers. As a result of this work, outreach to several at-risk groups was initiated. In addition, new messaging was developed in order to communicate more relevant and accessible information.

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### **Lao Assistance Center of Minnesota (LACM) Listening Sessions**

A collaborative effort with the Lao Assistance Center of Minnesota was undertaken to inform the development of problem gambling education and awareness resources that are responsive to diverse cultural beliefs and practices, preferred languages, health literacy and other communication needs with the Lao, Cambodian and Vietnamese communities of Minnesota.

The listening sessions were conducted in July 2014 and January 2015 at the Lao Assistance Center of Minnesota (LACM) in Minneapolis with adult men and women (ages 25+) in the target demographic, as well as a group consisting of youth and young adults' ages 16 to 24. Insights obtained included the following:

- Gambling was said to be common and part of all social gatherings, including birthday parties, funerals, and other social gatherings. Individuals in the community did not feel that they could easily find other friends that do not gamble. Though some participants reported that they do not gamble (mostly youths), all viewed it as an integral aspect of Lao culture.
- Billboards, a helpline and treatment services were not considered viable options for the Lao community. Though some participants identified friends who they could talk to about a gambling habit, many explained how asking for help is uncommon in their community.
- Many felt that gambling could not become an addiction and considered it to be the fault and responsibility of the individual if it became a problem. Yet, they felt it could be shameful for an individual to seek out assistance. Gambling was also not categorized with alcohol or drugs since it does not appear to cause physical harm.
- Many felt that peer pressure exists to gamble, or at least to go to the casino. Stories of "big winners" were relayed and often used to counter a story of big loss. Many felt that, because gambling is widely popular in Lao communities, it is difficult to envision social gatherings without it.
- It was felt that involving the entire family unit, or at least the husband and wife, is of utmost importance in addressing a gambling problem. Spreading awareness through family discussions would be more effective, thus intervention methods should be geared toward the entire family unit.
- Younger participants felt incentives must be offered, to both youths and adults, in order to increase the likelihood of seeking treatment for compulsive gambling habits.
- Services for a gambling problem should be described in informal terms, such as "discussion" or "educational services," as opposed to "treatment." Youth participants also felt the language should not be prescriptive, such as seeing a billboard that says, "Stop gambling," might be offensive to some, or make them feel the message doesn't apply to them.
- Adult participants felt personal testimonials could effectively blend education and treatment. Younger participants agreed that they typically listen to elders, including their parents.
- Female participants expressed an interest in incorporating information along with social



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activities and supports, such as peer support group, fitness group or other fun activity, with more formal elements of an educational program.

### **Focus Groups with Young Adults**

To ensure the effectiveness in communication strategies and gain insights into proper prevention and intervention points, focus groups were conducted with young adults (ages 18-24) with a wide range of gambling activities in order to facilitate proper creative development. The first focus group in September 2014 explored opinions regarding proposed communication strategies and messages; to test creative work and understand addiction issues. The second focus group conducted February 2015 was to examine the readiness of the target group; understand perceptions of general addiction and its relation to gambling; develop insights on early intervention points; and how to prevent and identify most effective communication vehicles. Observations included the following:

- While some young adults explained that they gamble to supplement their income, most were initially attracted to the activity because of the entertainment value and social aspects. Most believe that luck contributes to gambling wins, more so than skill, though practice helps to win repeatedly at a few forms of gambling, such as blackjack.
- Participants agreed that gambling could become an addiction, and most knew of at least a few people who experienced problems with gambling, though this issue was not perceived as a high concern among their age group. Most were able to identify warning signs, such as financial loss or becoming increasingly isolated. Many young adults categorized a drug or alcohol addiction differently than a gambling addiction, and perceived the former as more serious.
- The young adults were split on whether or not they would confront a friend with a problematic gambling habit – those who would not intervene were concerned that it would threaten the friendship. Generally, calling a therapist, or Helpline, for more information was seen as an action only pursued as a backup plan. Searching for information online, or discussing the issue with a friend, were the most appealing options both for helping a friend struggling and dealing with a personal gambling habit.
- Most agreed that a helpline or website, equipped with a chat feature, would be effective tools for individuals their age. Text alerts, detailing problem gambling, were also deemed a viable option. Remaining anonymous, presumably to avoid the potential stigma surrounding addiction, was of utmost importance to the participants.
- Help to control impulsive behaviors, and education surrounding the financial repercussions of a gambling habit, were identified as potential components of a treatment program.
- The young adults agreed that advertisements, with a contact number, could be effective in a variety of locations, including bathroom stalls, churches, public transportation, community centers and casinos. More so than physical advertisements, utilizing social media platforms, such as Facebook, was widely endorsed by the young adults. The use of the terms “treatment” and “issue” were seen to cause offense or alienating to individuals.

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- Simple, eye-catching, trend-relevant ads that respected the intelligence of the age group proved to be effective and noteworthy.

One-on-one interviews conducted with young adults (ages 18-24) also found:

- Gambling habits develop from social circles.
- Half came from families where gambling was normalized (typically low-stakes card games, dice games and sports betting).
- Most were aware of possible harms of gambling.
- The young adults felt gambling may become a problem when the habit starts to interfere with responsibilities.
- It was perceived that gambling problems may be more common for people with limited income
- Every respondent that had lost a large amount of money in high-stakes gambling admitted to being under the influence of alcohol or drugs while gambling.
- It was felt that gambling may be connected to other addictions.
- Some young adults believed it is difficult to get help for gambling addiction due to stigma, the cost or simply because someone might not feel they have a problem.

### **Treatment Provider Survey**

Problem gambling treatment providers in Minnesota are “front line” in serving those experiencing difficulties with a gambling addiction. To gain greater insight about their practices and training needs, a survey was initiated in late 2015. The study was distributed to 53 treatment providers throughout Minnesota via email and mail. Forty-nine percent returned completed surveys.

- All providers surveyed said that they offer gambling assessments, and most provide individual gambling counseling (96%), counseling for family members of gamblers (85%), family counseling (69%), basic gambling education (65%) and mental health services (62%).
- Top methods of gambling treatment were said to be cognitive-behavioral therapy (89%), mindfulness (65%), the 12-step program and motivational interviewing (62% each).
- Nine in 10 (89%) said they would be interested in being provided with referral information for other providers.
- Eight in 10 (79%) treatment providers indicated they would be interested in additional information or training related to problem gambling and treatment services.
- Preferred information included new trends in treatment and how to promote DHS services.
- Preferred training topics included treatment, recovery, research on problem gambling and prevention.



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- Preferred methods of training included an in-person seminar, online (self-directed on website) or a webinar.
- Seven in 10 (72%) have interest in further promoting their program services.
- Current promotion of such services was said to be via brochures (52%) or a website (48%).
- Eight in 10 (79%) said they have utilized promotion and awareness materials provided by DHS in the past, including brochures (100%), training programs and tip sheets (53% each).
- Many indicated that brochures (64%), newspaper ads or online videos (48% each) would be helpful in promoting gambling problem services.
- Seven in 10 (71%) indicated that they would be interested in volunteering to work at a conference or community events to raise awareness about the issue.

Treatment provider resources have been evaluated based on these insights. Videos, resource materials and website content have all been updated in order to provide the best possible information for those providing treatment in Minnesota. Resources will continue to be evaluated to best equip providers and counselors.

### **Online Surveys**

Online surveys were conducted in early 2016 to provide a baseline understanding of Minnesota college students' behaviors and attitudes regarding gambling, and of problem gambling as an issue. The quantitative research of college students gained these findings:

- Of those who said they have gambled, 14 percent have borrowed money to gamble or pay gambling debts.
- Nine in 10 (91%) believed gambling can become an addiction like alcohol or drug addiction.
- A third (32%) said they know someone who they perceive might have a gambling problem; nine percent felt they personally might have a gambling problem.
- Top sources for obtaining gambling issue information were online via social media or a website, or a family member/friend.
- Nearly nine in 10 (88%) felt seeking professional help was best accomplished by talking to someone in person; 63 percent saw the benefit of a conversation via phone as well.

## **V. Diagnosis and Treatment of Problem Gambling**

### **A. Screening and Assessment**

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Clinicians use the South Oaks Gambling Screen and criteria found in the DSM 5 to clarify the extent of an individual's gambling problem. Assessments include information about why the individual is seeking assistance, the referral source, gambling history, physical, mental health and substance use history, presence of suicidal ideation, legal and financial issues, cultural and ethnic considerations and motivation for change. Based on the assessment results, the clinician refers the individual to treatment and/or support groups.

Minnesota residents who have no insurance or other financial resources are eligible for treatment through the problem gambling program if the assessor determines need based on one of the following criteria:

- Diagnosis of Gambling Disorder, (Non Substance Related Addictive Disorders), 312.31, diagnosed through criteria found in the DSM 5, defined as a persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress that disrupts personal, family or vocational pursuits.
- *Probable Gambling Disorder*, based on the South Oaks Gambling Screen, as defined as a progressive disorder characterized by a continuous or periodic loss of control over gambling; a preoccupation with gambling and with obtaining money with which to gamble; irrational thinking; and a continuation of the behavior despite adverse consequences.
- If the individual has scored 3-4 on the South Oaks Gambling Screen, defined as an involvement in risky gambling behaviors that adversely affects the individual's well-being, which may include relationships, financial standings, social matters and vocational or legal matters.

### **B. Assessment Referrals by Probation**

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Probation officers are required by statute to screen for gambling problems for offenders convicted of theft under specific crimes including embezzlement of public funds or forgery. During the presentence investigation a trained probation officer administers the South Oaks Gambling Screen to the offender. 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 clinician then conducts an assessment to determine the extent of the offender's gambling problem. A copy of the written report is sent to the probation officer who requested the evaluation and if indicated, the offender is referred for treatment.

## **C. Treatment Services**

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Treatment services funded by Minnesota's Problem Gambling Program are intended to support person-centered care delivery that is recovery focused and is accessible and responsive to individuals, families and communities in Minnesota. As with other behavioral health treatment services, research indicates that treatment works and recovery from problem gambling is possible. Treatment strategies that have been determined to be the most effective include motivational interviewing, cognitive and behavioral therapy, and relapse prevention.

Minnesota's Problem Gambling Program funds residential and outpatient treatment that is provided by qualified professionals. Like other health care services in Minnesota, providers must comply with all federal law and are prohibited from discrimination on the basis of race, color, national origin, sex, age, religion and disability and must comply with the Minnesota Human Rights Act. Providers adhere to the Code of Ethics as required by their professional licensing board. Beginning in July, 2015, contracted providers are required to screen for co-occurring substance use disorder and for co-occurring mental health disorder using a screening tool approved by the Commissioner of Human Services.

Treatment planning is required to be developed with the individual's participation and is based on both the clinician's recommendations and the individual's ongoing input, in recognition of the individual's strengths and needs including cultural and ethnic considerations. Treatment plans change in response to treatment strategies and as the individual experiences their recovery process.

The Department of Human Services has established statewide provider eligibility criteria and a fee schedule. Current and potential providers are advised of the operating guidelines, criteria, and rate schedule through written and verbal communications. Currently there are 31 qualified providers approved by the Department of Human Services to provide gambling treatment throughout the state. State-recognized gambling treatment providers complete coursework in gambling addiction 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. Approved gambling counselors provide outpatient counseling services, including diagnostic and treatment services.

### **Outpatient Treatment**

Outpatient treatment may be provided in group or individual sessions depending on the individual's treatment plan, and the availability of services. Cognitive behavioral therapy, motivational interviewing strategies, relapse prevention strategies and related techniques are most frequently used by the clinicians. Outpatient services allow the individual the flexibility needed to maintain their work, home and family life. While these approaches have been found to be effective, additional research is required to determine if one approach is more effective than another.

In state fiscal year 2015 and 2016, Minnesota's Problem Gambling Program funded outpatient services for approximately 500 and 600 individuals, respectively. The number of individuals who

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received treatment through other payment plans such as private insurance, private pay or other unidentified resources is not reported or collected.

There are 31 contracted providers for outpatient gambling treatment in Minnesota. These licensed clinicians have completed specialized training for problem gambling treatment and have professional licensure either as Licensed Alcohol and Drug Counselors or as Mental Health Professionals.

### **Family Counseling**

Minnesota's Problem Gambling Program also provides funding for a family member or concerned significant other who is negatively impacted by problem gambling. A family member or concerned significant other may receive up to 12 hours of services even if the gambler is not in treatment. The service is intended to assist the family member/significant other with possible mental health, financial or legal referrals, and to offer crisis intervention types of services. The service is not intended to be used for mental health or co-dependency counseling. Family members/significant others may also be referred to Gam Anon if available. Research identifies the negative impact of problem gambling on the family, including compromised health, increased distress, isolation, guilt and shame and at extreme measures includes depression, anxiety and traumatic symptoms similar to that of post-traumatic stress disorder (PTSD).

### **Residential Treatment**

Residential treatment is available at Vanguard Center in Granite Falls. State funding served 177 individuals in state fiscal year 2015 and 175 individuals in state fiscal year 2016. 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.

### **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](http://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 (two of which are outside the metro area) Gam-Anon groups. Their website is [www.gam-anon.org](http://www.gam-anon.org).

## **VI. Problem Gambling Helpline Service**

The Department of Human Services Problem Gambling program funds a gambling helpline phone and text service which guides individuals to available supports and resources in the community. Persons who contact the Problem Gambling Helpline may be the gambler, a family member, or anyone concerned about someone's gambling behavior. The phone helpline is a free, confidential twenty-four hour service that is available statewide at (800) 333-HOPE. In state fiscal year 2016, the helpline expanded to include text service which is TEXT HOPE to 61222. The text service operates 12 pm to 12 am, 365 days a year. The Department of Human Services contracts with a Minnesota based nonprofit human services agency to provide the statewide helpline phone and text service.

The main purpose of the Helpline is to ensure that when an individual makes the decision to call or text, they are able to connect with a person. Without this immediate access, an individual may lose the motivation to address their gambling problems.

The Minnesota Problem Gambling Helpline (800) 333-HOPE received 706 and 725 gambling specific calls in state fiscal years 2015 and 2016, respectively, from individuals and concerned others. The Text Helpline received up to 46 texts in fiscal year 2016, from individuals concerned about their own gambling. The table below shows the monthly call numbers for fiscal year 2015 and 2016.

**Minnesota Problem Gambling Helpline Calls**

Month	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
FY15	64	65	49	63	41	56	53	58	79	60	65	53	706
FY16	51	45	53	72	50	59	60	60	85	72	65	53	725

### **Problem Gambling Helpline Summary (1-800-333-HOPE)**

- Most of the Helpline calls were received on Thursday, Monday, and Friday, consecutively.
- Peak call hours are between the hours of 8 a.m. and 5p.m., followed by 5 p.m. to 12 a.m.
- The majority of callers, 43% were between 35 to 50 years of age.
- There is an even number of female (49%) and male callers (43%) to the helpline.
- Top four primary problem gambling activity reported is casino slots (37%), casino cards- (20%), pull-tabs (7%) and lottery (5%).
- The majority of callers to the Problem Gambling Helpline are calling for themselves. The next highest category is a combination of family members who are concerned about a loved one's gambling behavior.

## **VII. Program Initiatives to Enhance Public Awareness**

Both the Department of Human Services and Northstar Problem Gambling Alliance use state appropriated funds to promote the recognition of problem gambling signs and symptoms and to identify resources for problem gambling treatment and supports.

### **A. Minnesota's Problem Gambling Program Statewide Campaign**

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Minnesota Problem Gambling Program contracts with a Minnesota based advertising and marketing firm to raise awareness and promote the recognition of problem gambling. The campaign includes a variety of methods to deliver statewide messaging.

#### **Digital Content**

*Crisis Microsite:* [GetGamblingHelp.com](http://GetGamblingHelp.com)

This website is designed to connect gamblers and families with immediate information about available resources including the Statewide Problem Gambling Helpline. The site includes specific information for adults and young adults in addition to individual recovery stories that offer hope and guidance to visitors who may be struggling with negative consequences of problem gambling. Content is included under the following categories:

- Get Help Now
- What Happens When I Call?
- Success Stories
- Treatment
- Millennials
- Resources

Overall, the crisis microsite serves as an important tool for public awareness. Up to 84 percent of website visitors view the site from a mobile device or tablet [Appendix 1], reinforcing the need for continued efforts in mobile and digital availability.

*Information for Affected Others:* [TreatmentDoesWork.com](http://TreatmentDoesWork.com)

This website provides parents, friends, relatives, spouses, coworkers and other concerned individuals with information on how to begin a conversation about problem gambling. This website continues to gain traffic, especially through the placement of advertising when people are searching for help online.

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*Resources for Professionals:* [TreatmentAndHope.com](http://TreatmentAndHope.com)

This website offers information and resources for professionals working with or supporting individuals and families experiencing problems from gambling. The website offers helpful links and includes the state approved treatment provider contact information. Resources include educational materials such as DVD's, brochures and posters that are available to order, free of charge. Specific guidance is offered for professionals in:

- Behavioral Health
- Healthcare
- Legal
- Financial
- Law Enforcement
- Gambling Treatment
- Colleges and Universities
- Human Resources
- Faith Communities
- Gaming Management

*Minnesota DHS site:* [NoJudgment.com](http://NoJudgment.com)

This website was updated to provide a better selection of state resources and information available to citizens of Minnesota. Content is available for both concerned public and treatment providers.

*Facebook Page:* [Problem Gambling Support](https://www.facebook.com/ProblemGamblingSupport)

This Facebook page includes messages of hope and encouragement, as well as local resources and updated activities. By combining relevant content for social followers and online advertising, this Facebook page continually informs and educates followers and new visitors. Minnesota's Problem Gambling Support Facebook page has the highest engagement of all problem gambling social pages across the United States [Appendix 2].

Online advertising was utilized to drive qualified traffic to each of these sites by positioning search results to meet the needs of those seeking information on problem gambling.

The number of overall visitors to each of the above noted websites, including traffic that came from paid advertisements, referrals from other websites, visitors who searched for the website and visitors who directly typed the website into their browser is reflected in [Appendix 3].

### **Resource Materials**

The catalogue of print materials includes:

- *Women & Gambling-Recreation or Risk*, was created in response to an increase in the number of women seeking helpline service and treatment for problem gambling. The brochure highlights areas of greater risk for women including faster progression of gambling problems and a greater rate of suicide attempts.



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- *Moving Past Compulsive Gambling-Treatment Works*, describes the signs and symptoms of gambling problems and offers online resources, a 24-hour helpline and treatment services.
- Several informational brochures, specific for families and concerned others, have been updated to reflect new online resources and treatment information.

Five new videos (*Stories of Hope*) offer unique personal stories from several individuals that highlight their specific recovery journey. These brief videos are valuable resources for providers and partners as well as for gamblers, their families and communities. The set of videos can also be accessed via the Department of Human Services YouTube channel (<https://www.youtube.com/user/MinnesotaDHS>) or Problem Gambling Facebook page.

### **Public Service Advertising**

Advertising campaigns included visual displays across the state of Minnesota using billboards, and various strategies at services stations: gas pump toppers, window clings and tear pads. [Appendix 7-10]. These materials were strategically placed in geographical proximity to casinos and other gambling establishments.

### **Online Radio Advertising**

Pandora advertising was used to expand reach and awareness to a broader targeted audience. This new advertising channel presented the opportunity to drive additional traffic to the GetGamblingHelp.com website and social channels. Website traffic from Pandora advertising generated 10,190 visitors to GetGamblingHelp.com in FY 2015 and 7,044 visitors in FY 2016.

### **Diverse Cultural Communities and New Immigrants**

As part of the priority to expand culturally responsive services, the Minnesota Problem Gambling Program engaged in assertive community outreach, to partner with racially and ethnically diverse communities within the state of Minnesota. In partnership with the Lao Assistance Center, a qualitative research study was conducted to learn about the community's perception of gambling, the extent of gambling behavior and forms of gambling activity within the community.

Community leaders from the Lao Assistance Center of Minnesota and other key informants highlighted the devastating impact gambling is having in the Lao community and other Southeast Asian communities in Minnesota. They promoted the need for cultural and linguistic appropriate prevention and intervention services to address this issue. Lao Assistance Center of Minnesota recruited and co-facilitated listening sessions. Questions were translated in Lao during each session.

A full report of this study along with recommendations for culturally and linguistically appropriate prevention and intervention services and supports was published in 2015. The collaboration with the Lao Assistance Center provides a framework for community informed initiatives across racially and ethnically diverse communities and new immigrant and refugee communities in Minnesota.



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### **Awards**

The Minnesota Problem Gambling Program has also been recognized in its creative work and accessibility of information for those interested or struggling with problem gambling. The website, GetGamblingHelp.com has received the following awards:

- Best Problem Gambling Website: National Council on Problem Gambling
- Gold Award: Healthcare Marketing Report
- Gold Honor: Aster Awards

### **B. Northstar Problem Gambling Alliance**

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The Northstar Problem Gambling Alliance was formed in 2001 to serve as the Minnesota Affiliate to the National Council on Problem Gambling and to provide a forum for stakeholders involved with both the gambling industry and the treatment and recovery community. Like the National Council, Northstar is a gambling neutral entity taking no position for or against gambling, but rather focusing on addressing the problem as it exists. The Board of Directors includes representatives from the State gambling agencies (Minnesota Lottery, Allied Charities of Minnesota), the treatment provider community, recovering individuals, researchers, the Minnesota Indian Gaming Association, the State operated helpline, attorneys and nonprofit professionals. The Alliance staff and Board work closely with the State's Problem Gambling Program team and State Advisory Committee to share information and coordinate various activities. Northstar is an independent non-profit organization and receives funding through private donations, organizational donations, and grants from the state legislature.

The Mission of the National Council on Problem Gambling and the Minnesota Northstar Alliance is focused on four main areas:

*Community awareness and education* programming to prevent gambling problems and insure that the residents of Minnesota understand the issue and know how and where to get help.

*Research* to gauge community understanding particularly in special populations such as older adults and their families, high school students, and allied professionals.

*Professional Education*, involving specific topics of continuing education for Minnesota's gambling treatment providers, and for health care and social service professionals who are in positions to help assess and refer clients for problem gambling treatment (marriage and family therapists, alcohol and drug counselors, psychologists, social workers) and corrections staff.

*Advocacy* efforts to ensure that problem gambling is included in discussion of public policy related to gambling expansion, changes to existing law or any policy change that would affect the appropriate funding for treatment of gambling disorder.

### **Awareness and Education**

National Problem Gambling Awareness Month (NPGAM) is a nationwide, grass roots awareness initiative sponsored by the National Council on Problem Gambling and implemented by state affiliates across the country every year in March. While the National Council provides options

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for unifying themes and support materials, individual state affiliates craft awareness month activities most appropriate for their state. The most recent awareness month campaign included providing press kits with topical information to media outlets throughout Minnesota. This public relations approach resulted in multiple stories in print and online news and radio outlets statewide and several television and radio interviews in the twin cities during March. Simultaneously Northstar produced new radio ads that were aired during the month both via unpaid public service announcements and through purchased air time on specific radio stations. The Minnesota Indian Gaming Association helped to sponsor the purchased air time. The campaign also included new creative materials used on billboards and in online and print ads; additional outreach visits to various alcohol and drug treatment programs around Minnesota, and an increase in social media outreach via Facebook, Twitter, the Northstar website and Linked In. Each year the state problem gambling helpline has seen an increase in calls during March/April assumed to be influenced by the increased media visibility of the problem gambling messages during March. All electronic communication channels register growth in visitors during this large campaign.

### **Online Media**

Northstar hosts several online media accounts that are used to disseminate information. The primary online media currently include:

Website

Monthly email newsletter

Facebook page

YouTube Channel

Linked In Account

Twitter

The online media channels serve to distribute information to broad based or narrowly targeted audiences. Online information resources are easily linked to one another and content is developed that can be shared far and wide. Historically an article that was developed to appear in only a newspaper or print publication can now be easily developed and distributed via alternate online media to significantly expand its reach. Northstar develops stories and articles on problem gambling of interest to Minnesotans and the material is widely linked throughout the network of channels. A personal recovery story that is written specifically to appear in our print newsletter can also be the basis for a discussion on Facebook, or a video link on You Tube. Northstar measures results of readership by monitoring online statistics that are easily captured electronically. These results are reported quarterly to the Department of Human Services gambling program as well as discussed with the Northstar Board and other stakeholders.

Northstar's **website** ([www.NorthstarProblemGambling.org](http://www.NorthstarProblemGambling.org)) is a repository of information on the issue of problem gambling organized for easy access by multiple audiences including problem gambling professionals, gamblers themselves and their family members, policy makers, and

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anyone interested in the issue of problem gambling. It is regularly updated with personal stories, research, new educational materials, and locally developed news stories. In addition, materials and information provided by the National Council and other state affiliates is available and linked to via this website. The website is frequently linked through the various media channels listed previously, and continues to add to its database of content monthly

Social media is the growth area in information sharing especially with younger audiences. Northstar hosts a Facebook page, and uses Twitter, Linked In and YouTube as vehicles to share information and establish interaction with the community.

### **One Person Talking to Another Person**

The Northstar Speaker's Network provides that kind of one-to-one and small group communication where the message of prevention and recovery from gambling disorders can be heard most effectively. Northstar hires professionals from around the state to talk about this issue with community groups, recovery groups, treatment center staff and clients, and many more at no charge to the participants. The Northstar team has spoken with young people incarcerated in juvenile jails and treatment programs; prison inmates on the verge of release; high school health classes, community clubs such as the Lions or Rotary, attendees at health fairs or conferences and many others. These forms of "outreach" play a major role in the communication efforts of the Alliance.

### **Print**

Northstar produces its' "flagship" publication, Northern Light, quarterly. It is printed and mailed to over 7000 readers, and the original content is also shared via online channels. Northern Light has received national recognition from the National Council on Problem Gambling in past years.

### ***Educational Materials***

Educational materials have included printed brochures and fact sheets; online training, webinars, and all the other content provided through the various other channels. Northstar pays speakers to attend various conferences and present on problem gambling. The agency also provides educational scholarships for people to attend the National Conference on Problem Gambling held each July in different locations around the country.

### **Highlights**

Northstar developed a special education brochure for members of the "helping" professions that may not know much about gambling disorders, but are in positions to identify these concerns and refer people for additional help. The brochure is distributed at professional conferences of social workers, alcohol and drug counselors, therapists, and other healthcare providers. The brochure and its content have also been distributed through articles in the print and online newsletters, via the website, and made available through Linked In.

Northern Initiative: Based on a lack of treatment service providers in the northern 1/3 of Minnesota, and the overall lack of awareness among alcohol and drug counselors and allied professionals in this region, Northstar developed a special advertising and outreach campaign

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targeting both community and professionals in northern communities. The overall campaign included print and online advertisements in community newspapers and on websites; indoor advertising at gambling venue locations; personal outreach visits and presentations to professional groups, and scholarships to encourage licensed professionals to take the required coursework to meet the state qualifications to become problem gambling treatment professionals. Seven professionals came forward with interest in getting the training and are currently in various stages of that process.

At the request of the Department of Corrections, Northstar developed and launched an online training class for probation officers on the process to assess and refer new clients for gambling problems. Previously delivered by Northstar to various corrections groups around Minnesota, this online education program is self-contained, can be completed by officers at their convenience, and includes testing and support materials to create a user friendly, effective training module.

### **Northstar Problem Gambling Alliance Summary and Future**

The issue of problem gambling is still very much hidden due to misunderstanding of its cause, lack of awareness about resources for help, and the tremendous stigma it carries. Gaining acceptance of gambling disorder among the professionals in alcohol and drug addiction and related healthcare will help to drive acceptance in the general public. Northstar is committed to enhancing its involvement in developing educational tool for these audiences, while continuing to support community awareness, advocate for good public policy, and serve as a primary resource for information on this topic. Continued collaboration with the Department of Human Services and stronger engagement with the gambling providers is critical to future efforts.

## **VIII. Gambling Behavior of MN Students: Results from the 2016 Minnesota Student Survey**

In the 2016 Minnesota Student Survey (MSS), several questions about gambling were asked to students in grades 8, 9 and 11. See Appendix 11 for a technical note.

### **Gambling among students in grades 8, 9 and 11**

Overall, about one in three (32.1%) students in grades 8, 9 and 11 reported that they had participated in some type of gambling activities during the past year before the survey. As seen in Table 1, the prevalence did not vary substantially across the grades or household income levels. On the other hand, male students were about twice as likely as female students to have gambled during the past year (42.7% vs. 21.7%). American Indian students had the highest prevalence of gambling with about four in ten (40.6%) of them reporting to have gambled during the past year, followed by Hispanic students (35.7%) and students with multiple racial background (34.2%).

**Table 1. Prevalence of past-year gambling among students in grades 8, 9 and 11.**

<b>Grade, Gender, Race/Ethnicity and Household Income</b>	<b>Any gambling during past year (%)</b>
Grade	
8	32.9
9	31.9
11	31.4
Gender	
Female	21.7
Male	42.7
Race/Ethnicity <sup>1</sup>	
White	31.8
American Indian	40.6
Black	29.2
Asian/Pacific Islander	29.2
Hispanic	35.7
Multiple race	34.2

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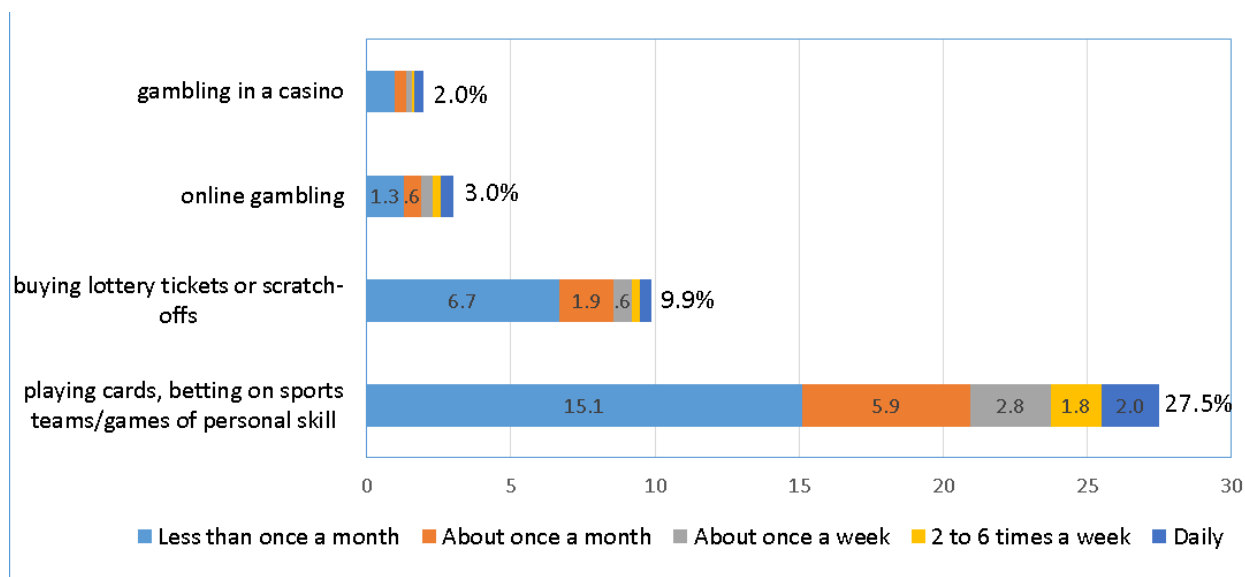
Grade, Gender, Race/Ethnicity and Household Income	Any gambling during past year (%)
Household income <sup>2</sup>	32.2
Low	32.2
High	
Total	32.1

<sup>1</sup> All the race categories (white, American Indian, black, Asian/Pacific Islander and multiple race) are non-Hispanic.

<sup>2</sup> Household income was based on a proxy measure of getting free or reduced-price lunch at school. The students who were getting subsidized lunch at school are categorized as low income household and the others as high income household.

Figure 1 shows the prevalence of each gambling activity reported by students in grades 8, 9 and 11. Playing cards or betting on sports teams/games of personal skill was the most popular gambling activity reported by the students in grades 8, 9 and 11, with more than a quarter of them (27.5%) reporting this gambling activity during the past year: 15% of the students did it less than once a month, 5.9% about once a month and 6.6% about once a week or more often.

**Figure 1. Percent of students in grade 8, 9 and 11 who reported gambling during the past year**



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About one in ten (9.9%) students in grades 8, 9 and 11 reported that they bought lottery tickets or scratch offs during the past year. Just over 1% of the students reported doing it frequently during the past year -- about once a week (0.6%), 2 to 6 times a week (0.3%) or daily (0.4%).

Online gambling and gambling in a casino were reported by 3.0% and 2.0%, respectively, of students in grades 8, 9 and 11. While the prevalence of online gambling was less than half the prevalence of buying lottery tickets or scratch offs, the rate of frequent gambling was about the same: 1.2% of students reported doing online gambling about once a week or more often during the past year and 1.3% reported buying lottery tickets or scratch offs about once a week or more often during the past year.

Table 2 shows the prevalence of each gambling activity by socio-demographic factors. For all the gambling activities measured in the survey, no substantial variations across grades were found with one exception: 11<sup>th</sup> graders were more likely than those in grades 8 and 9 to report gambling in a casino during the past year (2.7% vs. 1.7% and 1.6%, respectively).

Across all four gambling activities, the prevalence was substantially higher among males than females. During the past year, 11.4% of male students, compared to 8.4% of female students, bought lottery tickets or scratch offs. The gender difference was even larger for the other gambling activities: Compared to females, male students in grades 8, 9 and 11 were more than twice as likely to have played cards or bet on sports teams/games of personal skill (38.5% vs. 16.8%), three times as likely to have gambled in a casino (3.0% vs. 1.0%) and more than six times as likely to have gambled online (5.3% vs. 0.8%).

**Table 2. Percent of students in grades 8, 9 and 11 who reported each gambling activity during the past year by socio-demographic factors.**

Socio-demographic factors		Played cards, bet on sports teams/games of personal skill (%)	Bought lottery tickets/scratch offs (%)	Gambled for money online (%)	Gambled in a casino (%)
Grade	8	27.9	10.3	2.8	1.7
	9	27.5	9.5	3.0	1.6
	11	27.0	9.8	3.3	2.7
Gender	Female	16.8	8.4	0.8	1.0
	Male	38.5	11.4	5.3	3.0
Race/Ethnicity <sup>1</sup>					
	White	27.4	9.3	2.7	1.5

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<b>Socio-demographic factors</b>	<b>Played cards, bet on sports teams/games of personal skill (%)</b>	<b>Bought lottery tickets/scratch offs (%)</b>	<b>Gambled for money online (%)</b>	<b>Gambled in a casino (%)</b>
American Indian	32.5	18.7	5.4	7.4
Black	24.9	9.8	4.4	4.2
Asian/Pacific Islander	24.9	8.0	3.0	1.6
Hispanic	29.4	13.8	3.8	3.0
Multiple race	29.2	10.6	3.7	2.4
Household income <sup>2</sup>				
Low	27.0	11.5	3.8	3.0
High	27.8	9.3	2.7	1.6
Total	27.5	9.9	3.0	2.0

<sup>1</sup> All the race categories (white, American Indian, black, Asian/Pacific Islander and multiple race) are non-Hispanic.

<sup>2</sup> Household income was based on a proxy measure of getting free or reduced-price lunch at school. The students who were getting subsidized lunch at school are categorized as low income household and the others as high income household.

American Indian students had the highest prevalence of gambling across all four groups of gambling activities: They were about twice as likely as white students to have bought lottery tickets/scratch offs (18.7% vs 9.3%) and gambled online (5.4% vs. 2.7%) during the past year and about five times as likely to have gambled in a casino (7.4% vs. 1.5%).

Hispanics and those with multiple racial background were consistently more likely than white students to have gambled during the past year. Black students, on the other hand, showed a unique pattern: They were slightly less likely than white students to report playing cards or betting on sports teams/games of personal skill (24.9% vs. 27.4%) and about the same as white students to have bought lottery tickets/scratch offs (9.8% vs. 9.3%), but more likely than white students to have gambled online or in a casino (4.4% vs. 2.7%; 4.2% vs. 1.5%, respectively).

When looking at the household income level in relation to gambling activity in general, no significant difference was found as seen in Table 1. However, examining each gambling activity separately reveals a different story. While there was no substantial difference across household income levels in playing cards or betting on sports teams/games of personal skill, for all the other

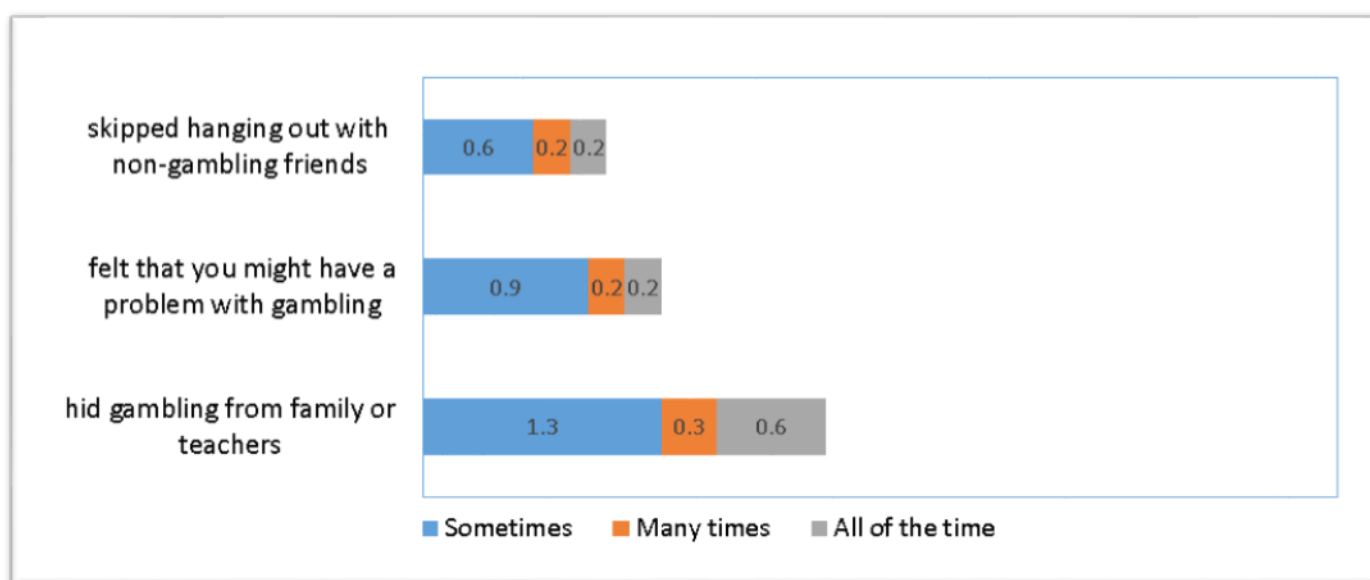


## Problem Gambling: A Report on the State's Progress in Addressing the Problem of Compulsive Gambling and on the Percentage of Gambling Revenues that Come From Problem Gamblers

three groups of gambling activities, students from low income households were more likely than their more affluent counterparts to have gambled during the past year (see Table 2).

Figure 2 shows the results of additional questions asked about several symptoms related to problem gambling. About 2.2% of the students in grades 8, 9 and 11 reported that they had hidden their gambling/betting activities from parents, other family members or teachers during the past year. In addition, 1.3% of the students in grades 8, 9 and 11 felt that they might have a problem with gambling and 1.0% had skipped hanging out with friends who did not gamble to hang out with friends who did gamble during the past year.

**Figure 2. Percent of students in grade 8, 9 and 11 who reported symptoms of problem gambling during the past year**

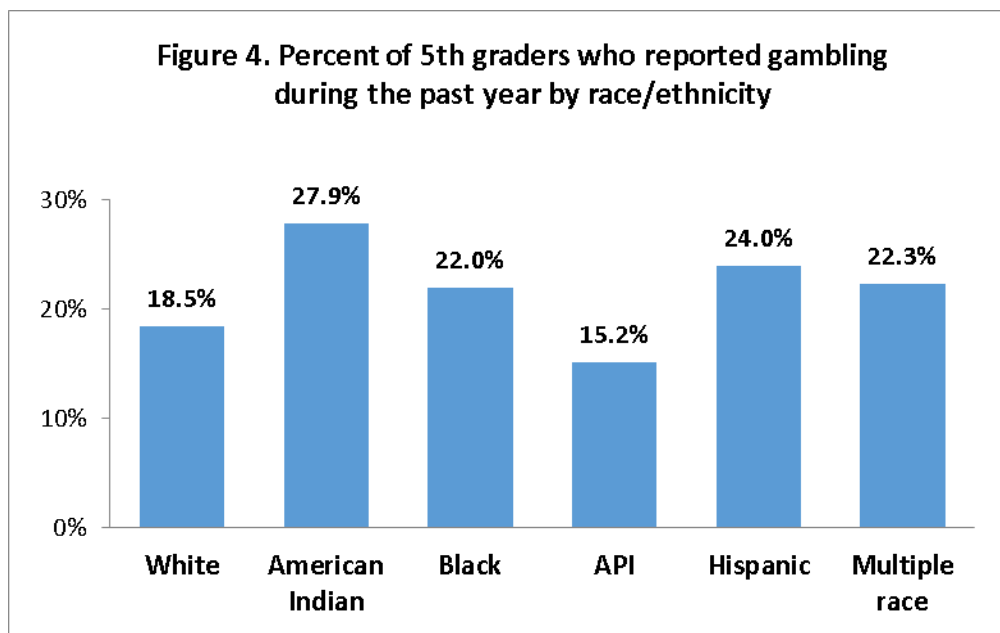
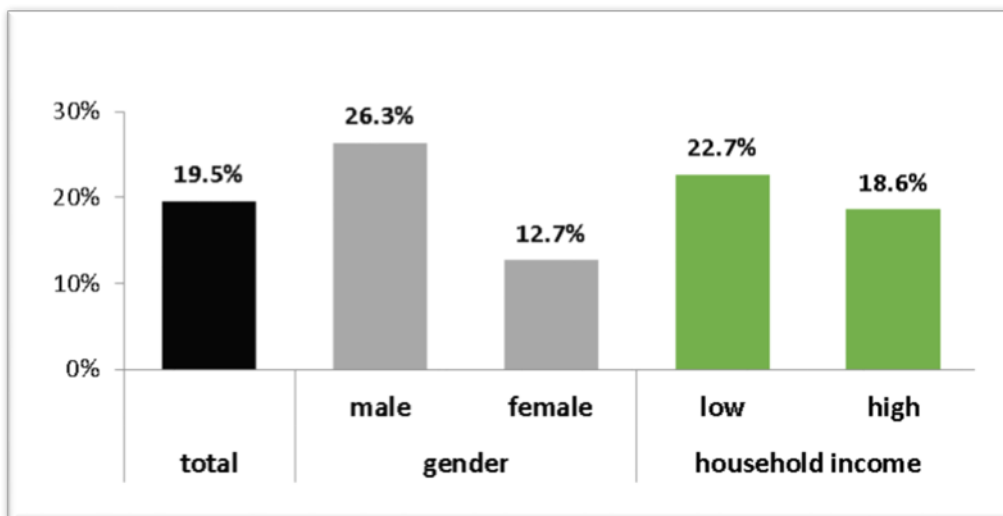


### Gambling among 5<sup>th</sup> graders

For students in grade 5, the 2016 MSS included one question asking about any gambling in general during the past year. About one in five (19.5%) of 5<sup>th</sup> graders reported that they had gambled during the past year. As in older students, boys in grade 5 were more likely than girls to have gambled during the past year (26.3% vs. 12.7%) and the 5<sup>th</sup> graders from low income households were more likely than their more affluent counterparts to have gambled during the past year (22.7% vs. 18.6%).

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**Figure 3. Percent of 5<sup>th</sup> graders who reported gambling during the past year by gender and household income**



As in older students, American Indian students in grade 5 had the highest rate of gambling with almost three in ten (27.9%) reporting past-year gambling. All the other minority students in grade 5, except Asian/Pacific Islanders (API), had higher prevalence of gambling than white counterparts. The API 5<sup>th</sup> graders had the lowest gambling rate of 15.2% (see Figure 4).

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**Gambling and Substance Use**

To examine the relationship between gambling and substance use, the students in grades 8, 9 and 11 were divided into three subgroups: those who gambled once a week or more often during past year (frequent gambling group), those who gambled during the past year but with less frequency, and those who didn't gamble during the past year. If a student reported gambling once a week or more often on any of the four gambling activities asked in the survey s/he was categorized as the frequent gambling group. Among the students in grades 8, 9 and 11, there were 7.5% who reported frequent gambling and additional 24.6% reported gambling, although less frequently, during the past year (Table 3).

**Table 3. Percent of students in grades 8, 9 and 11 who reported frequent gambling, any gambling and no gambling during the past year by socio-demographic factors.**

<b>Socio-Demographic Factors</b>	<b>Students who gambled once a week or more often (%)</b>	<b>Students who gambled less frequently (%)</b>	<b>Students who did not gamble (%)</b>
Grade			
8	7.5	25.4	67.1
9	7.6	24.3	68.1
11	7.4	24.0	68.6
Gender			
Female	3.3	18.4	78.3
Male	11.8	31.0	57.3
Race/Ethnicity <sup>1</sup>			
White	6.6	25.2	68.2
American Indian	13.4	27.2	59.4
Black	10.0	19.1	70.8
Asian/Pacific Islander	7.6	21.5	70.8
Hispanic	10.4	25.2	64.3
Multiple race	9.3	24.9	65.8
Household income <sup>2</sup>			
Low	9.6	22.7	67.8
High	6.7	25.4	67.8
<b>Total</b>	<b>7.5</b>	<b>24.6</b>	<b>67.9</b>

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<sup>1</sup> All the race categories (white, American Indian, black, Asian/Pacific Islander and multiple race) are non-Hispanic.

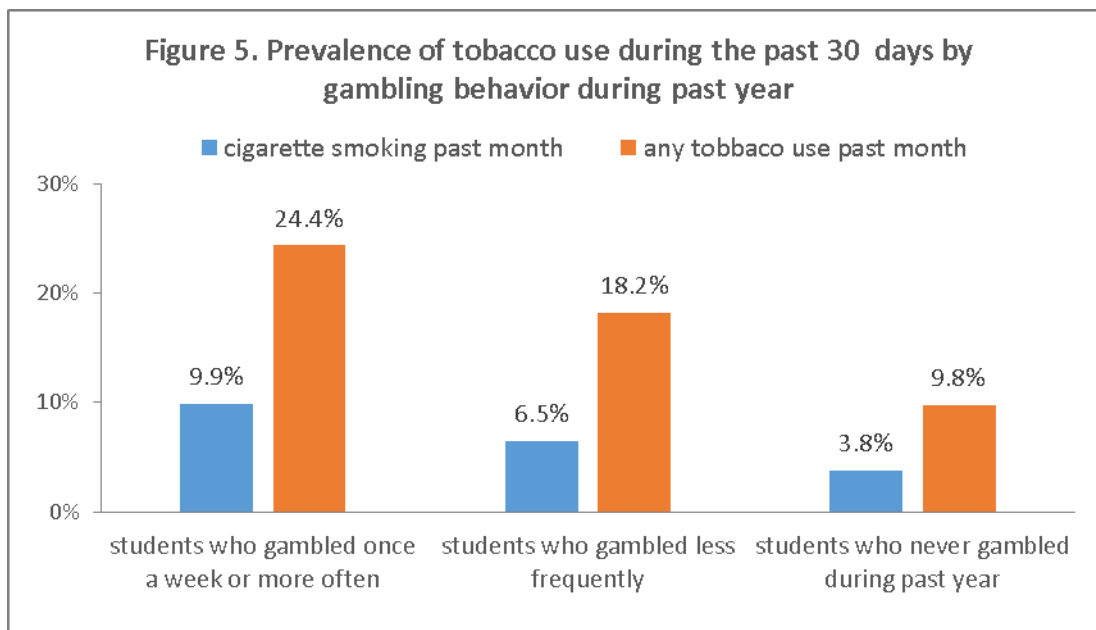
<sup>2</sup> Household income was based on a proxy measure of getting free or reduced-price lunch at school. The students who were getting subsidized lunch at school are categorized as low income household and the others as high income household.

While there was no substantial difference in the prevalence of frequent gambling across grades, male students were more than three times as likely as females to report frequent gambling during the past year (11.8% vs. 3.3%). All the minority subgroups, except API, were more likely than white students to report frequent gambling. American Indian students had the highest rate of frequent gambling with 13.4% reporting that they had gambled about once a week or more often with at least one of the four gambling activities asked in the survey. This is about twice of the rate among white students (6.6%).

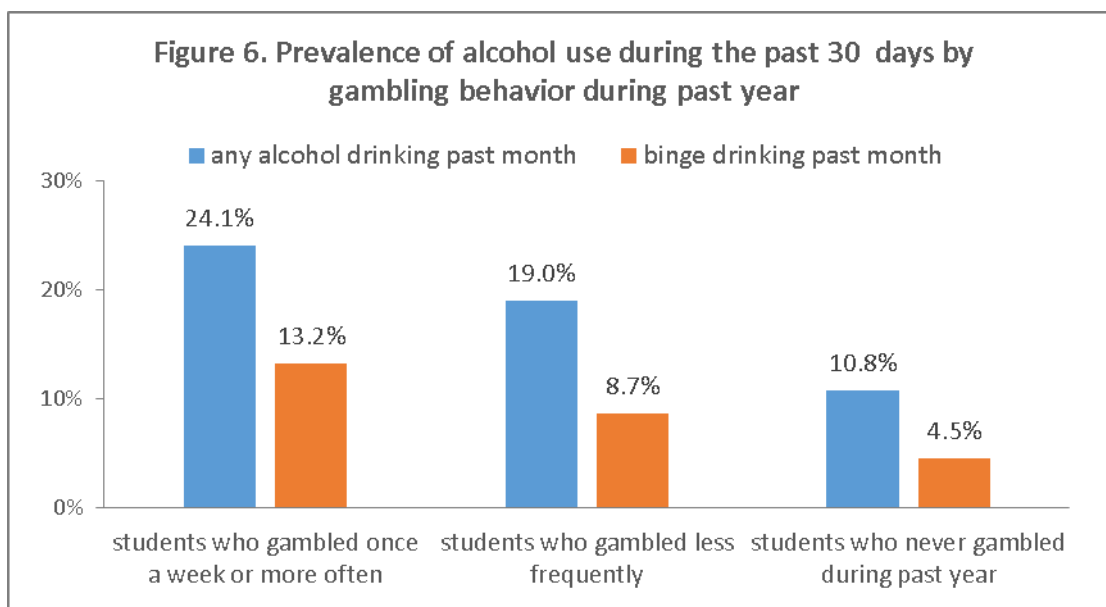
There was an interesting interaction between household income level and the frequency of gambling. Students from low income households were more likely than their more affluent counterparts to report frequent gambling during the past year (9.6% vs. 6.7%). This relationship, however, was reversed when we looked at any gambling subgroup. That is, students from low income households were slightly less likely than their counterparts to report gambling once a month or less frequently during the past year (22.7% vs. 25.4%). This reverse direction in relationship between the two levels of gambling frequency and the household income level resulted in obscuring the relationship between the overall gambling and household income level as seen in Table 1.

The following three charts shows the prevalence of substance use (tobacco, alcohol, marijuana and prescription drugs) across the three subgroups of students by their gambling activities during the past year. Across all the substances examined, students who gambled during the past year were more likely than those who did not gamble to have used a substance. In addition, the prevalence of substance use was even higher among the frequent gambling students compared to those who gambled less frequently.

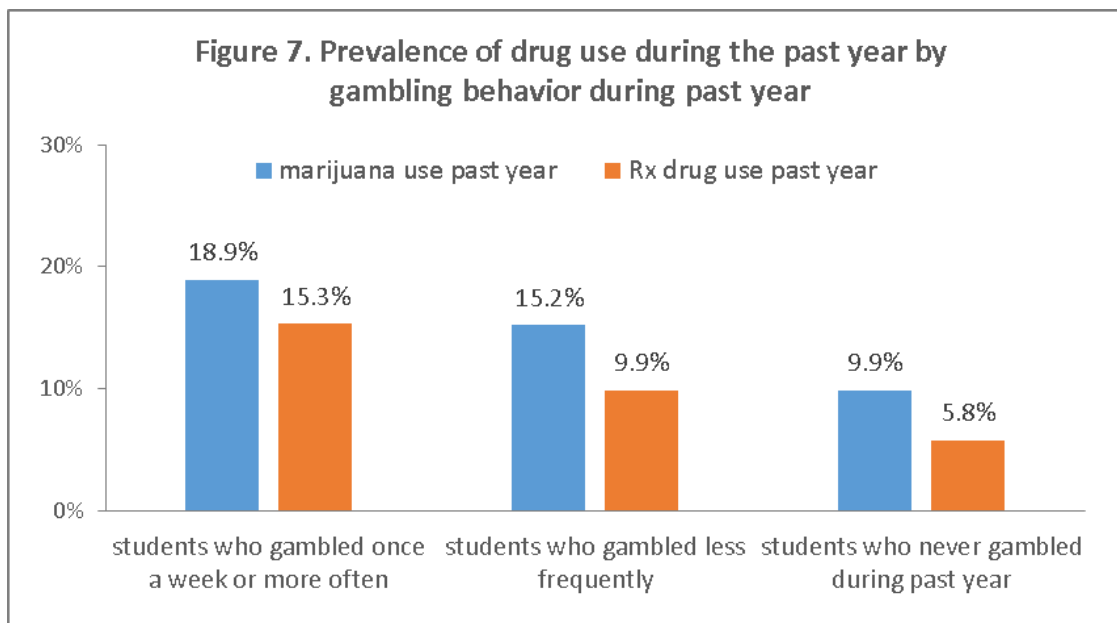
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Students in grades 8, 9 and 11 who gambled frequently during the past year were more than twice as likely as non-gambling students to report cigarette smoking as well as any use of tobacco products including e-cigarettes and hookahs during the past 30 days (9.9% vs. 3.8% and 24.4% vs. 9.8%, respectively). Even when they were compared to those who gambled but less frequently, the students who gambled frequently were more likely to smoke cigarettes or use any tobacco products during the past 30 days (9.9% vs. 6.5% and 24.4% vs. 18.2%, respectively).



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A similar pattern was observed for both alcohol use and illicit drug use (see Figures 6 and 7). Students in grades 8, 9 and 11 who gambled frequently during the past year were more likely than students who gambled less frequently or those who never gambled to have drunk alcohol during the past 30 days (24.1% vs. 19.0% or 10.8%, respectively). The difference was even more substantial for binge drinking (5 or more drinks in a row): 13.2% of students who gambled frequently reported that they had binged during the 30 days before the survey whereas the prevalence was 4.5% for non-gambling students and 8.7% for those who gambled less frequently.

About one in ten (9.9%) students in grades 8, 9 and 11 who never gambled during the past year reported using marijuana during the past year. The prevalence of marijuana use was 15.2% among those who gambled once a month or less frequently and it went up even higher among those who gambled more frequently with almost one in five (18.9%) of them reporting marijuana use during the past year.

The prevalence of illicit use of prescription drugs during the past year was 5.8% among students in grades 8, 9 and 11 who never gambled during the past year. The rate went up to 9.9% among those who gambled once a month or less frequently and it was even higher among those who gambled once a week or more often during the past year with 15.3% of them reporting misuse of prescription drugs.

*In summary*

- Statewide, the prevalence of problem gambling is estimated to be 0.5% among students in grades 8, 9 and 11.
- Male students were more likely than female students to be screened as problem gambler (0.9% vs. 0.2%)

**Problem Gambling: A Report on the State's Progress in Addressing the Problem of Compulsive Gambling and on the Percentage of Gambling Revenues that Come From Problem Gamblers**

- Black students had the highest prevalence of problem gambling (1.5%) with other minorities, such as American Indian (1.0%), Hispanic (0.9%) and multi-racial students (0.9%), also having higher prevalence than white students (0.4%).
- Students from low-income households were twice more likely than their more affluent counterparts to be screened as problem gambler (0.8% vs. 0.4%).
- Students who were screened as problem gamblers were almost 9 times more likely to have a substance use disorder than those who did not have problem gambling issue (28.7% vs. 3.3%)

## **IX. Programs Offering Professional Training**

### **A. University of Minnesota Duluth Continuing Education and the North American Training Institute**

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University of Minnesota Duluth Continuing Education and the North American Training Institute collaborate with an online training program, Studies in Gambling Addiction: Counseling the Pathological Gambler. This training provides specific knowledge and advanced clinical understanding as it relates to the identification, diagnosis, referral, and treatment of individuals with a gambling addiction. Completion of the 60-hour training may be applied toward certification by the American Academy of Health Care Providers in Addictive Disorders.

The Department of Human Services Problem Gambling Program requires qualified professionals to complete 60 hours of gambling specific training to qualify as a state approved gambling provider. Contracted providers can be reimbursed for a portion of the cost of the training.

In an effort to address health disparity and specifically the lack of qualified culturally specific treatment services, clinicians offering culturally specific services are reimbursed for the full cost of the full tuition (\$1,295) for the 60-hour certificate.

### **B. Project Turnabout's Vanguard Center for Compulsive Gambling Professional in Residence**

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Project Turnabout's Vanguard Center for Compulsive Gambling offers a three to five day *Professional in Residence* opportunity for chemical dependency counselors, therapists, social workers, interventionists, clergy, healthcare workers and responsible gambling/gaming field professionals. There is no charge for the program which includes room and board. Participants learn to recognize compulsive addiction as a disease that impacts individuals mentally, physically and spiritually using a 12-Step abstinence based program model.

Participants interact with patients and staff, following the daily schedule of lectures, videos, individual and group therapy, financial counseling, relaxation/meditation and aftercare planning. Professionals are able to observe the family education program and learn about gambling addiction and the role family members play, including the vital part of their loved one's recovery process.



## **X. The Likely Impact of Each Form of Gambling on Problem Gambling**

Minnesota Statutes, section 245.981 requires an annual report on the percentage of gambling revenues that come from problem gamblers. The report must disaggregate the revenue by the various types of gambling. Gambling revenue in the state is reported by the Minnesota State Lottery, Gambling Control Board and State Racing Commission. However, the proportion of gambling revenue in the state that comes from problem gamblers is neither reported nor collected. For the purposes of this report, gambling revenue means the total sales receipts as reported by the above named gaming agencies.

Without knowing the gambling investments of individual gamblers in Minnesota, determining the amount and proportion of gambling revenue that comes from problem gamblers can only be estimated by extrapolating the findings of studies that have been completed in other jurisdictions.

Current findings of studies conducted in other jurisdictions estimate that between 15 and 33 percent of gambling revenue are generated by individuals with problem gambling. Extrapolating these findings to Minnesota's demographics from 1994 suggests the reported gross gambling revenue in Minnesota for state fiscal year 2014, generated by individuals who have gambling problems, ranged between \$266,082,658 and \$585,381,848.

In order to address any risk to public health we first need to understand the scope of the problem through epidemiology. The recommendation of this report is to conduct a comprehensive study to determine the percentage of gambling revenue generated from those at risk for problem gambling. It is recommended that any such study be conducted by an independent body to ensure unbiased findings.

In addition, increased cross- referral, integrated treatment services and continuing care when providing services to individuals with gambling and substance use disorder is also recommended.

Nationally in 2013, \$60.6 million dollars of public funds were invested into problem gambling services<sup>15</sup>. And in Oregon in 2008, they found that every \$1 spent on treatment saved more than \$2 dollars in social costs<sup>16</sup>.

Furthermore, several of the high risk populations identified in the current SAMHSA Strategic Plan have been found to be at higher risk for gambling problems. Gambling addiction is an emerging public health priority given the unprecedented amount of existing and expanding gambling. The estimated six million adult problem gamblers are five times more likely to have

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<sup>15</sup> <http://www.ncpgambling.org/wp-content/uploads/2014/08/2013NationalSurveyofProblemGamblingServices-FINAL.pdf>

<sup>16</sup> <http://www.calpg.org/wp-content/uploads/2012/06/Cost-Benefit-of-Problem-Gambling-Services.pdf>

## **Problem Gambling: A Report on the State's Progress in Addressing the Problem of Compulsive Gambling and on the Percentage of Gambling Revenues that Come From Problem Gamblers**

co-occurring alcohol dependence, four times more likely to abuse drugs, three times more likely to be depressed<sup>17</sup>.

National Council on Problem Gambling (NCPG) Executive Director Keith Whyte notes: “When gambling addiction is integrated into health systems, treatment for gambling problems will reduce social costs and increase savings for states through improved recovery rates and decreased demand on traditional public sector substance abuse and mental health systems. By providing recovery and therapeutic approaches that are appropriate for problem gamblers and their families alongside other addiction services as called for in the report, recovery rates will increase for a wide variety of health and substance abuse disorders<sup>18</sup>.”

### *Gambling Revenue Information*

Gambling revenue information is collected by the state through the Gambling Control Board, the State Lottery and the State Racing Commission. The percentage of gambling revenues that come from problem gamblers is not identified in revenues reported, nor is it collected. For state fiscal year 2015, the three agencies identified total gross revenue of 1,963,645,186. These agencies could not report what percentage of the revenue was from people who have gambling problems. The following information was provided through reports from each agency:

- Minnesota State Lottery reported \$546.9 million for fiscal year 2015.
- The Gambling Control Board reported gross receipts of \$1,351,288,000 in fiscal year 2015. The fiscal year sales each type of gambling activity is listed below:

<b>Gambling Activity</b>	<b>FY 2015</b>
Pull-Tabs	\$1,245,446,000
Bingo	\$70,014,000
Paddlewheels	\$16,655,000
Raffles	\$9,783,000
Tipboards	\$9,315,000
Total:	\$1,351,288,000

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<sup>17</sup> <http://www.ncpgambling.org/wp-content/uploads/2016/11/Surgeon-General-Landmark-Report-Addiction-Nov-2016.pdf>

<sup>18</sup> <http://www.ncpgambling.org/wp-content/uploads/2016/11/Surgeon-General-Landmark-Report-Addiction-Nov-2016.pdf>

## **Problem Gambling: A Report on the State's Progress in Addressing the Problem of Compulsive Gambling and on the Percentage of Gambling Revenues that Come From Problem Gamblers**

- The State Racing Commission reported:
  - Card clud operations overseen by the Minnesota Racing Commission accounted for \$54,845,150 in gaming revenues in 2015
  - Pari-mutuel horseracing in Minnesota accounted for \$9,538,269 in 2015
  - Pari-mutuel revenues derived out of state: \$1,073,767 in 2015

The Gambling Control Board reports an increase in all forms of charitable gambling from FY 2015 to FY 2016. The most significant increase was in electronic pull-tabs of 174.2% compared to 9.6% in paper pull-tabs. According to the Gambling Control Board, pull-tabs make up the 93% of the total 1.5 billion sales in 2016. The prize payout for charitable gambling in Minnesota is 83.5%, while approximately 16.5% of net receipts are for expenses, taxes and charitable contributions.

Researching the revenues derived from problem gambling in other countries helps policy makers in Minnesota estimate revenue from problem gambling in this state. Currently, studying information from other states and countries is the best option since this data is not collected in Minnesota.

**Problem Gambling: A Report on the State's Progress in Addressing the Problem of Compulsive Gambling and on the Percentage of Gambling Revenues that Come From Problem Gamblers**

## **XI. Expenditures**

<b>Major Program Components:</b>	<b>ACTUAL SFY15</b>	<b>ACTUAL SFY16</b>
Residential Treatment – Project Turnabout/Vanguard (per diem)	\$570,304	\$640,165
Public Awareness, Outreach and Education	\$541,750	\$405,500
Northstar Problem Gambling Alliance Grant Contracts- Public Awareness, Training & Education	\$330,678	\$388,493
Outpatient Treatment: Fee-for-Service Providers	\$302,062	\$375,882
Helpline – Statewide, toll-free, 24/7	\$119,741	\$172,549
Administrative Costs	\$110,561	\$114,798
Counselor Education/Training Reimbursement	\$7,060	\$907
Lao Community Outreach.	\$5,000	N/A
Problem Gambling Advisory Committee Expenses	\$1,961	\$3,106
<b>TOTAL Expenditures</b>	<b>\$1,989,116</b>	<b>\$2,101,399</b>

## XII. Policy Direction and Budget Recommendations:

### A. Community Engagement

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The mission of the DHS Problem Gambling Program is to ensure the availability and accessibility of culturally-responsive and recovery-oriented compulsive gambling education and treatment for individuals and families affected by compulsive gambling and gambling addiction. The Department of Human Services (DHS) collaborated with the Lao Assistance Center over a 2.5 year period from July 2014 to July 2016 by conducting focused listening sessions aimed at developing community engaged process to understand the impact of gambling on the individual, family and the community. The methods of community engagement allowed opportunities to learn and understand the values and perceptions about gambling and gambling prevalence in the Lao, Cambodian and Vietnamese communities of Minnesota. As this collaboration continues, DHS will work towards the development of a continuum of care service system that is responsive to the beliefs, languages, and cultures of Minnesota's diverse communities.

Participants in the listening sessions convened by the Department of Human Services, Alcohol and Drug Abuse Division in the fall of 2015 communicated that gambling is pervasive throughout their communities. According to the findings of the subsequent report "betting is widely participated in, and held at nearly all major community functions, including weddings, birthday parties, after dinner, funerals, etc." Common forms of gambling include card games, casino gambling and sports betting. Although gambling was described as a social event, participants also mentioned high expectations that members of their communities gamble despite the risk for financial loss. Youth in particular recognize financial risk but also risk social isolation if they don't participate in gambling activities.

When the listening sessions focused on attitudes regarding seeking help for problem gambling, participants were not in favor. Individuals described lack of trust, a preference to handle their own problems, and minimizing the problems associated with gambling as barriers to seeking help for their problem gambling. The most pervasive attitude revealed was a common belief that gambling is not a problem but part of normal social interaction.

In June 2016, the Alcohol and Drug Abuse Division [convened a core stakeholder workgroup for the first of five 3- hour work sessions](#) to continue efforts to modernize Minnesota's substance use disorder (SUD) treatment system. The workgroup incorporated and built on the recommendations of the 2013 Legislative Report: Minnesota's Model of Care for Substance Use Disorder and the input collected in the fall 2015 ADAD listening sessions.

Problem gambling recommendations included the following:

- **Cross-addiction education.** Support increased education regarding the risks of cross-addiction when treating gambling disorder or substance use disorder. Support increased cross- referral, integrated treatment services and continuing care when providing services to individuals with gambling and substance use disorder.

## Problem Gambling: A Report on the State's Progress in Addressing the Problem of Compulsive Gambling and on the Percentage of Gambling Revenues that Come From Problem Gamblers

- **Ensure best practices.** Work with stakeholders to enhance the current requirements to ensure the use of best practices and person-centered recovery- driven outcomes.
- **Telehealth.** Support increased use of telehealth to expand access to problem gambling treatment. Increase awareness of telehealth technical assistance opportunities and the availability of teleconferencing services.
- **Research.** Establish and develop research to provide data-driven decision-making.

### B. Data Driven Decision Making

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Prevention and treatment of gambling disorder must be informed by data and best practice guidelines. As recommended in the 1999 [National Gambling Impact Study](#), more research is needed to provide objective data by impartial sources to inform policy makers about the cause and effects of problem gambling and guide the best course of action. Research in the United States is primarily funded with gambling industry resources. Research topics funded by the industry typically focus on individual level problems and pathology, and best practices needed for better treatment outcomes<sup>19</sup>. Although this study provides valuable information, it does not inform best practice around population based strategies needed to prevent and reduce the harmful effects of problem gambling. Research topics must be expanded in order to initiate population based interventions.

Qualitative research should include stakeholder input including problem gambling advocacy groups as well as community groups which represent and serve the needs of racial and ethnic diverse communities who experience health disparity.

A current study is needed to more accurately reflect the prevalence of gambling and problem gambling, as well as information regarding the type of gambling activities and the amount of money spent in the previous thirty day period on gambling activities.

The Alcohol and Drug Abuse Division currently sponsors adult surveys to gather prevalence data regarding substance use and substance use disorder indicators. This study is conducted periodically, most recently in 2010 and also provides information about the types of substances used, and demographic information about those surveyed. Similar adult surveys could be designed to provide more accurate and current data about gambling prevalence, problem gambling prevalence, average monthly gambling budget by gambling type, and household income.

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<sup>19</sup> Why Casinos Matter, Thirty-One Evidence-Based Propositions from the Health and Social Sciences, Institute for American Values. <http://www.americanvalues.org/search/item.php?id=1981>

## **C. Access and Alignment of Treatment Services and Supports**

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Whenever possible, problem gambling services and supports should be integrated with chemical and mental health systems. Furthermore, as behavioral health and primary care become more integrated, prevention and treatment of gambling disorder should be included as part of an integrated system. As with other behavioral health systems, problem gambling should be transformed from an acute care model to a public health model by emphasizing health promotion, community level prevention strategies, early intervention and care coordination within the service delivery system.

## **D. Equitable Appropriations**

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As legalized gambling has expanded in Minnesota, a designated portion of the Minnesota's tax revenue and lottery proceeds have been designated to address problem gambling in Minnesota. This is how Minnesota intends to ensure that the economic benefits of legalized gambling are not compromised by the harmful effects of problem gambling. However, it is unlikely that the current level of funding can reasonably address problem gambling in Minnesota when gambling opportunities continue to expand and resources to advertise and promote gambling activities far outweigh the resources allocated to address problem gambling.

The systemic and personal costs of problem gambling are great. Given these collateral costs, the state must ensure that problem gambling is addressed and mitigate perceived economic incentives that come from gambling industry revenues.

By legalizing gambling, the State sees gambling as a viable vehicle for generating revenue for the state, creating social forums of entertainment for its citizens, and creating venues that support the state's tourism market. While these are some of the incentives of the gambling industry, the industry may also be seen as feeding the dilemma of compulsive gambling disorders. The state needs to take up its responsibility to mitigate the fallout of supporting its gambling industry.

## **XIII. Recommendations**

1. Establish and develop research to provide data-driven decision-making to inform policy makers about the cause and effects of problem gambling to guide the best course of action.
2. Support increased education regarding the risks of cross-addiction when treating gambling disorder or substance use disorder. Support increased cross- referral, integrated treatment services and continuing care when providing services to individuals with gambling and substance use disorder.
3. Appropriate funding to conduct a comprehensive study to determine the percentage of gambling revenue generated from those at risk for problem gambling. It is recommended that any such study be conducted by an independent body to ensure unbiased findings. The study should be conducted every 5 years to identify trends.
4. Conduct a study to assess the extent and impact of problem gambling among adults in Minnesota.
5. Expand community engagement collaborations that provide valuable information about how gambling impacts at-risk cultural and ethnic communities and develop prevention and educational materials and other types of resources to respond to community needs.
6. Invest in primary prevention initiatives that will use the information gained from research and community engagement projects in order to develop the most effective types of primary prevention and early intervention strategies that are data-based and data-driven to better affect problem gambling at the community level.
7. Work with stakeholders to enhance the current gambling program treatment standards to ensure the use of best practices and person-centered recovery- driven outcomes.
8. Support increased use of telehealth to expand access to problem gambling treatment. Increase awareness of telehealth technical assistance opportunities and the availability of teleconferencing services. Ensure that service delivery systems for problem gambling are not compromised by perceived economic incentives and prevent industry interests from influencing resources intended to address problem gambling.

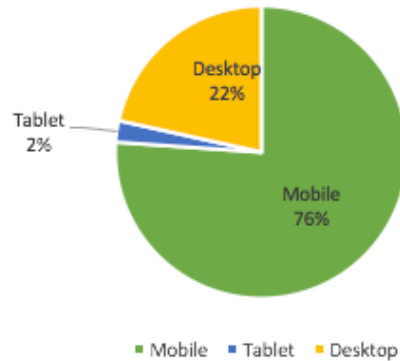


## IXI. Appendix

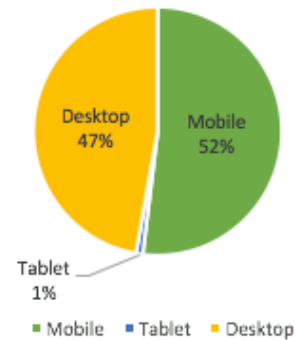
### Appendix 1: Web traffic by device

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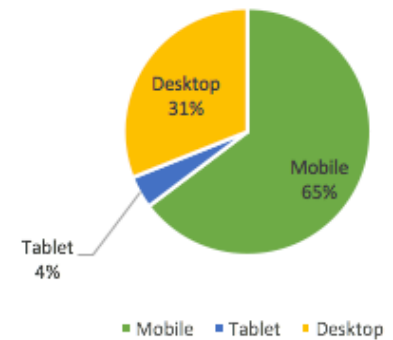
GetGamblingHelp.com (FY15)



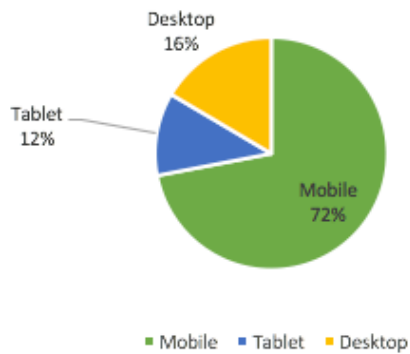
TreatmentAndHope.com (FY15)



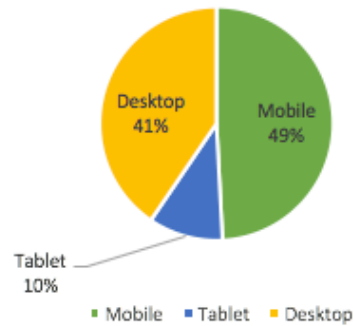
TreatmentDoesWork.com (FY15)



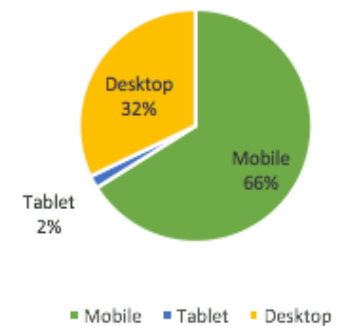
GetGamblingHelp.com (FY16)



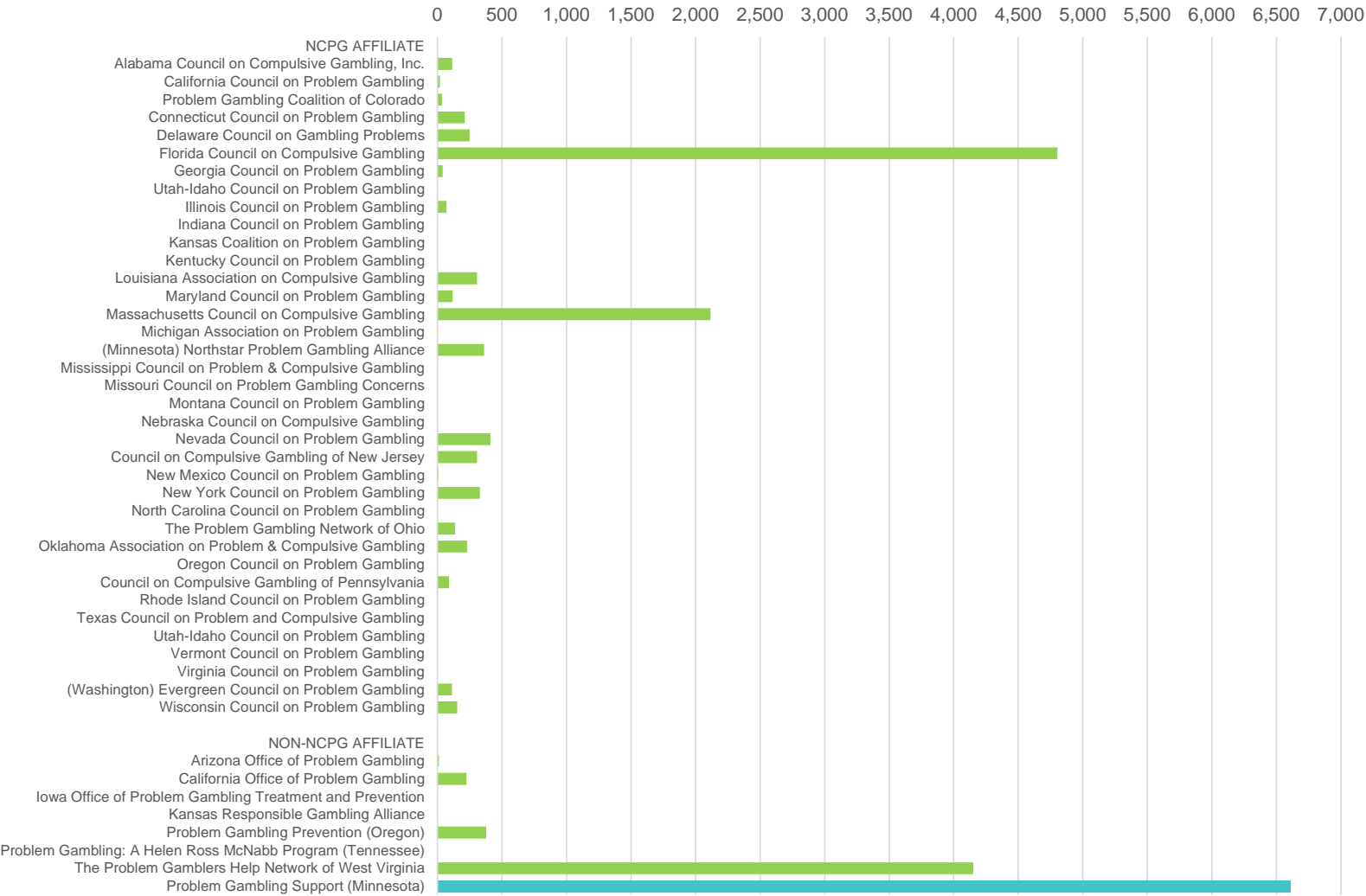
TreatmentAndHope.com (FY16)



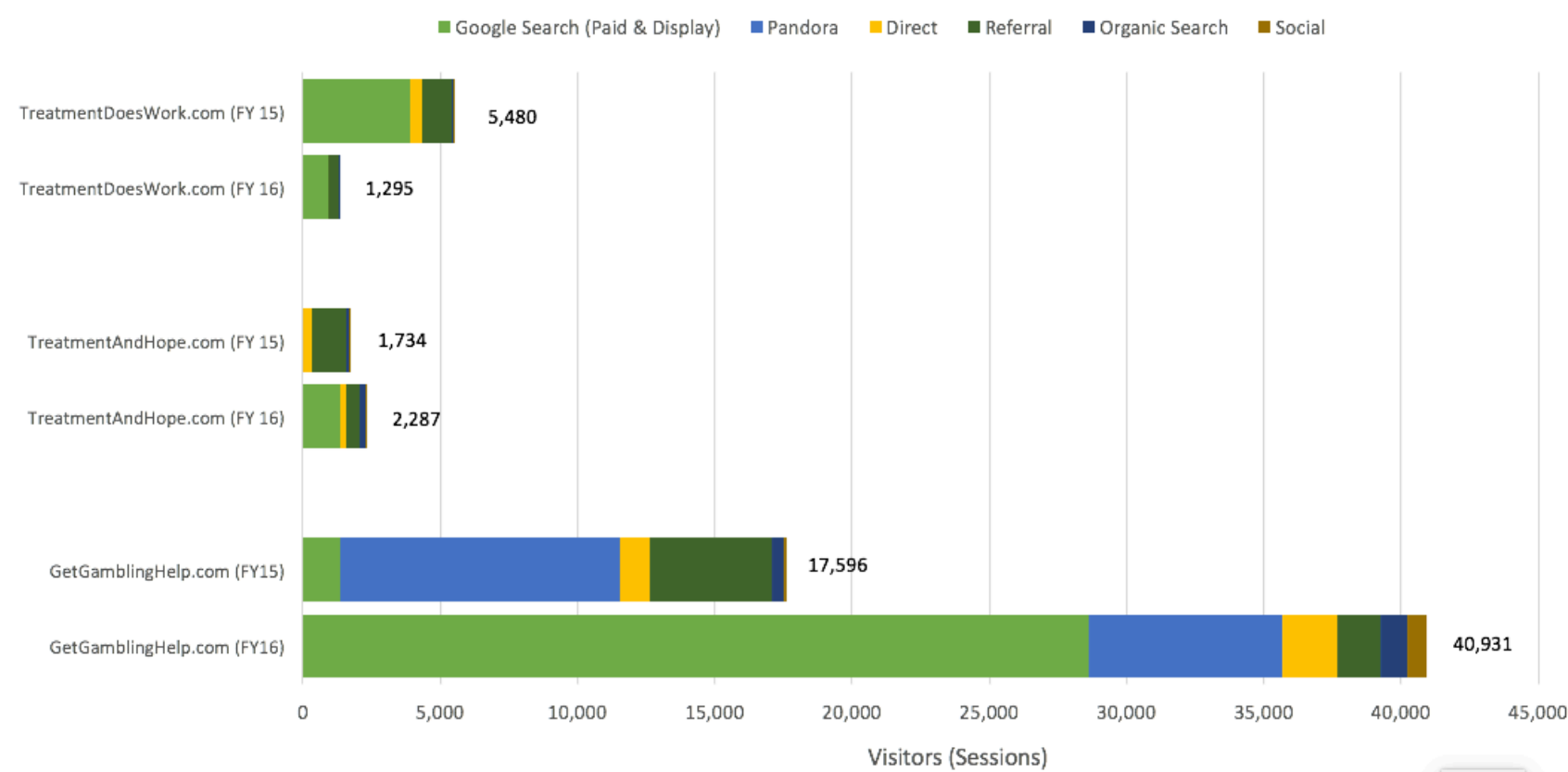
TreatmentDoesWork.com (FY16)



# Appendix 2: Problem Gambling Support Facebook Comparison

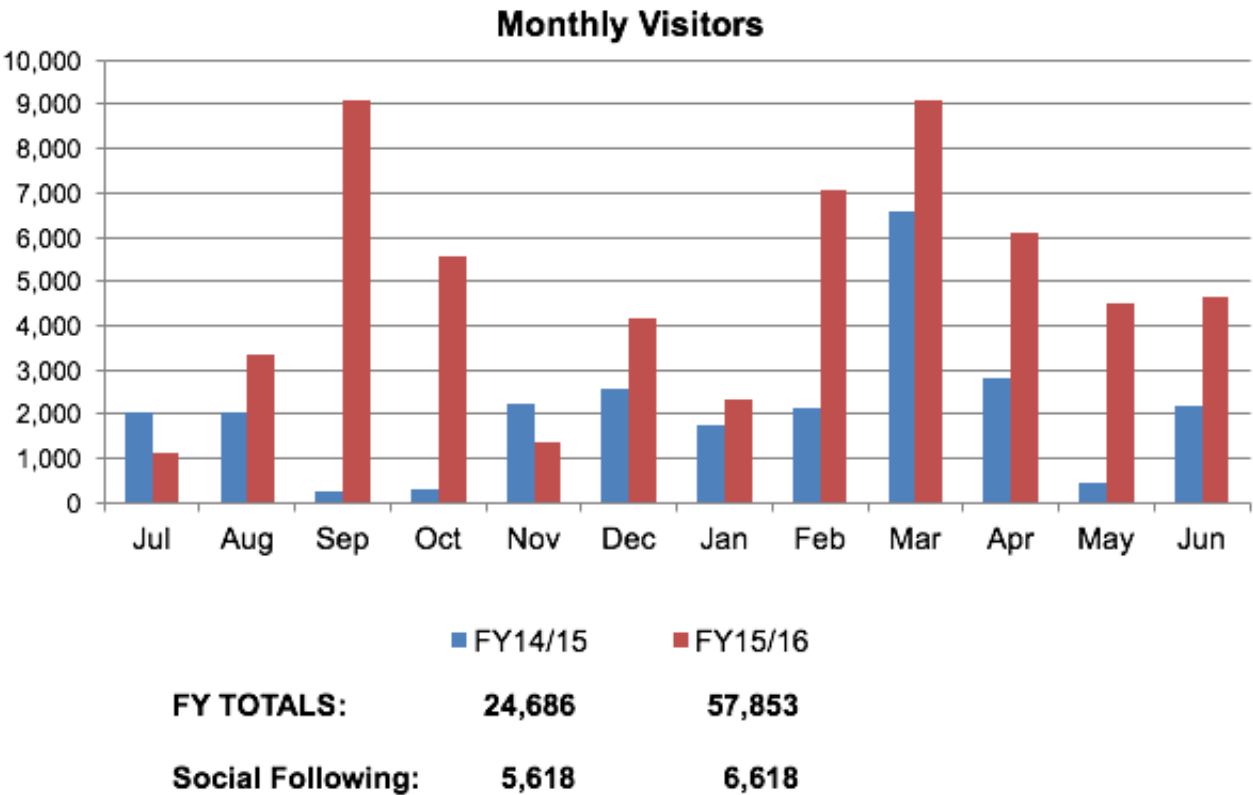


### Appendix 3: Overall Website Traffic



### Appendix 4: Monthly Social Visitors

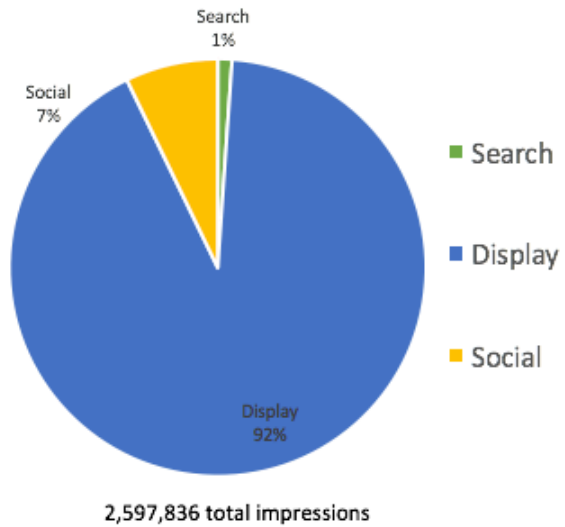
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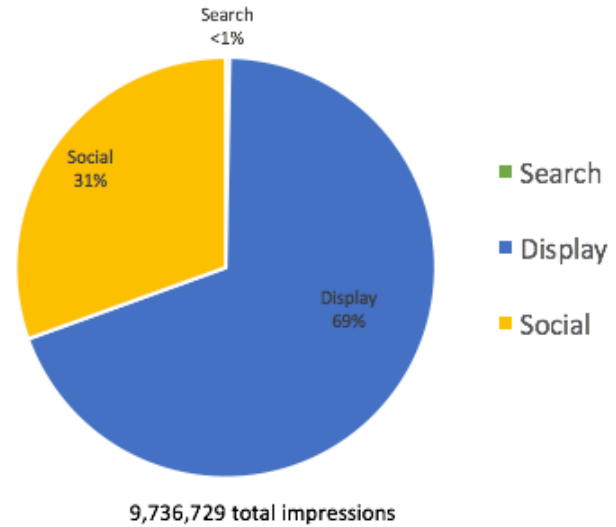
## Appendix 5: Year-Over-Year Website Impressions

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GetGamblingHelp.com (FY 15) Impressions



GetGamblingHelp.com (FY 16) Impressions



## Appendix 6: 2015 Website and mobile creative

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## Appendix 7: 2015 Outdoor Creative

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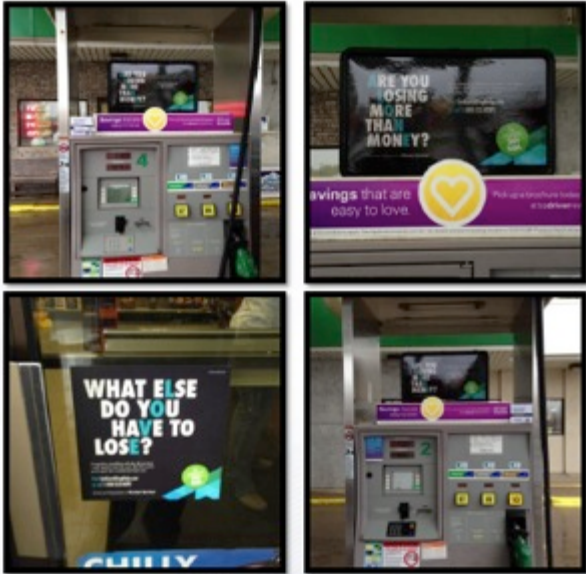


## Appendix 8: 2015 Transit and Gas Station Creative

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## Appendix 9: 2016 Out of Home Creative

NO MATTER WHO YOU ARE THERE IS HOPE.

PROBLEM GAMBLING.  
START THE CONVERSATION.

1-800-333-HOPE

Visit [GetGamblingHelp.com](http://GetGamblingHelp.com)  
Text HOPE to 61222

No judgment. Only hope.

Minnesota Department of Human Services

A photograph of two women, one with long brown hair and one with short blonde hair, both smiling and looking towards the right. They are wearing blue and white clothing. The background is white with a blue and green geometric pattern at the bottom.

NO MATTER WHO YOU ARE THERE IS HOPE.


PROBLEM GAMBLING.  
START THE CONVERSATION.

1-800-333-HOPE

Visit [GetGamblingHelp.com](http://GetGamblingHelp.com)  
Text HOPE to 61222

No judgment. Only hope.

Minnesota Department of Human Services

A photograph of a woman with long blonde hair, smiling and looking towards the camera. She is wearing a white top. The background is white with a blue and green geometric pattern at the bottom.

NO MATTER WHO YOU ARE THERE IS HOPE.

PROBLEM GAMBLING.  
START THE CONVERSATION.

1-800-333-HOPE

Visit [GetGamblingHelp.com](http://GetGamblingHelp.com)  
Text HOPE to 61222

No judgment. Only hope.

Minnesota Department of Human Services

A photograph of a man and a woman, both smiling and looking towards the camera. The man is wearing a dark shirt and the woman is wearing a purple top. The background is white with a blue and green geometric pattern at the bottom.

## Appendix 10: 2016 Creative



**NO MATTER WHO  
YOU ARE THERE  
IS HOPE.**

**PROBLEM GAMBLING.  
START THE CONVERSATION.**

Call 1-800-333-HOPE  
Text HOPE to 61222

Minnesota Department of Human Services

No judgement.  
Only hope.



**NO MATTER WHO  
YOU ARE THERE  
IS HOPE.**

**PROBLEM GAMBLING.  
START THE CONVERSATION.**

Call 1-800-333-HOPE  
Text HOPE to 61222

Minnesota Department of Human Services

No judgement.  
Only hope.

## Appendix 11: Minnesota Student Survey Technical Note

### Technical Note

#### Data

The Minnesota Student Survey (MSS) is a statewide school-based survey conducted every three years by an interagency team consisting of four state agencies (Education, Health, Human Services, and Public Safety).

MSS is not a sample-based but a census-like survey where all the public schools with grades 5, 8, 9 and 11 were invited to participate. In 2016, the MSS was administered between January and June of 2016 to public school students in grades 5, 8, 9 and 11<sup>20</sup>. In total, 168,733 students had participated with 41,865 5<sup>th</sup> graders, 44,983 8<sup>th</sup> graders, 45,309 9<sup>th</sup> graders, and 36,576 11<sup>th</sup> graders.

#### Questionnaires and the Mode of Administration

There were three levels of questionnaires: Level 1 for 5<sup>th</sup> graders, level 2 for 8<sup>th</sup> graders and level 3 for 9<sup>th</sup> and 11<sup>th</sup> graders. The majority of questions on substance use were asked only in Level 2 and 3 questionnaires. Thus, this report covers data from students in grades 8, 9 and 11.

In 2016, a web survey was the main mode of administration with limited number of paper surveys being offered only for the level 3 questionnaire on a first-come-first-serve basis. About a quarter of the 9<sup>th</sup> and 11<sup>th</sup> graders who participated in the 2016 MSS took the survey in paper mode. In the final total for the regular school data, there were 20,587 students who completed the survey in paper mode.

#### Participation Rates

MSS is not a sample-based, but a census-like survey, where all public school districts are invited to participate and student participation is voluntary. Parents were informed in advance about the administration and offered an opt-out option.

In 2016, 282 of the 330 public school districts (85.5%) agreed to participate. Overall, approximately 67.6% of the statewide student population enrolled in the four grades participated in the 2016 MSS (65.7% of fifth graders, 73.4% of eighth graders, 70.7% of ninth graders, and 60.5% of eleventh graders).

#### Socio-demographic description of participating students

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<sup>20</sup> In addition to the regular public schools, MSS is administered to students in Alternative Learning Settings as well as those in Juvenile Correctional Facilities which are not included in the estimates reported here.

Gender is evenly divided across all four grades. Overall, almost one third of students (31.7%) are members of a minority population or of multiple-race background. The proportion of minority students was higher among younger students (34.4% of 5<sup>th</sup> graders; 33.9% of 8<sup>th</sup> graders; 30.5% of 9<sup>th</sup> graders; 27.3% of 11<sup>th</sup> graders).

Just under three in ten students (29.0%) reported getting a free or reduced-price lunch at school. This is used as a proxy measure for low-income status throughout the analyses.

Table A-1. Socio-demographic characteristics of survey participants

Socio-demographic characteristics	Grade 5 (n=41,865) %	Grade 8 (n=44,983) %	Grade 9 (n=45,309) %	Grade 11 (n=36,576) %	Total (n=168,733) %
Gender					
Female	49.4	49.6	49.5	49.6	49.5
Race/Ethnicity <sup>1</sup>					
White	65.6	66.1	69.5	72.7	68.3
American Indian	2.7	1.5	1.2	0.9	1.6
Black	9.2	7.2	6.2	5.6	7.1
Asian/Pacific Islander	5.9	5.9	6.2	6.4	6.1
Hispanic	9.6	10.8	9.4	8.2	9.6
Multiple race	6.9	8.4	7.6	6.1	7.3
Household income					
Currently get a free or reduced-price lunch at school	30.6	30.4	28.5	26.0	29.0

<sup>1</sup> All the race categories (white, American Indian, black, Asian/Pacific Islander and multiple race) are non-Hispanic.