

## Chris Steller

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**From:** Kochanski, Alexis R (DHS) <Alexis.Kochanski@state.mn.us>  
**Sent:** Friday, March 15, 2019 2:51 PM  
**To:** Rep.Rena Moran; Rep.Tina Liebling; Rep.Dave Pinto; Rep.Debra Kiel; Rep.Joe Schomacker; Rep.Mary Franson  
**Cc:** James Nobles; Chris Steller; Chris McCall; Danyell Punelli; Doug Berg; Elisabeth Klarqvist; Joe Durham; Pat McQuillan; Randall Chun; Sarah Sunderman  
**Subject:** DHS Submission of Legislative Reports 3.15.19  
**Attachments:** DHS CWD 2017-2018 report.pdf; 2019 Combined Problem Gambling Legislative Report 1-16-19.pdf; Homeless Youth Act Report 03132019.pdf; 2019LegislativeReportCECLC.pdf

Dear Legislators,

Please find the following Department of Human Service's legislative mandated reports attached:

1. 2017-2018 Child Welfare Disparity Grants Evaluation Report
2. Cultural and Ethnic Communities Leadership Council (CECLC) 2019 Legislative Report ( I want to flag page 43 of the report, "Sustain and Enhance Chief Inclusion Officer Role." Is this consistent with your current practice? Please compare with what the report is recommending and let me know.)
3. 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
4. Homeless Youth Act

Please let me know if you have any questions.

Thank you.

Best,

**Alexis Russell Kochanski, MPH**

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## Chris Steller

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**From:** Kochanski, Alexis R (DHS) <Alexis.Kochanski@state.mn.us>  
**Sent:** Friday, March 15, 2019 3:35 PM  
**To:** 'Sen. Michelle Benson'; 'Sen. Jim Abeler'; Sen. Karin Housley;  
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**Cc:** Chris Steller; James Nobles; Andrea Todd-Harlin; Dennis Albrecht; Katie Cavanor; LaRissa Fisher; Liam Monahan; Patrick Hauswald  
**Subject:** DHS Submission of Legislative Reports 3.15.19  
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# Legislative Report

## **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**

**Behavioral Health Division**

February 2019

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is 1,740.

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# I. Executive summary

A gambling problem is a serious condition that causes psychological, financial, emotional, marital and legal difficulties for individuals, and for their families and friends.<sup>1</sup> According to the National Council on Problem Gambling approximately 6-8 million U.S. adults meet criteria for moderate or serious gambling problems and the estimated national social cost is \$6.7 billion each year due to bankruptcy, divorce, job loss, home loss, and criminal justice costs associated with problem gambling.<sup>2</sup>

In Minnesota, a portion of gambling tax revenue and lottery proceeds is provided to address problem gambling within the state. This is how Minnesota intends to ensure that the economic benefits of legalized gambling are not compromised by the harmful effects of problem gambling. In state fiscal year 2017, \$2.3 billion was reported as total gross revenue by the Gambling Control Board, the State Lottery and the State Racing Commission.

The Department of Human Services (DHS), Behavioral Health Division (result of the merger of the Mental Health Division and Alcohol and Drug Abuse Division), Minnesota Problem Gambling Program funds initiatives to enhance public awareness, a statewide helpline, inpatient and outpatient treatment services and training and research to address the needs of Minnesota communities experiencing problems related to problem gambling. Support groups such as Gamblers Anonymous and Gam-Anon are also available for people struggling with problem gambling. The Minnesota Problem 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.

Public awareness campaigns are coordinated with Northstar Problem Gambling Alliance and the 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. The GetGamblingHelp.com and JustAskMN.org websites have been recognized for a number of awards for creative and strategic excellence in 2017 and 2018. Two videos were created with content that could be helpful for the public awareness campaign anytime, as well as be used during Super Bowl 52 and the NCAA March Madness tournament.

Research efforts include a survey, education program and listening sessions with the Lao Assistance Center of Minnesota; focus groups with young adults; treatment provider survey; online survey of college students and most recently the Problem Gambling Program contracted with Wilder Research to conduct the 2018 MN DHS

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<sup>1</sup> [http://getgamblinghelp.com/wp-content/uploads/2018/01/DHS\\_SomeOneYouLove\\_Brochure.pdf](http://getgamblinghelp.com/wp-content/uploads/2018/01/DHS_SomeOneYouLove_Brochure.pdf)

<sup>2</sup> <https://www.ncpgambling.org/news/press-releases/> (2-27-18 March is Problem Gambling Awareness Month)



Survey of Recreation & Well-Being among Minnesotans. The survey will be completed in 2019 and will assess the extent and impact of problem gambling among adults in Minnesota, identify the groups in the population most affected by the problem and provide information that will be the evidence base for the State's education, prevention, outreach, treatment and recovery support planning. Survey results will provide an updated prevalence estimate for problem gambling among Minnesota adults and collect data to more accurately estimate the proportion of gambling revenues that come from problem gamblers in Minnesota. The previous statewide prevalence survey was conducted in 1994.

Recommendations in this report include:

1. Support increased education regarding the risks of cross-addiction when treating gambling disorder, substance use disorder and mental health disorders. Support increased screening, cross-referral, integrated treatment services and continuing care for gambling disorder when providing services to individuals with gambling, substance use disorder and mental health.
2. Expand community engagement initiatives that provide valuable information about how gambling impacts at-risk cultural and ethnic communities and invest in culturally responsive prevention and intervention resources.
3. Invest in initiatives informed through community engagement and participatory research projects to design and establish effective community level primary prevention and early intervention services.
4. Explore new opportunities available through the Substance Use Disorder (SUD) reform and recent establishment of the Behavioral Health Division to inform and establish problem gambling best practices.
5. Establish problem gambling funding priorities aimed at advancing policies and practices that address social determinants of health that inequitably impact communities and families.



## 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.

Minnesota Statutes 2008, section 123.45, subdivision 6 ; MINN. STAT. 123.45 (2008); Reports to the legislature must include the legislation that mandates creation of the report. Give the formal citation and then paste the text of the legislation into the report.



### 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.

The Behavioral Health Division staff, from the Minnesota Problem Gambling Program, developed this report. Problem gambling website review, and current reports submitted by contracted grantees were reviewed. In addition, problem gambling information is provided through several sources, which include statewide meetings, focus groups, surveys, and treatment providers. The Minnesota Problem 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.

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, Behavioral Health 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” 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.<sup>3</sup> Private treatment providers, problem gambling support programs and the Minnesota Indian Gaming Association also offer services to address problem gambling in Minnesota.<sup>4</sup>

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 Compulsive Gambling.

The 1994 Adult Survey of Minnesota Problem Gambling estimated that the prevalence of problem gambling in Minnesota was 4.4 percent of the adult population.<sup>5</sup> The Substance Abuse and Mental Health Services Administration (SAMHSA) cited research indicating high rates of co-occurring behavioral health issues for individuals with gambling disorder.<sup>6</sup> 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>7</sup>

In 2017, Minnesota’s Problem Gambling Program contracted with Wilder Research to conduct a survey to assess the extent and impact of problem gambling among adults in Minnesota, identify the groups in the population most affected by the problem and provide information that would be the evidence base for the State’s education, prevention, outreach, treatment and recovery support planning.

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<sup>3</sup> <http://www.northstarproblemgambling.org/3about-us/>

<sup>4</sup> <http://www.northstarproblemgambling.org/4about-us/>

<sup>5</sup> Adult Survey of Minnesota Problem Gambling, 1994

<sup>6</sup> SAMHSA Advisory Gambling Problems: An Introduction for Behavioral Health Services Providers, 2014

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



The 2018-2019 survey will determine the following:

- Rates of gambling participation by adults and determined sub-populations (types and frequency of gambling activities);
- Prevalence and characteristics of at-risk, problem, and disordered gambling among adults;
- Percentage of gambling revenues that come from problem gamblers;
- Attitudes toward gambling;
- Risk factors for problem gambling, including socio-demographic factors, other related issues such as substance use, mental health and physical health issues;
- Additional research questions that may be addressed:
  - Information about social and economic impacts of gambling
  - Impact of gambling expansion on rates of problem gambling
  - Awareness of and barriers to treatment and other gambling related services

Minnesota's Problem Gambling Program 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.

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.

This report provides:

- A description of problem gambling and problem gambling prevalence data.
- Overview of the 2018 MN DHS Survey of Recreation & Well-Being among Minnesotans.
- 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 2017 and 2018 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, 5th 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 5th 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>8</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>9</sup>

The Minnesota Gambler’s Anonymous website<sup>10</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.

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<sup>8</sup> National Council on Problem Gambling website, 2014

<sup>9</sup> National Council on Problem Gambling website, 2014

<sup>10</sup> <http://www.minnesotaga.com/>



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>11</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>12</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>13</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 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

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<sup>11</sup> 1999 National Gambling Impact Study <http://govinfo.library.unt.edu/ngisc/reports/finrpt.html>

<sup>12</sup> *Lost home values...* Jim Kinney, "Realtors: Western Massachusetts Casino Will Hurt Home Values in Host Community," *The Republican*, July 2, 2013.

<sup>13</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.



level problems and pathology, and the best practices recommended for better treatment outcomes.<sup>14</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.

## 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>15</sup> The 2018 MN DHS Survey of Recreation & Well-Being among Minnesotans will provide an updated prevalence estimate.

SAMHSA recently cited research indicating high rates of co-occurring behavioral health issues for individuals with gambling disorder<sup>16</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](#).

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<sup>14</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>15</sup> Adult Survey of Minnesota Problem Gambling, 1994

<sup>16</sup> SAMHSA Advisory Gambling Problems: An Introduction for Behavioral Health Services Providers, 2014



## Priority Development and Collaborative Partners

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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. The 16-member committee is appointed to a four-year term by the Commissioner of Human Services.

In December, 2013, the Department of Human Services, in partnership with Northstar Problem Gambling Alliance, co-sponsored a shared vision summit on compulsive gambling. 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 Advisory Committee on Compulsive Gambling, 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.



## Community/Stakeholder Engagement and Focus Groups

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### 2018 Stakeholder Engagement

The 2018 stakeholder engagement process began in July of 2018 with a series of WebEx sessions. Clinical, Primary Prevention, and Problem Gambling WebEx sub-workgroups were organized with the goal of obtaining stakeholder input on new policy initiatives under consideration and to review recommendations from the 2016 Minnesota's Plan for the Prevention, Treatment and Recovery of Addiction report that had not passed into law in 2017.

Problem Gambling sub-workgroup stakeholder feedback included:

- Engage stakeholders about barriers and funding opportunities.
- Increase problem gambling communications (e.g. Behavioral Health Division email updates through GovDelivery).
- Include problem gambling in discussions about treatment for co-occurring disorders.
- Increase discussion about treatment coordination and peer supports for individual and families in treatment and recovery for problem gambling.

The [2018 Minnesota's Plan for the Prevention, Treatment and Recovery of Addiction](#) report was developed following the stakeholder engagement process and provides a summary of the current substance use disorder (SUD) policy recommendations put forth by the Department of Human Services, Behavioral Health Division.

### Community Engagement: Lao Community Capacity Development

The Department of Human Services, Behavioral Health Division's Problem Gambling Program has maintained a close relationship with the Lao Assistance Center of Minnesota (LACM), supporting their work in the awareness of problem gambling.

In 2017, the Department of Human Services, Behavioral Health Division Problem Gambling Program partnered with the Northstar Problem Gambling Alliance, Lao Assistance Center and Dr. Serena King as the Primary Researcher and Project Consultant for a program to study gambling addiction in the Lao community and provide support services to affected individuals and their family.<sup>17</sup>

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<sup>17</sup> <https://www.minnpost.com/new-americans/2017/11/why-gambling-so-prevalent-minnesota-s-lao-community-and-what-s-being-done-addr>



#### Project Goal:

1. Building the survey and research design
2. Training Lao Assistance Center staff to identify gambling issues, and provide education about the difference between “responsible gambling” and “problem gambling.”<sup>18</sup> The education program included peer or health care worker led gambling groups.

#### Survey

A survey of gambling behavior in the Lao community was distributed within community networks and online. The survey examined:

- 1) Extent of gambling involvement, gambling types;
- 2) Age and gender differences in gambling and gambling problems;
- 3) Barriers to accessing care (cultural, financial, language, etc.);
- 4) Preferred educational and outreach/intervention approaches;
- 5) Impact on financial, emotional and physical health in the Lao community;
- 6) Casino involvement and perceptions, survey of types of gambling (for example, house betting, culturally specific games, lottery, sports betting, fantasy sports);
- 7) Pathways for providing services and education to the community about gambling;

This project is still underway and results from the survey will be available in 2019.

#### Next Steps

Future efforts will include partnerships with LACM to grow community and organization capacity to offer culturally responsive resources for prevention and treatment of problem gambling. DHS will continue to Invest in initiatives informed through community engagement and participatory research projects to design and establish effective community level problem gambling services.

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<sup>18</sup> <https://www.minnpost.com/new-americans/2017/11/why-gambling-so-prevalent-minnesota-s-lao-community-and-what-s-being-done-addr>



## **Substance Use Disorder Reform**

In June 2016, the Behavioral Health 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 Behavioral Health Division listening sessions.

Problem gambling recommendations from this effort included the following:

- 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.
- Work with stakeholders to enhance the current requirements to ensure the use of best practices and person-centered recovery-driven outcomes.
- 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.
- Dedicate funds to support race and ethnic community informed collaborations that provide valuable information about how gambling impacts disparate communities and develop prevention and intervention services to respond to community needs in a culturally responsive manner.
- Establish and develop research to provide data-driven decision-making.

## **Community Engagement: Listening Sessions & Focus Groups**

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) with close collaboration with the Lao Assistance Center of Minnesota (LACM) engaged in community listening and focus group sessions. Beginning in July 2014 through May 2017 focused listening sessions and focus groups were held at the LACM aimed at developing a community engaged process to understand the impact of gambling on the individual, family and the community. The principles of authentic community engagement and community participatory process allowed opportunities to learn and understand the values and perceptions about gambling and gambling prevalence in the Lao, Cambodian and Vietnamese communities of Minnesota. The continued collaboration and community participatory research process lead to the development of a community informed awareness media printed and video campaign that is responsive to the beliefs, languages, and values of the Lao community in Minnesota.

While the national rate of gambling addiction is one to two percent of the total population, Asian communities see the highest rates of addiction, from six percent to nearly 60 percent. Given cultural norms, issue awareness seemed especially challenging, revealing the need for an education campaign with support resources responsive to the preferences, beliefs and values of the Lao community.



The main objective was to identify community beliefs and attitudes regarding problem gambling within the Twin Cities Southeast Asian communities.

Phase I was comprised of listening sessions with community volunteers within four demographic groups:

Adults above age 25, men and women

Adults 30+, men

Adults 30+, women

Youth age 16-24, men and women

Phase II involved analyzing the conversations shared in the previous listening sessions. Reoccurring insights, such as the belief of individual control of a gambling problem or the degree to which Buddhist philosophy informs decision-making, helped shaped the progress for Phase III.

Phase III included the development of culturally appropriate communications, which was only done successfully through a community participatory process and an advisory group. The group was essential in identifying the key themes: family focus, positive guiding role of Elders, Buddhist spiritual beliefs and teachings are central to wellness, healing and positive path in life. See [Appendix B](#).

The process was authentically collaborative, with multiple concepts developed. The community advisory body guided and informed a strategy incorporating a range of culturally specific messaging focused on promoting education, awareness and prevention of problem gambling.

Listening Session & Focus Group Insights:

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

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.

### **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 be alienating to individuals.
- 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.

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19 <https://www.minnpost.com/new-americans/2017/11/why-gambling-so-prevalent-minnesota-s-lao-community-and-what-s-being-done-addr>

20 <https://www.minnpost.com/new-americans/2017/11/why-gambling-so-prevalent-minnesota-s-lao-community-and-what-s-being-done-addr>



## Surveys

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### 2018 MN DHS Survey of Recreation & Well-Being among Minnesotans

#### Background

To establish and manage statewide strategy to prevent problem gambling and minimize the related problems, it is critical to determine the number and characteristics of people in the population who are at risk of problem gambling and those who are in need of treatment for problem gambling. Information is also needed about attitude towards and awareness of treatment services for problem gambling as well as the barriers to seeking treatment. The 2018 MN DHS Survey of Recreation & Well-Being among Minnesotans will gather data that will provide critical information for the development and provision of problem gambling services. The survey will be completed in 2019. The latest statewide survey on gambling was conducted in 1994 and there have been many changes including the definition of problem gambling.<sup>19</sup> We are in need of a new data set for more timely and accurate estimates for problem gambling in Minnesota.

The term “problem gambling” encompasses a range of problems and issues related to gambling that span a continuum. In the field of gambling studies, there have been many terms used to describe gambling problems, such as pathological gambling, gambling addiction, problem gambling and compulsive gambling. This leads to some confusion and inability to cross-check study results. Within the survey, gambling disorder refers to pathological gambling. The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) defines gambling disorder as a “persistent and recurrent problematic gambling behavior” leading to clinically significant impairment or distress as indicated by at least four of the nine symptoms, such as tolerance, withdrawal, escaping, chasing losses, lying, risking relationship and problematic financial situation.<sup>20</sup>

While a vast majority of the adult population (85%) reported to have gambled at least once in the past year, gambling disorder is a relatively low base-rate phenomenon.<sup>21</sup> This provides challenges for a population-based survey project on gambling. The first national U.S. survey on gambling was conducted in 1975 by a commission on the review of the national policy toward gambling and estimated 0.77% of “probable” compulsive gamblers

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<sup>19</sup> Emerson MO, Laudergeran JC (1996). Gambling and problem gambling among adult Minnesotans: Changes 1990 to 1994. *Journal of Gambling Studies* 12(3), 291-304.

<sup>20</sup> American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC.

<sup>21</sup> 2014 SAMHSA podcast on gambling, accessed online on May 2, 2017 at SAMHSA’s website.



with an additional 2.3% as “potential” compulsive gamblers.<sup>22</sup> The 2001 National Epidemiological Survey on Alcohol and Related Conditions (NESARC) found that the respondents meeting criteria for past-year pathological gambling were too few to analyze.<sup>23</sup> More recently, based on a meta-analysis, it was estimated that there were about 5.8 million (roughly 2.2% of adult population) disordered gamblers in the U.S. in need of treatment.<sup>24</sup>

While the prevalence of gambling disorder may be low, the harms related to problem gambling may affect people who don’t meet the strict criteria for gambling disorder. Gambling problems exist on a continuum and a substantial proportion of these problems may occur in people who engage in gambling in ways that may pose a risk of harm to the gambler or others but has not produced effects that would result in a clinical diagnosis. This underscores the importance to expand our focus beyond diagnostic criteria.

To establish an empirical base for a statewide plan for various problem gambling services in Minnesota, it was important to gather information on people in need of early intervention and prevention as well as treatment. By definition, individuals with gambling disorder would be categorized to be in need of treatment. Two additional groups will be examined in the survey: problem gamblers as the target group for early intervention and those at-risk to problem gambling as the possible target for prevention. Following some of the previous studies’ definition and modifying it to the new criteria for DSM-5, problem gambling within the survey is going to be categorized by two or three positive symptoms out of 9 DSM-5 criteria.<sup>25 26</sup>

To identify the so called at-risk subgroup it may be necessary to examine factors other than the DSM criteria, such as the onset age of gambling, risky gambling behaviors (binge gambling and/or gambling alone) and other contextual factors (gambling problem by a close friend or family member, stressful life event and/or other

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<sup>22</sup> Kallick M, Suits D, Dielman T, et al. A survey of American Gambling Attitudes and Behavior. Ann Arbor (MI): University of Michigan Press; 1979. (Accessed online at <https://babel.hathitrust.org/cgi/pt?id=mdp.39015040497235;view=1up;seq=50> May 1, 2017).

<sup>23</sup> Petry NM, Stinson FS, Grant BF. Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *J Clin Psychiatry*. 2005;66(5):564-574.

<sup>24</sup> Marotte J, Bahan M et al. (2014) 2013 National Survey of Problem Gambling Services. Washington D.C: National Council on Problem Gambling.

<sup>25</sup> Volberg R, Nysse-Carris K, Gerstein D. (2006) 2006 California Problem Gambling Prevalence Survey-Final Report. NORC at the University of Chicago.

<sup>26</sup> Welte, J, Barnes, G, et al. (2008). The Prevalence of Problem Gambling Among US Adolescents and Young Adults: Results from a National Survey. *J Gambl Stud*. 24, 119-133.



health issues). The final definition and operationalization for this subgroup will be developed by the vendor in consultation with the State.

Wilder Research was hired to conduct the 2018 MN DHS Survey of Recreation & Well-Being among Minnesotans, a study about recreation and well-being among Minnesota residents, with a particular focus on gambling attitudes and behaviors. The study seeks to understand attitudes about gambling, frequency of gambling participation, and the prevalence of problem gambling behaviors among Minnesota's adult population. The study will be conducted via a statewide population based survey of 35,000 randomly selected households.

This study will provide updated statewide data to inform planning processes around and spending on prevention, education, and treatment services for problem gambling. Current data is critically needed; the most recent data on problem gambling prevalence in Minnesota comes from a DHS study conducted in 1994.

This study will also make special efforts to collect data about the prevalence of problem gambling in Native American communities. This will be done by sampling 10,000 additional randomly selected households from geographic areas (census tracts and blocks) with higher concentrations of Native Americans. Anecdotal information suggests that Native American communities are experiencing disparities related to problem gambling. However, there are no reliable data to support this premise. If the survey finds a high prevalence of problem gambling in Native American communities, funding can be made available by the State to respond in accordance to the community's need.

### **Scope & Methodology**

The 2018-2019 survey will determine the following:

- Rates of gambling participation by adults and determined sub-populations (types and frequency of gambling activities);
- Prevalence and characteristics of at-risk, problem, and disordered gambling among adults;
- Percentage of gambling revenues that come from problem gamblers;
- Attitudes toward gambling;
- Risk factors for problem gambling, including socio-demographic factors, other related issues such as substance use, mental health and physical health issues;
- Additional research questions that may be addressed:
  - Information about social and economic impacts of gambling
  - Impact of gambling expansion on rates of problem gambling



- Awareness of and barriers to treatment and other gambling related services

The population is non-institutionalized adults in Minnesota who are 18 or older. Wilder Research will select a representative sample from the population, develop a questionnaire and conduct a survey to gather data that will provide an evidence base for planning and implementing prevention, early intervention and treatment services for gambling problems in Minnesota. The result of the contract will be the production of a detailed technical report and a data set with a codebook.

A survey will be mailed to a random sample of 35,000 households across the state and will oversample an additional 10,000 households in geographic areas (census tracts and block groups) with higher densities of American Indians. Due to the sensitive nature of the questions and the potential social undesirability of admitting gambling behavior, we believe the anonymity of the mailed survey will elicit the most valid responses about these behaviors from respondents.

### **Project status**

Project accomplishments to date include:

- Literature review of prevalence studies from other jurisdictions
- Identification of preferred screening tools for at-risk, problem, and disordered gambling
- Development and pretesting of survey
- Design of survey mailing materials and website
- Communication with tribal leaders about survey goals and methods

While reviewing and discussing the pre-testing findings, it became apparent that further modification to the survey (including additional questions on gambling losses) could allow for collection of data that informs an annual report to the legislature on the percentage of gambling revenues that come from problem gamblers. Previously, this report has been informed by estimates of the percentage from other jurisdiction as Minnesota-specific data has not been available. This survey provides an opportunity to collect data from Minnesotans in order to more accurately estimate the proportion of gambling revenues that come from problem gamblers in Minnesota. Wilder and DHS are working to revise the survey and finalize the analysis plan to generate these estimates. We anticipate the final survey will be fielded in early 2019 and that analysis and reporting will be conducted during the spring and summer.



## 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.
- 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

## 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.

## 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.



## 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 30 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. Outpatient treatment is offered in varying levels of intensity. High intensity outpatient therapy typically consists of multiple weekly sessions of group and/or individual therapy with a gradual decline in number of sessions moving the recipient of services towards more self-directed recovery efforts. 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 2017 and 2018, Minnesota's Problem Gambling Program funded outpatient services for approximately 534 and 600 individuals, respectively. The number of individuals who received treatment through other payment plans such as private insurance, private pay or other unidentified resources is not reported or collected.

There are 29 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.

[Appendix A](#) includes a map and contact list of all state approved outpatient and residential gambling treatment programs. The map details where a gambling treatment program is located as designated by the program number from the contact list. It may be helpful to view the state map by three tiers (north, central and south) we can see as well, there are pockets in the state with no providers. The whole north sector has five providers with the Center for Alcohol & Drug Treatment/Gambling Services (24) and Andrea Mousel (26) in the east side of this sector and Lutheran Social Services, Gamblers Choice (5 and 19), Red River Counseling, PLLC (6) in the west side of this sector with nothing in between.

The Southern tier has seven gambling treatment programs; Riverview Clinic ( 2), Lutheran Social Services (3), Possibilities Therapeutic Services (8) , Kenneth Dennis (17) Christina Pristash (18), Keystone Treatment Center – OP (27) and Project Turnabout/ Vanguard Center for Compulsive Gambling (31).

The Central tier has, which also includes the seven county metro area, the most with 18 providers; Resilience Counseling (4), Paula Detjen (7), Club Recovery, Inc. (9), Connections Counseling & Recovery Services (10), Fairview Compulsive Gambling Program (11), Problem Gambling Intervention, LLC (12), Village Wellness Center, Inc. (13), West Lake Family Services (14), Freedom Center (15), Marcie Carper Counseling (16), Alcohol and Gambling Assessments, (20), Pathways Counseling (21), Steve Platt Counseling (22), Freedom Center (25), Bridges and Pathways Counseling (28), Venthouse Counseling (29), and Soundmind Therapy (30).

This information may help the DHS/Problem Gambling Program assess for gaps in infrastructure including services and capacity development for prevention, treatment and recovery of problem gambling. In addition, this offers opportunities to engage with regional, county and tribal partners to establish a comprehensive behavioral health system of care that provides responsive problem gambling services.

## **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 193 individuals in state fiscal year 2017 and 175 individuals in state fiscal year 2018. 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.

## **Self-Help 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 result. 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 845 and 982 gambling specific calls in state fiscal years 2017 and 2018, respectively, from individuals and concerned others. The Text Helpline received up to 148 texts in fiscal year 2017 and 221 texts in fiscal year 2018 from individuals concerned about their own gambling. The table below shows the monthly call numbers for fiscal year 2016 and 2017.

Minnesota Problem Gambling Helpline Calls

Month	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
FY17	66	51	65	65	46	54	71	98	98	79	65	87	845
FY18	67	78	53	80	68	78	98	89	114	94	77	86	982

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

- Most of the Helpline calls were received on Friday, Wednesday and Monday, 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, 46% were between 35 to 50 years of age.
- There is an even number of female (47%) 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.

### 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.

The following strategic media plan was designed to respond to the need for public education and prevention information on problem gambling and its impacts on persons, families and communities. Strategic messaging and communication channels and online platforms primary aim is designed to encourage persons and/ or family and significant supports on how to access supports and services to respond to at-risk and problem gambling.

The primary communication channels used for this initiative include, a general resource website, GetGamblingHelp.com and prevention and early intervention informational website JustAskMN.org aimed to reach college and young adults ages 18-29. Both websites, promote the availability of immediate access to help through calling, texting or online chatting through the Statewide Problem Gambling Helpline. Placements encompassed a diversity of outlets to effectively reach the demographically diverse audiences (e.g., age, location, gambling risk and exposure, access to gambling, income level, lifestyle choices and cultural background).

#### Target Markets

Problem Gamblers – Adults and young adults who may have a gambling problem.

At-Risk Gamblers – Those who are at high risk for developing a gambling problem.

Affected Others – Friends and/or family members who know someone who may be experiencing a gambling problem.



## Digital Content

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

GetGamblingHelp.com, one of the two campaign websites, is targeted to visitors of all ages: 18 to 60+. It 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, young adults, cultural communities and various professionals 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
  - Find a Provider
- For Yourself
  - What Happens When I Call?
  - Myths and Superstitions
  - Financial Tools
  - Self-Assessment Quiz
- For Others
  - Partner
  - Parents
  - Colleague
  - Youth
  - Friends
- For Professionals
  - Law Enforcement
  - Human Resources
  - Legal
  - Healthcare Professionals



- Gaming Management
- Gambling Treatment Counselors
- Financial
- Behavioral Health
- For Communities
  - Cultural
  - Faith
  - Colleges and Universities
- Stories of Hope
  - Ann
  - Gracie
  - George
  - Keith and Karen
  - Livie
  - Stevie
- About Us
  - Fact Sheets
  - External Resources
  - Downloads

The site serves as an important tool for public awareness and has achieved growing interest thanks to campaign outreach and quality content. During the past two fiscal years, a **total of 43,259 visits** were logged from **35,736 unique visitors** (some returned for multiple visits). There were **59,587 individual page views**. Some **27,333 of those people** (76% of the total) were brought to the site through paid sources. The average time spent on any single page was a strong **one minute, 36 seconds**. Most visitors (85%) were mobile and tablet users.



## WEBSITE

GetGamblingHelp.com

July 1, 2016 – June 30, 2017

The site serves as an important tool for public awareness and has achieved growing interest thanks to campaign outreach and quality content. From July 1, 2016 – June 30, 2017, a **total of 15,097 visits** were logged from **12,914 unique visitors** (some returned for multiple visits). There were **23,121 individual pageviews**. Some **8,617 of those people** (57% of the total) were brought to the site through paid sources. The average time spent on any single page was a strong **one minute, 31 seconds**. Most visitors (81%) were mobile and tablet users.

# 15,097 sessions

(individual interactions with the site)

# 23,121

individual pageviews

# 12,914

unique visitors

**8,617** of those people (57% of the total) were brought to the site through paid sources



## WEBSITE

GetGamblingHelp.com

July 1, 2017 – June 30, 2018

The site serves as an important tool for public awareness and has achieved growing interest thanks to campaign outreach and quality content. From July 1, 2017 – June 30, 2018, a **total of 28,162 visits** were logged from **23,124 unique visitors** (some returned for multiple visits). There were **36,466 individual pageviews**. Some **24,522 of those people** (87% of the total) were brought to the site through paid sources. The average time spent on any single page was a strong **one minute, 39 seconds**. Most visitors (87%) were mobile and tablet users.

# 28,162 sessions

(individual interactions with the site)

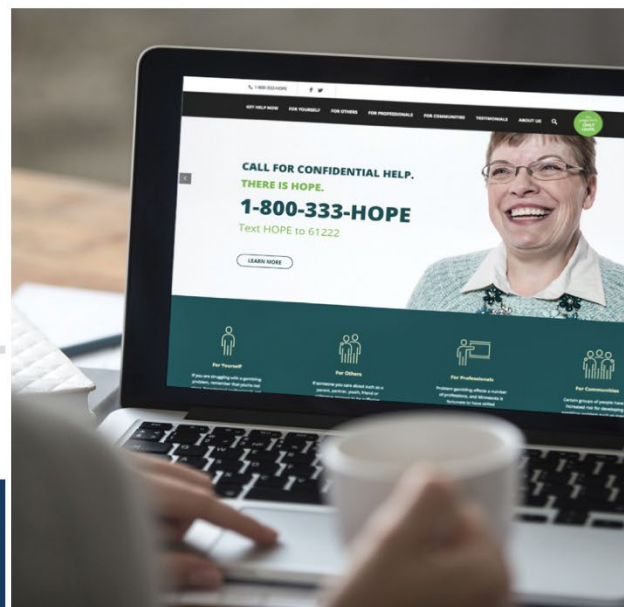
# 36,466

individual pageviews

# 23,124

unique visitors

**24,522** of those people (87% of the total) were brought to the site through paid sources





## DIGITAL ADS

GetGamblingHelp.com

July 1, 2016 – June 30, 2017



Ads have been seen

**1.9 million times**

Ads have been clicked

**11,778 times**



Ads have been seen

**1,751,438 times**

by 297,266 people who have engaged

**177,794 times**



Ads have been seen

**83,468 times**

## DIGITAL ADS

GetGamblingHelp.com

July 1, 2017 – June 30, 2018



Ads have been seen

**6.7 million times**

Ads have been clicked

**29,219 times**



Ads have been seen

**1,090,051 times**

by 272,019 people who have engaged

**38,576 times**



Ads have been seen

**302,941 times**



## f NoJudgment: July 1, 2016 – June 30, 2017

**7,060** TOTAL PAGE LIKES  
+ 458 since FY16  
(increase of 6.8%)

**2** MILLION TOTAL IMPRESSIONS  
**4,497** AVERAGE OF USERS REACHED DAILY  
**34,000** VIDEO AD VIEWS

**4,499** TOTAL ENGAGEMENTS  
ABOUT **22** ENGAGEMENTS PER POST

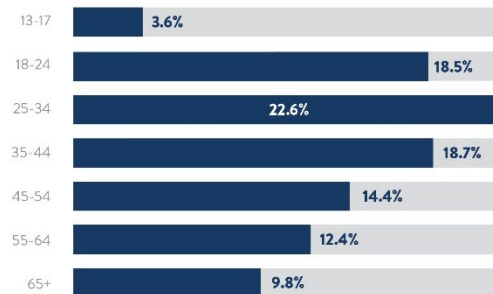
**1,891** DIRECT CLICKS BACK TO THE WEBSITE



### BREAKDOWN OF NOJUDGMENT FACEBOOK FOLLOWERS BY GENDER



### BY AGE



## f NoJudgment: July 1, 2017 – June 30, 2018

**7,608** TOTAL PAGE LIKES  
+ 553 since FY17  
(increase of 7.8%)

**1.2** MILLION TOTAL IMPRESSIONS  
**2,427** AVERAGE OF USERS REACHED DAILY  
**156,000** VIDEO AD VIEWS

**3,445** TOTAL ENGAGEMENTS  
ABOUT **52** ENGAGEMENTS PER POST

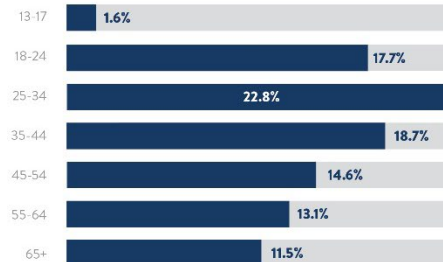
**11,500** DIRECT CLICKS BACK TO THE WEBSITE



### BREAKDOWN OF NOJUDGMENT FACEBOOK FOLLOWERS BY GENDER



### BY AGE





## MNGamblingHelp: July 1, 2016 – June 30, 2017

**95** TOTAL FOLLOWERS  
+92 since FY16 (100% increase)

**19,500**  
TOTAL IMPRESSIONS

**202**  
TOTAL ENGAGEMENTS

**39** DIRECT CLICKS BACK TO THE WEBSITE

MNGamblingHelp  
You could make a difference for someone in need.  
#HaveTheConvo Text HELP to 61222 or call 1-800-333-HOPE  
#ProblemGambling #PGAM  
(Tweet) March 06, 2017 8:13 am

POTENTIAL REACH  
**1,283**

Screenshots of the most popular post from the past year

### BREAKDOWN OF MNGAMBLINGHELP TWITTER FOLLOWERS BY GENDER



### BY AGE



## MNGamblingHelp: July 1, 2017 – June 30, 2018

**133** TOTAL FOLLOWERS  
+38 since FY17 (40% increase)

**42,900**  
TOTAL IMPRESSIONS

**133**  
TOTAL ENGAGEMENTS

**26** DIRECT CLICKS BACK TO THE WEBSITE

MNGamblingHelp  
Don't wait to get your life back. Visit our website to find free, confidential help today: <https://t.co/rWmC0x62eQ> #compulsivegambling  
<https://t.co/LAa84mcs>  
(Tweet) June 22, 2018 3:30 pm

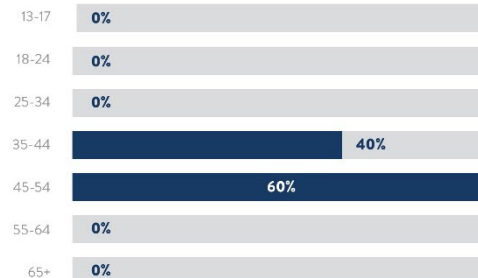
POTENTIAL REACH  
**1,629**

Screenshots of the most popular post from the past year

### BREAKDOWN OF MNGAMBLINGHELP TWITTER FOLLOWERS BY GENDER



### BY AGE





*Crisis Microsite: JustAskMN.org*

JustAskMN.org, the other of the two campaign websites, is targeted to young adult visitors, ages 18 to 29. It is designed to connect gamblers and friends with information related to safe and unsafe gambling habits, and a self-assessment survey. The site educates users on safe and modest gambling practices, based upon previous research findings. Content is included under the following categories:

- Play it Safe
  - Tips and Tricks
  - Budgeting and Planning
  - Know Your Odds
- Know the Signs
- FAQ
- Resources
  - Minnesota
  - National
  - Other

This site has also achieved impressive numbers in the past two fiscal years. In FY18, a **total of 64,168 visits** were logged from **41,865 unique visitors** (some returned for multiple visits). There were **132,025 individual page views**. Some **39,470 of those people** (94% of the total) were brought to the site through paid sources. The average time spent on any single page was **25 seconds**. Nearly all visitors (97%) came from mobile and tablet users.



## WEBSITE

JustAskMN.org

July 1, 2016 – June 30, 2017

From July 1, 2016 – June 30, 2017, a **total of 19,519 visits** were logged from **13,572 unique visitors** (some returned for multiple visits). There were **40,096 individual page views**. Some **17,613 of those people** (90% of the total) were brought to the site through paid sources. The average time spent on any single page was **31 seconds**. Nearly all visitors (94%) came from mobile and tablet users.

### 19,519 sessions

(individual interactions with the site)

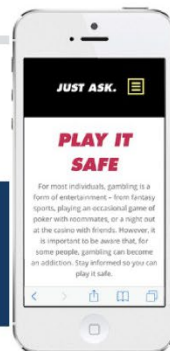
### 40,096

individual pageviews

### 13,572

unique visitors

**17,613** of those people (90% of the total) were brought to the site through paid sources



## WEBSITE

JustAskMN.org

July 1, 2017 – June 30, 2018

From July 1, 2017 – June 30, 2018, a **total of 44,649 visits** were logged from **28,954 unique visitors** (some returned for multiple visits). There were **91,292 individual page views**. Some **43,237 of those people** (97% of the total) were brought to the site through paid sources. The average time spent on any single page was **22 seconds**. Nearly all visitors (98%) came from mobile and tablet users.

### 44,649 sessions

(individual interactions with the site)

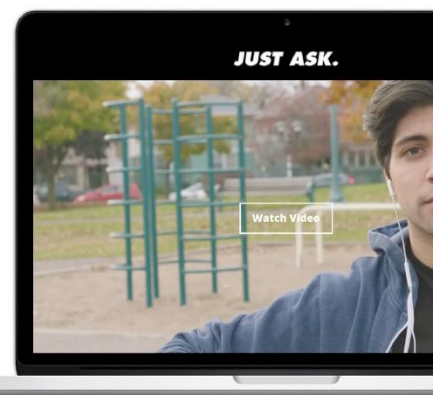
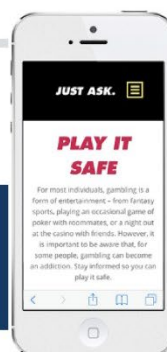
### 91,292

individual pageviews

### 28,954

unique visitors

**43,237** of those people (98% of the total) were brought to the site through paid sources





## DIGITAL ADS

JustAskMN.org

July 1, 2016 – June 30, 2017



Ads have been seen

**4.6 million times**

Ads have been clicked

**20,494 times**



Ads have been seen by 195,777 users

**757,678 times**

Shared, liked or otherwise engaged

**42,360 times**

## DIGITAL ADS

JustAskMN.org

July 1, 2017 – June 30, 2018



Ads have been seen

**15 million times**

Ads have been clicked

**50,384 times**



Ads have been seen by 214,398 users

**1,091,147 times**

Shared, liked or otherwise engaged

**34,922 times**



## f JustAskMN: July 1, 2016 – June 30, 2017



**631** TOTAL PAGE LIKES  
+ 590 since FY16 (100% increase)

**780,145**  
TOTAL IMPRESSIONS

AVERAGE OF  
**1,756**  
USERS  
REACHED DAILY

**40,200**  
TOTAL VIDEO VIEWS

**1,889**  
TOTAL ENGAGEMENTS

ABOUT **36**  
ENGAGEMENTS  
PER POST

**1,742** DIRECT CLICKS BACK  
TO THE WEBSITE

Post

Just Ask MN

What are the odds of winning the lottery? Click to find out. Although you may think you're gambling savvy, the odds are ultimately out of your control. <http://justaskmn.org/play-it-safe>



(Post) February 15, 2017 10:00 am

REACTIONS  
**133**

ENGAGEMENT  
**2.4%**

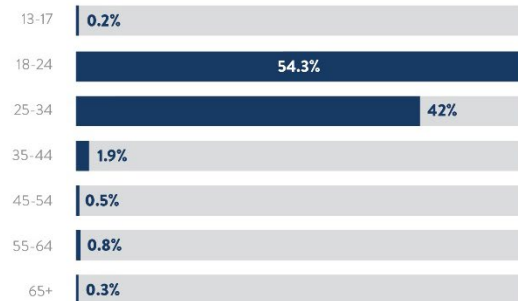
REACH  
**14.9K**

Screen shot of the most popular post from the past year

### BREAKDOWN OF JUSTASKMN FACEBOOK FOLLOWERS BY GENDER



### BY AGE



## f JustAskMN: July 1, 2017 – June 30, 2018



**1,531** TOTAL PAGE LIKES  
+ 810 since FY17 (143% increase)

**1.2**  
MILLION  
TOTAL IMPRESSIONS

AVERAGE OF  
**2,912**  
USERS  
REACHED DAILY

**31,600**  
TOTAL VIDEO VIEWS

**2,126**  
TOTAL ENGAGEMENTS

ABOUT **38**  
ENGAGEMENTS  
PER POST

**2,960** DIRECT CLICKS BACK  
TO THE WEBSITE

Just Ask MN

You might think you're the best poker player around or that your #MarchMadness brackets are unbreakable, but gambling outcomes are ultimately out of your control. Stay informed so you can play it safe. <http://justaskmn.org>



(Post) March 28, 2018 3:30 pm

REACTIONS  
**306**

ENGAGEMENT  
**3.8%**

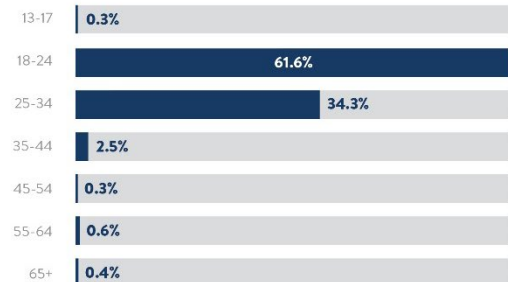
REACH  
**10.1K**

Screen shot of the most popular post from the past year

### BREAKDOWN OF JUSTASKMN FACEBOOK FOLLOWERS BY GENDER



### BY AGE





## Resource Materials

The collection of print materials includes:

- At Ease Soldier
- Friends & Work & College & Gambling & You
- Older Minnesotans and Gambling
- There is Help for Problem Gambling
- Moving Past a Gambling Problem
- Is Someone You Love at Risk?
- Women & Gambling
- 2-Question Screening Tool
- Helpline Card

These brochures and other handout materials target various demographics (e.g. military, college-aged adults, older adults 65+, women) and, ultimately, direct readers to helpful information, resources and the Statewide Problem Gambling Helpline.

## Public Service Advertising

Advertising campaigns used visual displays across Minnesota at service stations, restaurants and bars, including gas pump toppers and posters. These displays were strategically placed in geographical proximity to casinos and other gambling establishments.

### *Online Radio*

Pandora, a music-streaming service, was used to expand reach and awareness to a broader audience. New to the advertising channel lineup in 2018 was Spotify. Based upon the younger demographic of listeners, we targeted young adults ages 18 to 24 with this option.

### Pandora

Age 18 to 29

January 30 – February 5, 2018

Impressions: 235,835; Clicks: 68; Reach: 67,813



Age 30 to 54

March 13 – April 6, 2018

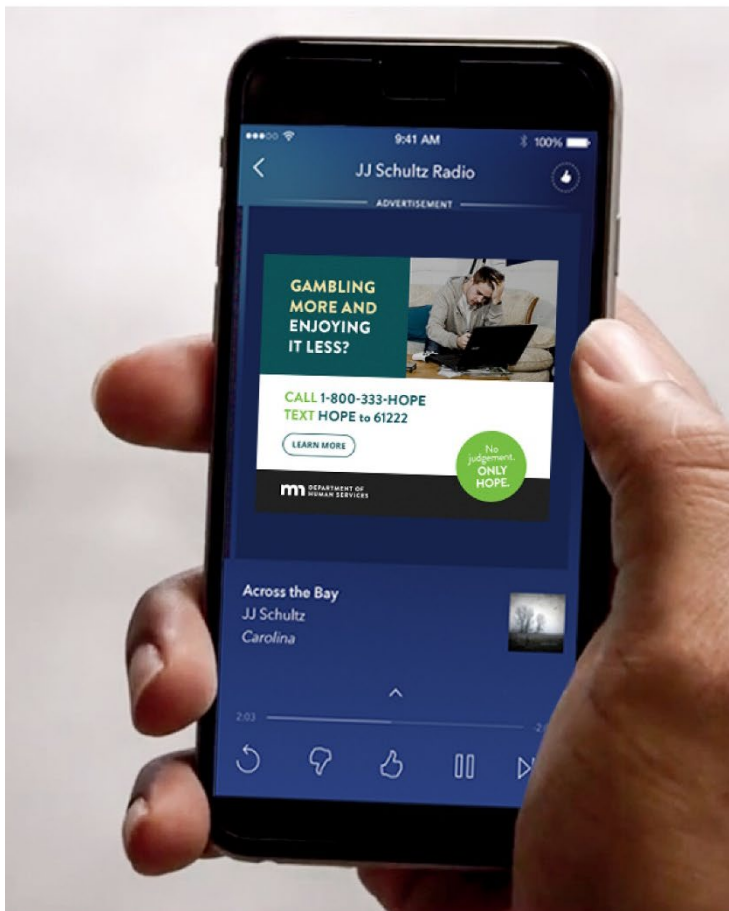
Impressions: 235,692; Clicks: 147; Reach: 98,076

## Spotify

Age 18 to 24

March 15 – April 2, 2018

Clicks: 126; Reach: 51,110



## PANDORA

Pandora, a music-streaming service, was used to expand reach and awareness to a broader audience.

### FY17

**Age 18-24 (JustAsk target market):**

March 1 – April 23, 2017

**Impressions:** 768,719

**Clicks:** 920

**Reach:** 137,216

**Age 25-54 (GetGamblingHelp target market):**

March 1 – April 23, 2017

**Impressions:** 729,750

**Clicks:** 1,242

**Reach:** 159,133

### FY18

**Age 18-29 (JustAsk target market):**

January 30 – February 5, 2018

**Impressions:** 235,835

**Clicks:** 68

**Reach:** 67,813

**Age 30-54 (GetGamblingHelp target market):**

March 13 – April 6, 2018

**Impressions:** 235,692

**Clicks:** 147

**Reach:** 98,076



### *Super Bowl*

While problem gambling is an issue throughout the year, Super Bowl 52 was held locally in Minneapolis on February 4, 2018 and offered a particularly strong opportunity to reach those who did, or considered, wagering. Two videos were created not only with this large-scale event in mind, but to produce content that was evergreen that could be used during March (Problem Gambling Awareness Month and the NCAA March Madness tournament) and beyond.

#### *Video 1: "Emotions"*

<https://vimeo.com/252714532>

Target: Minnesota resident males, ages 25 to 60

Description: Statistically speaking, most bets lose. What may seem fun and entertaining can become a financial nightmare. The Super Bowl is one of the top two most popular sports betting events of the year. If you're getting in over your head, it's time to stop.

#### *Video 2: "Man-cave"*

<https://vimeo.com/252714061>

Target: Minnesota resident males, ages 18 to 27

Description: What may seem like a harmless wager with your friends over a fantasy sports team can spiral into a habit that becomes a serious problem. The Super Bowl happens to be one of the most popular events for sports betting, along with the NCAA basketball championship. If you choose to gamble, know your limits and stop when you are getting in over your head.

## **Awards**

The Minnesota Problem Gambling Program and its websites, GetGamblingHelp.com and JustAskMN.org, have been recognized for creative and strategic excellence through the following awards:

GetGamblingHelp.com

Healthcare Advertising Award (2018)

JustAskMN.org

Gold Honor: Aster Awards (2017)

NCPG Multi-Cultural Communications Award (2017)

NCPG Corporate Website Award (2017, 2018)



## Northstar Problem Gambling Alliance

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### Northstar Problem Gambling Alliance

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, Canterbury Park, the State operated helpline, attorneys and nonprofit professionals. The Alliance staff and Board work 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

#### Online Media

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

- Website
- Monthly email newsletter (Northern Lights)



- Facebook page
- LinkedIn
- Twitter
- Instagram

The online media channels serve to distribute information to either the general public or messaging targeted to specific audiences. Northstar develops stories and articles on problem gambling of interest to Minnesotans and the material is widely linked throughout the network of channels. With the growing sophistication of social media logarithms, Northstar is able to better target specific cohorts that show particular vulnerability to gambling problems. Results of readership are regularly monitored and easy access to online statistics enables messaging to be revised if it appears it isn't gaining traction. These results are reported quarterly with the Northstar Board of Directors 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 anyone interested in the issue of problem gambling. It is continually 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.

Northstar hosts a Facebook page, uses Twitter, Linked-In, Instagram and YouTube as vehicles to share information and establish interaction with the community.

### **March is National Problem Gambling Awareness Month (NPGAM)**

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 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, online news, 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 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 LinkedIn. 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 last campaign.

### **Holiday Awareness Campaign with MN Lottery**

For over a decade, the National Council on Problem Gambling (NCPG) in partnership with the International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University have created a holiday awareness program to educate adults about the risks of buying lottery tickets as gifts for minors. As the state affiliate for NCPG, Northstar partners with the MN Lottery to advocate smart purchasing, reminding people not to purchase lottery tickets for minors. Between the two organizations, messaging is pushed out to state-wide media outlets and social media is utilized to target specific audiences. In addition to this specific campaign messaging, all provide links to multiple resources and the state helpline.

### **Speaker's Network**

Northstar's Speaker's Network provides direct access to a variety of groups interested in learning more about prevention and recovery from gambling disorders. 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. Our 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 outreach efforts play a major role in the communication efforts of the Alliance and provides Northstar direct connections with problem gamblers and others seeking recovery from alcohol or substance abuse. These opportunities provide insights and feedback that helps Northstar improve its response to and better understand the various issues that problem gamblers experience.

### **Print**

Northstar produces its' "flagship" publication, Northern Light, quarterly. It is printed and mailed to over 8000 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. Northstar convenes experts from around the country to address problem gambling issues at its own annual



conference. It is the only conference in the state that is exclusively focused on gambling addiction and its impacts.

### **Advocacy**

Northstar maintains a presence at the Capitol during session and communicates with legislators as issues arise throughout the year. Northstar will continue to be at the Capitol as legislation to expand gambling through legalizing sport betting is introduced. While Northstar remains neutral on the legality of gambling, it will always advocate for the needs of the problem gambler by requesting increased treatment, education and prevention resources and consumer protection.

### **Highlights**

- Northstar rebuilt its website (4.0)
- Completed a new brochure for attorneys, court personnel and others in the legal profession. This brochure provides a brief overview of gambling addiction and suggests ways that attorneys and others may intervene to assist someone in getting help they need before their legal problems worsen.
- Northstar increased its capacity for outreach by hiring a full-time outreach coordinator. This enabled the organization to present to more community groups and treatment centers throughout the state of Minnesota. These opportunities strengthen our relationships with treatment professionals and provides deeper understanding of those in recovery.
- Northstar commissioned a survey of the Lao community to ascertain the prevalence of gambling in this community. The results of this study will be utilized to prepare a pilot intervention/prevention model that is culturally appropriate.

### **Summary and Future**

Problem gambling continues to be under-recognized as an addiction. Since gambling is so normalized in our society and isn't usually associated with outward signs, it continues to be the hidden addiction. There is still misunderstanding of its cause, lack of awareness about resources for help, and it continues to carry a tremendous stigma. While LADC and related healthcare professionals have grown in the acceptance that gambling is a behavioral disorder and co-occurring addiction, it does not always receive the level of attention as other addictions. Establishing best practices and having ready access to current treatment training protocols is a priority. Continuing to educate the general public to the warning signs of problem gambling and directing them to resources is and will continue to be a priority. 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 to serve as a primary resource for information on this topic. Coordinated



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: 2016 Minnesota Student Survey

The most up to date Minnesota Student Survey data is from 2016. In the 2016 Minnesota Student Survey (MSS), several questions about gambling were asked to students in grades 8, 9 and 11. See [Appendix C](#) for a technical note.

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

Overall, about one in three (32.1%) of 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 backgrounds (34.2%).

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

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

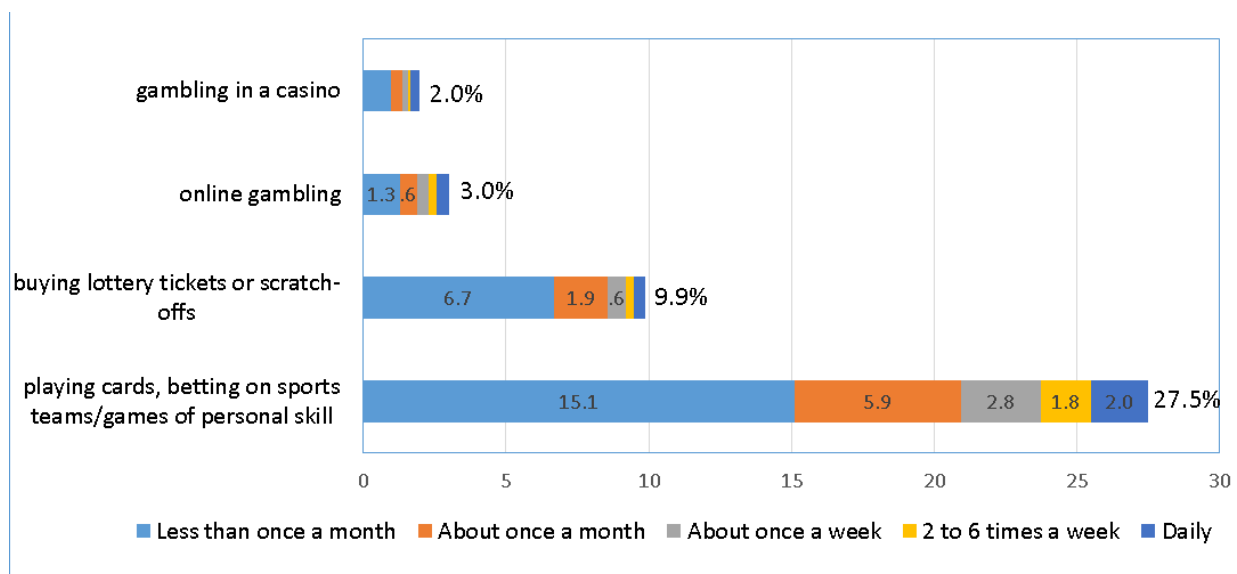
1 All the race categories (white, American Indian, black, Asian/Pacific Islander and multiple race) are non-Hispanic.

2 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**



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: 11th 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

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 (%)
	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

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

2 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%).

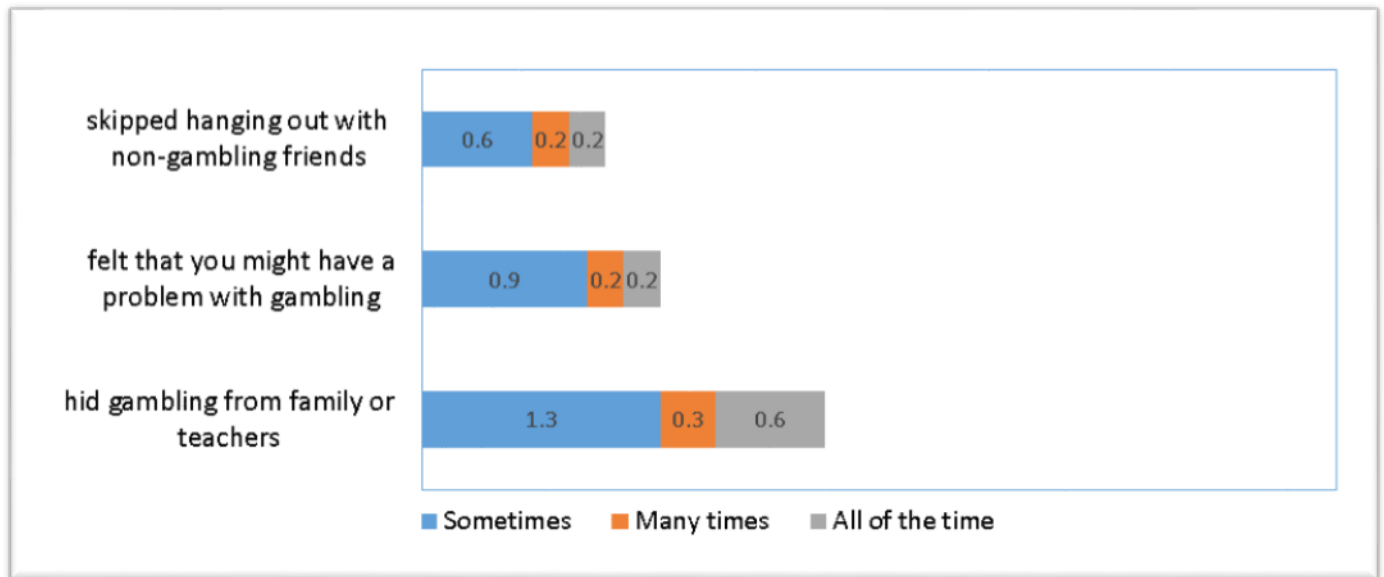
Hispanics and those with multiple racial backgrounds were consistently more likely than white students to have gambled during the past year. Black students, on the other hand, showed a unique pattern: They were slightly less likely than white students to report playing cards or betting on sports teams/games 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 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**

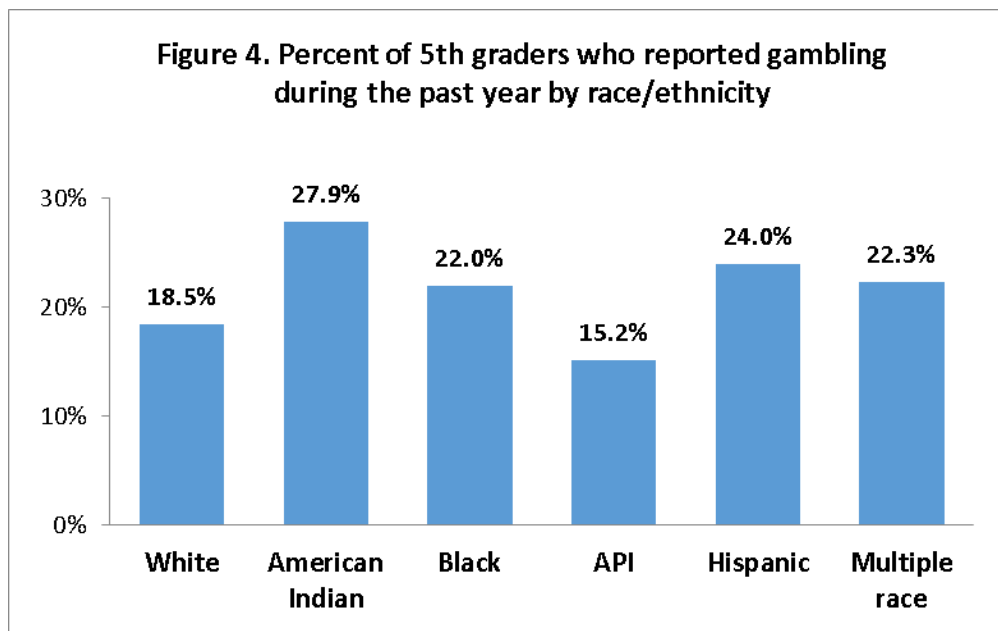
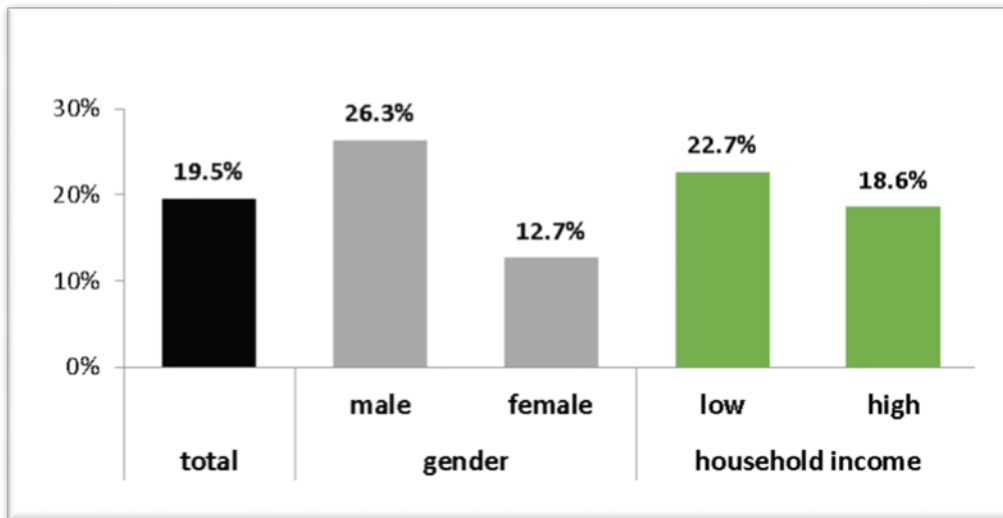


### Gambling among 5th graders

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 5th 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 5th 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%).



**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 5th graders had the lowest gambling rate of 15.2% (see Figure 4).



## 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.**

Socio-Demographic Factors	Students who gambled once a week or more often (%)	Students who gambled less frequently (%)	Students who did not gamble (%)
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



Socio-Demographic Factors	Students who gambled once a week or more often (%)	Students who gambled less frequently (%)	Students who did not gamble (%)
Household income <sup>2</sup>			
Low	9.6	22.7	67.8
High	6.7	25.4	67.8
<b>Total</b>	7.5	24.6	67.9

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

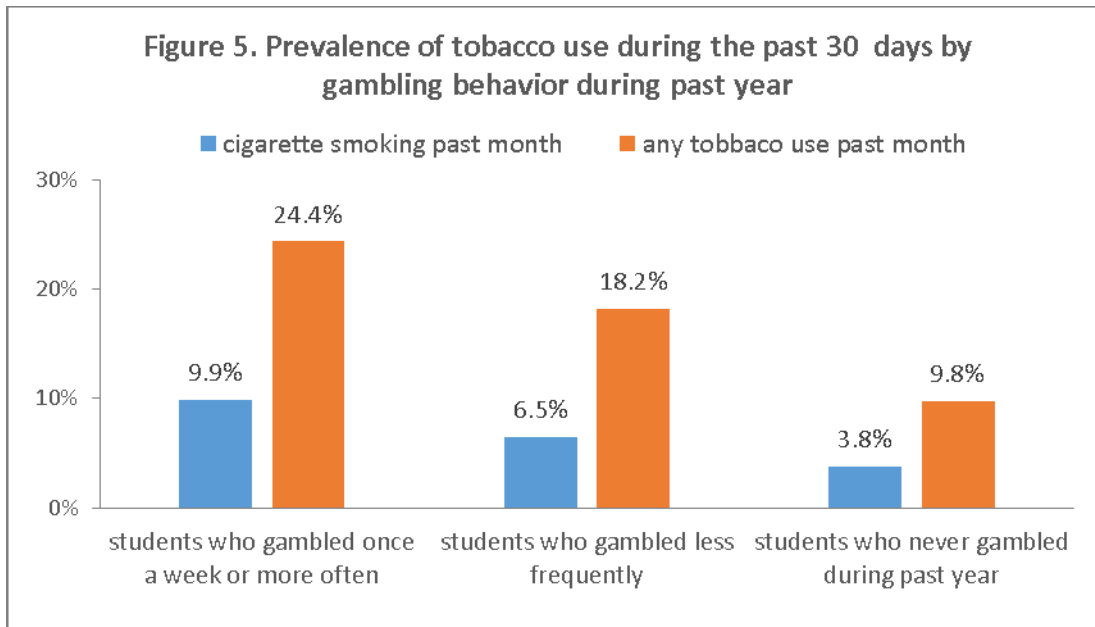
2 Household income was based on a proxy measure of getting free or reduced-price lunch at school. The students who were getting subsidized lunch at school are categorized as low income household and the others as high income household.

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%).

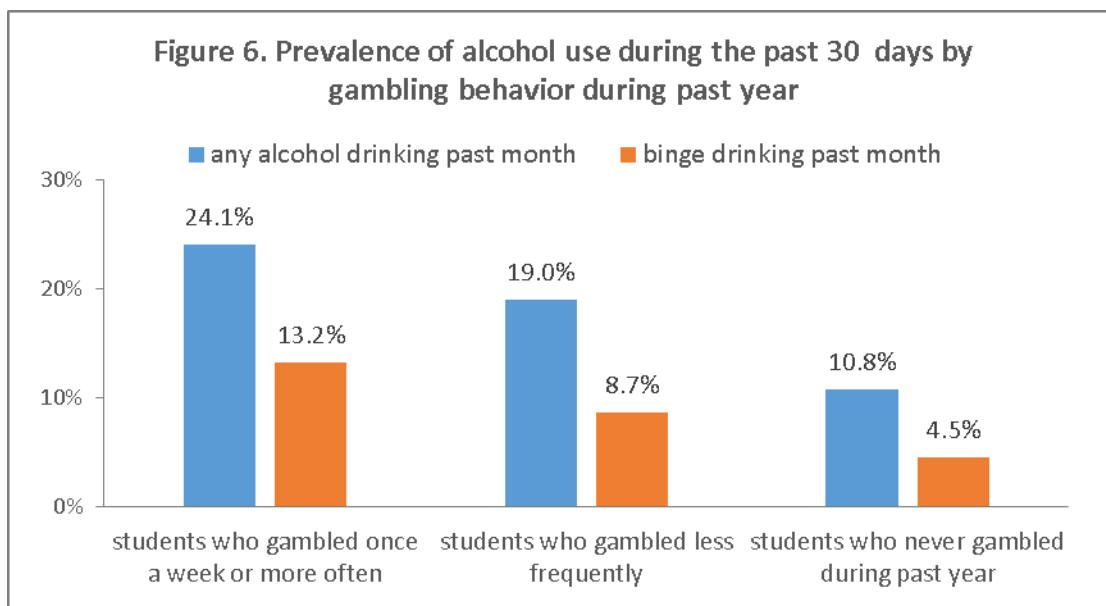
There was an interesting interaction between household income level and the frequency of gambling. Students from low income households were more likely than their more affluent counterparts to report frequent gambling during the past year (9.6% vs. 6.7%). This relationship, however, was reversed when 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.

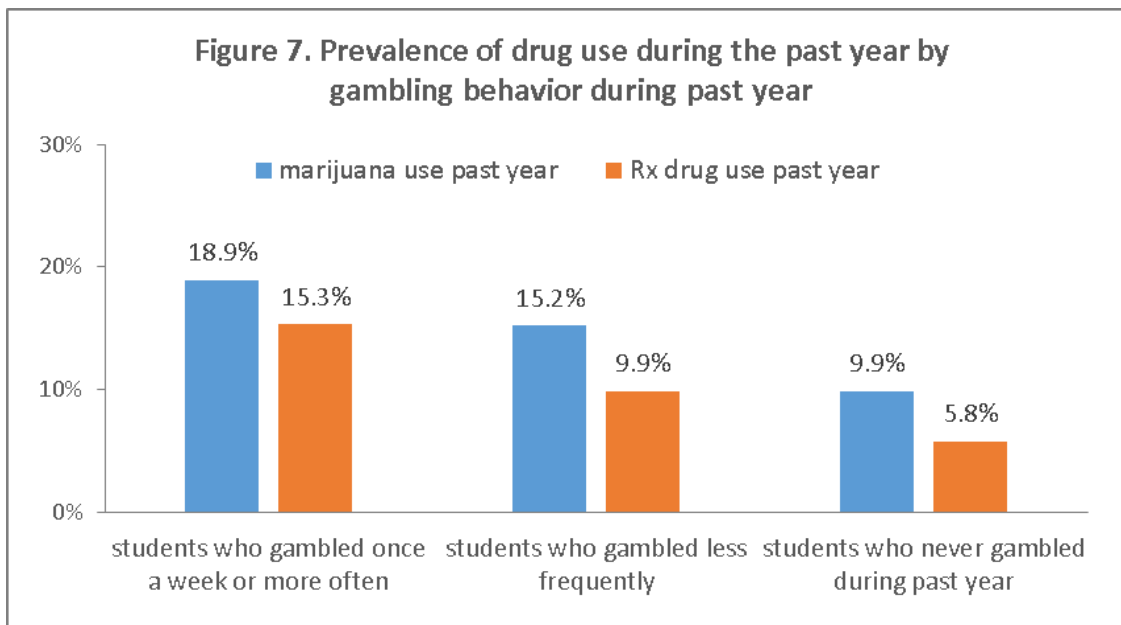




Students in grades 8, 9 and 11 who gambled frequently during the past year were more than twice as likely as non-gambling students to report cigarette smoking as well as any use of tobacco products including e-cigarettes and hookahs during the past 30 days (9.9% vs. 3.8% and 24.4% vs. 9.8%, respectively).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







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%)
- 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 a 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

### 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 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.

### 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.<sup>27</sup> Using these figures, we would guess that \$330,353,461 to \$770,777,614 million of the reported total gross revenue collected by the state through the Gambling Control Board, the State Lottery and the State Racing Commission in 2017 was generated by individuals who have gambling problems.

Nationally in 2016, \$73 million dollars of public funds were invested into problem gambling services. This is a 20% increase from the 60.6 million invested in 2013.<sup>28</sup> And in Oregon in 2008, they found that every \$1 spent on treatment saved more than \$2 dollars in social costs.<sup>29</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

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<sup>27</sup> The Proportion of Gaming Revenue Derived from Problem Gamblers: Examining the Issues in a Canadian Context, Williams and Wood, 2004

<sup>28</sup> <https://www.ncpgambling.org/programs-resources/programs/2016-survey-problem-gambling-services/>

<sup>29</sup> <http://www.calpg.org/wp-content/uploads/2012/06/Cost-Benefit-of-Problem-Gambling-Services.pdf>



gamblers are five times more likely to have co-occurring alcohol dependence, four times more likely to abuse drugs, three times more likely to be depressed.<sup>30</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>31</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 2017, the three agencies identified total gross revenue of \$2.3 billion. 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 gross receipts of \$526,892,077 in fiscal year 2017.

- The Gambling Control Board reported gross receipts of \$1,729,870,000 in fiscal year 2017. The fiscal year sales for each type of gambling activity is listed below:

<b>Gambling Activity</b>	<b>FY 2017</b>
Pull-Tabs	\$1,611,033,000
Bingo	\$77,787,000
Paddlewheels	\$18,164,000
Raffles	\$11,202,000

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<sup>30</sup> <http://www.ncpgambling.org/wp-content/uploads/2016/11/Surgeon-General-Landmark-Report-Addiction-Nov-2016.pdf>

<sup>31</sup> <http://www.ncpgambling.org/wp-content/uploads/2016/11/Surgeon-General-Landmark-Report-Addiction-Nov-2016.pdf>



<b>Gambling Activity</b>	<b>FY 2017</b>
Tipboards	\$11,627,000
Total:	\$1,729,813,000

The State Racing Commission reported 2017 revenues of:

- Card club operations overseen by the Minnesota Racing Commission accounted for \$67,301,951
- Pari-mutuel horseracing in Minnesota accounted for \$11,625,714;
- Pari-mutuel revenues derived out of state: \$1,101,516;

The Gambling Control Board reports an increase in all forms of charitable gambling from FY 2016 to FY 2017. The most significant increase was in electronic pull-tabs which increased by 122% from 2016.

According to the Gambling Control Board, pull-tabs make up the 93% of the total 1.7 billion sales in 2017. The prize payout for charitable gambling in Minnesota is 84%, while approximately 16% 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. Results from the 2018 MN DHS Survey of Recreation & Well-Being among Minnesotans will provide data to accurately estimate the proportion of gambling revenues that come from problem gambling.



## XI. Expenditures

Major Program Components:	ACTUAL SFY 17	ACTUAL SFY 18
Residential Treatment – Project Turnabout/Vanguard (per diem)	\$693,938.14	\$719,592.54
Public Awareness, Outreach and Education	\$523,700.00	\$430,000
Northstar Problem Gambling Alliance Grant Contracts- Public Awareness, Training & Education	\$447,772.67	\$423,704.19
Outpatient Treatment: Fee-for-Service Providers	\$995,498.40	\$1,309,734.95
Helpline – Statewide, toll-free, 24/7	\$151,357.97	\$151,040.08
Research: MN 2018 Survey of Recreation & Well-Being among Minnesotans	0	\$30,465.00
Counselor Education/Training Reimbursement	\$1,818	0
Problem Gambling Advisory Committee Expenses	\$1,103.49	\$1,307.18
Administrative Cost	\$227,469.95	\$283,894.29
<b>TOTAL Expenditures</b>	<b>\$3,042,653.62</b>	<b>\$3,349,738.23</b>



## XII. Policy Direction

### 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>32</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.

The 2018 MN DHS Survey of Recreation & Well-Being will assess the extent and impact of problem gambling among adults in Minnesota, identify the groups in the population most affected by the problem and provide information that will be the evidence base for the State's education, prevention, outreach, treatment and recovery support planning. Survey results will provide an updated prevalence estimate for problem gambling among Minnesota adults and provide data on the percentage of gambling revenues that come from problem gamblers.

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<sup>32</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>



## 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.

## Equitable Appropriations

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As legalized gambling has expanded in Minnesota, a designated portion of 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. Support increased education regarding the risks of cross-addiction when treating gambling disorder substance, use disorder and mental health disorders. Support increased screening, cross-referral, integrated treatment services and continuing care for gambling disorder when providing services to individuals with gambling, substance use disorder and mental health.
2. Expand community engagement initiatives that provide valuable information about how gambling impacts at-risk cultural and ethnic communities and invest in culturally responsive prevention and intervention resources.
3. Invest in initiatives informed through community engagement and participatory research projects to design and establish effective community level primary prevention and early intervention services.
4. Explore new opportunities available through the Substance Use Disorder (SUD) reform and recent establishment of the Behavioral Health Division to inform and establish problem gambling best practices.
5. Establish funding priorities aimed at advancing policies and practices that address social determinants of health that inequitably impact communities and families response to problem gambling.



## XIV. Appendix

### Appendix A: Problem Gambling Treatment Centers

#	County	Provider	Address
1	Anoka	Psychological Specialties, Inc	535 Coon Rapids Blvd, Coon Rapids, MN 55433
2	Blue Earth	RiverView Clinic	600 Reed St, Ste 115, Mankato, MN 56001
3	Blue Earth	Lutheran Social Services	710 S 2nd St, Mankato, MN 56001
4	Carver	Resilience Counseling	110 7 Hazeltine Blvd, Ste 410 , Chaska, MN 55318
5	Cass	Lutheran Social Services, Gambler Choice	3911 20th Ave S, Fargo, ND 58103
6	Clay	Red River Counseling, PLLC	110 32nd Ave S, Ste B, Moorhead, MN 56560
7	Dakota	Paula Detjen	14041 Burnhaven Dr, Ste 145 , Burnsville, MN 55337
8	Goodhue	Possibilities Therapeutic Services	309 Bush St, Ste 1, Gladstone Bldg, Red Wing, MN 55066; Mailing address: 928 Linda Ave, Red Wing, MN 55066
9	Hennepin	Club Recovery, Inc.	6550 York Ave S #620, Edina, MN 55435

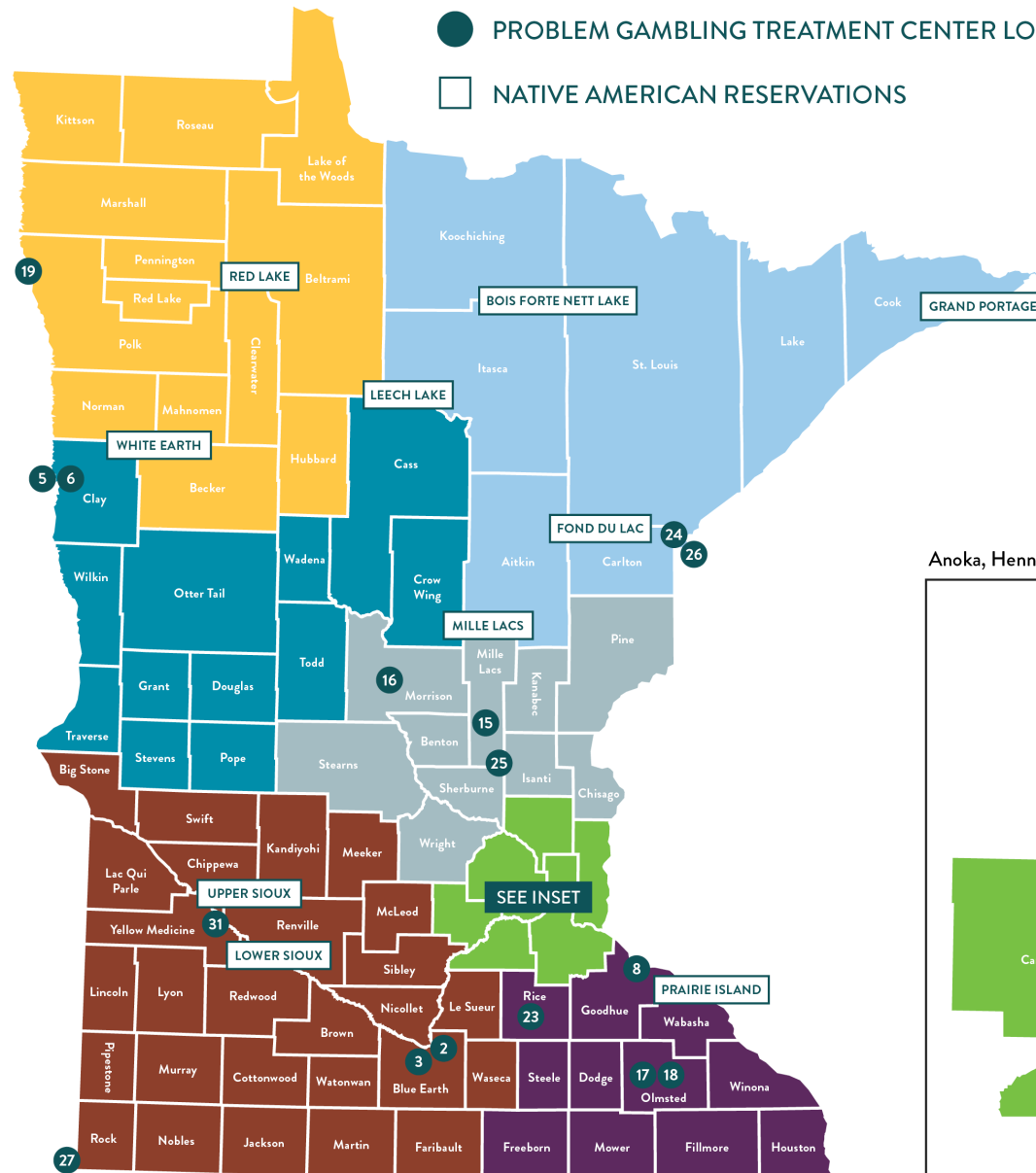


#	County	Provider	Address
10	Hennepin	Connections Counseling & Recovery Services	7550 France Ave S, Ste 220, Edina, MN 55435
11	Hennepin	Fairview Compulsive Gambling Program	2450 Riverside Ave, Minneapolis , MN 55454
12	Hennepin	Problem Gambling Intervention, LLC	5300 Vernon Ave S, Apt 408 , Edina, MN 55436
13	Hennepin	Village Wellness Center, Inc	5901 Brooklyn Blvd, Ste 202 , Brooklyn Center, MN 55430
14	Hennepin	West lake Family Services	700 Twelve Oaks Center Dr #260, Wayzata, MN 55391
15	Mille Lacs	Freedom Center	140 2nd Ave NE, Milaca, MN 56353
16	Morrison	Marcie Carper Counseling	1034 4th Ave NE, Little Falls, MN 56345
17	Olmsted	Kenneth Dennis, PhD	1530 Greenview Dr SW, Rochester, MN 55902
18	Olmsted	Christina Pristash	1500 1st Ave NE, Ste 120, Rochester, MN 55906
19	Polk	Lutheran Social Services, Gamblers Choice	412 Demers Ave, Grand Forks, ND 58201
20	Ramsey/Washington	Alcohol and Gambling Assessments	6027 N Georgia Blvd, Oakdale, MN 55128
21	Ramsey	Pathways Counseling	1919 University Ave W, Ste 6 , St. Paul, MN 55104

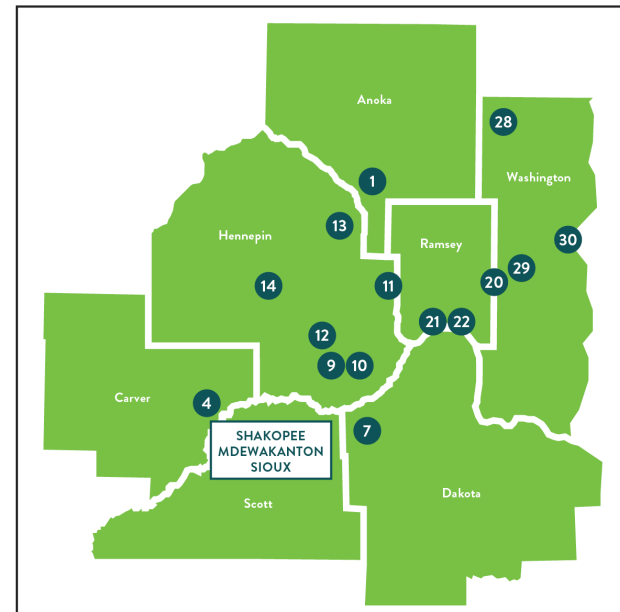


#	County	Provider	Address
22	Ramsey	Steve Platt Counseling	1619 Dayton Ave, St. Paul, MN 55104
23	Rice	Lutheran Social Services	1207 Prairie Ave SW, Fairbault, MN 55021
24	Saint Louis	Center for Alcohol & Drug Treatment/Gambling Services	1402 E Superior St, Duluth, MN 55805
25	Sherburne	Freedom Center	105 6th Ave S, Princeton, MN 55371
26	Saint Louis	Andrea Mousel	202 Superior St, Duluth, MN 55802
27	South Dakota	Keystone Treatment Center - OP	3800 S Kiwanis Ave, Sioux Falls, SD 57105
28	Washington	Bridges and Pathways Counseling	1068 S Lake St , Ste 109 , Forest Lake , MN 55025
29	Washington	Venthouse Counseling	8530 Eagle Point Blvd #100, Lake Elmo, MN 55042
30	Washington	Soundmind Therapy	227 E Chestnut St, Ste 7, Stillwater, MN 55082
31	Yellow Medicine	Project Turnabout/Vanguard Center for Compulsive Gambling	660 18th St, Granite Falls, MN 56241





Anoka, Hennepin, Ramsey, Carver, Washington, Scott, Dakota Counties





## Appendix B: Lao Community Engagement: Creative Results

### Lao Community Engagement: Creative Results





## **Appendix C: Minnesota Student Survey 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>33</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>33</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

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