



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

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I. Executive summary

According to the latest combined national survey conducted by the National Council on Problem Gambling and the Association of Problem Gambling Service Administrators in 2016, approximately 2.2% of the adult population in the U.S. had a past year gambling disorder.¹ The 2020 report “Gambling in Minnesota: A Study of Participation, Attitudes, and the Prevalence of Problem Gambling”, indicates 1.3% of Minnesotans are problem gamblers, representing over 56,000 adults. An additional 3.8% (about 162,000 adults) are “at-risk” gamblers. At-risk gamblers may gamble more than intended, chase losses, or attempt and fail to reduce their gambling activities.²

In Minnesota, a portion of gambling tax revenue and lottery proceeds are used 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 2018, the Gambling Control Board reported total gross revenue of \$2 billion and the State Lottery reported total gross revenue of \$557,725,597. The Minnesota Racing Commission reported revenues of \$126,792,354 in state fiscal year 2018. These are the most recent and complete figures available for all state agencies.

The Minnesota Problem Gambling Program, administered by the Minnesota Department of Human Services (DHS), funds initiatives to enhance public awareness, a statewide helpline, residential and nonresidential 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, which is a 16-member committee appointed by the Commissioner of Human Services.

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 utilizes different platforms which include Facebook, Twitter, Instagram, Spotify, and Pandora to deliver statewide messaging. Public awareness campaigns are coordinated with Northstar Problem Gambling Alliance.

In 2018, Minnesota’s Problem Gambling Program contracted with Wilder Research to conduct a survey on recreation and well-being among Minnesotans. The survey was designed 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,

¹ https://www.apgsa.org/wp-content/uploads/2018/01/2016_Survey_of_PGS_USA.pdf

² <https://www.wilder.org/wilder-research/research-library/gambling-minnesota-study-participation-attitudes-and-prevalence>

outreach, treatment, and recovery support planning. The survey was completed in 2019 and the final report, titled “Gambling in Minnesota: A Study of Participation, Attitudes, and the Prevalence of Problem Gambling”, was issued in February 2020³.

Survey results provide an updated prevalence estimate for problem gambling among Minnesota adults and 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 behavioral health disorders. Support increased cross-referral, integrated treatment services and continuing care when providing behavioral health services to individuals and their families.
2. Expand community engagement collaborations that provide valuable information about how gambling impacts at-risk cultural and ethnic communities and develop prevention and educational materials and other types of resources to respond to community needs.
3. Invest in Culturally Informed Prevention and Intervention 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.
4. Invest in primary prevention initiatives that will use the information gained from research and community engagement projects in order to develop the most effective types of primary prevention and early intervention strategies that are data-based and data-driven to better affect problem gambling at the community level using culturally responsive approaches.
5. Support increased use of telehealth to expand access to problem gambling treatment, especially in rural areas of the state. Increase awareness of telehealth technical assistance opportunities and the availability of teleconferencing services.
6. Invest in research to ensure that service delivery systems for problem gambling are not compromised by perceived economic incentives and prevent industry interests from influencing resources intended to address problem gambling. DHS recommends conducting a statewide survey every 5 years.
7. Recommend that the legislature continue to designate a portion of Minnesota’s tax revenue and lottery proceeds to address problem gambling in Minnesota.

³ <https://www.wilder.org/wilder-research/research-library/gambling-minnesota-study-participation-attitudes-and-prevalence>

II. Legislation

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

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

The governor shall report to the legislature by February 1 of each odd-numbered year on the state's progress in addressing the problem of compulsive gambling. The report must include:

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

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

...(a) Each year by February 15, 2014, and thereafter, the commissioner of human services shall report to the chairs and ranking minority members of the legislative committees having jurisdiction over compulsive gambling on the percentage of gambling revenues that come from gamblers identified as problem gamblers, or a similarly defined term, as defined by the National Council on Problem Gambling. The report must disaggregate the revenue by the various types of gambling, including, but not limited to: lottery; electronic and paper pull-tabs; bingo; linked bingo; and pari-mutuel betting.

III. Introduction

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

Minnesota Department of Human Services (DHS) staff from the Minnesota Problem Gambling Program developed this report. Staff reviewed problem gambling websites and current reports submitted by contracted grantees. In addition, problem gambling information is provided through several sources, which includes statewide meetings, focus groups, surveys, and treatment providers. The Minnesota Problem Gambling Program is advised by the Advisory Committee on Compulsive Gambling, which is a 16-member committee appointed 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 administers a compulsive gambling treatment program which funds awareness and education campaigns, a statewide helpline, treatment for residential and nonresidential 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 of care requires education, prevention, early intervention, treatment and recovery support services to minimize the harmful effects of problem gambling. Prevention initiatives include both individual and population-based education and awareness strategies which are designed to reduce 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 Gambling⁴.

The 1994 Adult Survey of Minnesota Problem Gambling estimated that the prevalence of problem gambling in Minnesota was 4.4 percent of the adult population⁵. The 2020 report “Gambling in Minnesota: A Study of Participation, Attitudes, and the Prevalence of Problem Gambling”, indicates 1.3% of Minnesotans are problem gamblers, representing over 56,000 adults. An additional 3.8% (about 162,000 adults) are “at-risk” gamblers. At-risk gamblers may gamble more than intended, chase losses, or attempt and fail to reduce their gambling activities.⁶

The Substance Abuse and Mental Health Services Administration (SAMHSA) cited research indicating high rates of co-occurring behavioral health issues for individuals with gambling disorder⁷. 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 disorder⁸.

In 2017, Minnesota’s Problem Gambling Program contracted with Wilder Research to conduct a survey (Gambling in Minnesota: A Study of Participation, Attitudes, and the Prevalence of Problem Gambling) 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. This survey was completed in February 2020.

The survey sought to 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, and other related issues such as substance use, mental health and physical health issues.

⁴ <http://www.northstarg.org>

⁵ Adult Survey of Minnesota Problem Gambling, 1994

⁶ <https://www.wilder.org/wilder-research/research-library/gambling-minnesota-study-participation-attitudes-and-prevalence>

⁷ SAMHSA Advisory Gambling Problems: An Introduction for Behavioral Health Services Providers, 2014

⁸ SAMHSA Advisory Gambling Problems: An Introduction for Behavioral Health Services Providers, 2014

More details and information about the report and its findings are illustrated later in this report.

Minnesota's Problem Gambling Program provides funding for both residential and nonresidential treatment services as well as 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 jobs and 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 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 2020 report "Gambling in Minnesota: A Study of Participation, Attitudes, and the Prevalence of Problem Gambling."
- 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 2019 Minnesota Student Survey on problem gambling.
- Research that investigates the likely impact of each form of gambling on problem gambling.
- State fiscal year 2019 and 2020 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”⁹.

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/AIDS¹⁰.

Prevalence Data Related to Problem Gambling in Minnesota

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 reduce the financial and emotional costs to individuals, families and communities. The 2020 report, “Gambling in Minnesota: A Study of Participation, Attitudes, and the Prevalence of Problem Gambling” indicates 1.3% of Minnesotans are problem gamblers, representing over 56,000 adults¹¹. An additional 3.8% (about 162,000

⁹ National Council on Problem Gambling website, 2014, <https://www.ncpgambling.org/help-treatment/faq/>

¹⁰ National Council on Problem Gambling website, 2014, <https://www.ncpgambling.org/help-treatment/faq/>

¹¹ <https://www.wilder.org/wilder-research/research-library/gambling-minnesota-study-participation-attitudes-and-prevalence>

adults) are “at-risk” gamblers. At-risk gamblers may gamble more than intended, chase losses, or attempt and fail to reduce their gambling activities.

In 2014, SAMHSA cited research indicating high rates of co-occurring behavioral health issues for individuals with gambling disorder¹². The research found that 73.3% of people with gambling disorder also had an alcohol use disorder, 38.1% also had a drug use disorder, 60.4% also had nicotine dependence, 49.6% also had a mood disorder, 41.3% also had an anxiety disorder, and 60.8% also had a personality disorder.

The 2019 Minnesota Student Survey asked students in grades 8, 9 and 11 about their gambling behaviors during the past year. Specifically, the survey asked about four groups of gambling activities: Playing cards, betting on sports or games of personal skill; buying lottery tickets or scratch offs; gambling in a casino; gambling for money online. Students who reported any gambling in the past year were asked three follow-up questions, which were used to estimate the prevalence of problem gambling.¹³

Priority Development and Collaborative Partners

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.

¹² SAMHSA Advisory Gambling Problems: An Introduction for Behavioral Health Services Providers, 2014

¹³ https://mn.gov/dhs/assets/gambling-behavior-mn-students_tcm1053-450190.pdf

V. Recent Surveys and Findings

Many different types of gambling opportunities are available to Minnesotans, including purchasing lottery tickets, playing electronic or table games at casinos, betting on horse races, purchasing pull tabs, buying raffle tickets, and playing bingo among others. Many individuals partake in these activities in a recreational way and without experiencing any negative consequences. Some individuals, however, experience impaired control over their gambling behavior and negative consequences for their health, finances, family and friends, or school or work, as a result. These individuals are considered problem gamblers (Volberg et al., 2015).

*2020 Report on Gambling in Minnesota: A Study of Participation, Attitudes, and the Prevalence of Problem Gambling*¹⁴

The Minnesota Department of Human Services (DHS) implements strategies designed to prevent problem gambling and also supports services to treat those experiencing problem gambling. In an effort to collect better, up-to-date information to inform our work, DHS contracted with Wilder Research in 2018 to conduct a study to:

- Understand types and frequencies of gambling activities in which Minnesotans participate
- Estimate the prevalence of problem gambling, including the differences in prevalence across socio-demographic groups, and the co-occurrence of problem gambling with other health conditions, and
- Understand attitudes toward gambling and publicly-funded prevention and treatment efforts for problem gambling

Methods

Data for the study was collected through a survey conducted in the spring of 2019. The survey was administered to a stratified random sample of 35,000 households across Minnesota. The survey could be completed on paper or online. The survey was completed by 8,512 respondents, resulting in a response rate of 25%. The survey data were weighted to produce statistically representative estimates of population parameters.

¹⁴ <https://www.wilder.org/wilder-research/research-library/gambling-minnesota-study-participation-attitudes-and-prevalence>

Key Findings

Participation in gambling

In the past year, 67% of adults surveyed participated in some type of gambling activity. Of those surveyed, 9% gambled weekly or more often, 18% gambled monthly, 40% gambled less than monthly, and 33% did not gamble at all in the preceding 12 months. The most common form of gambling in Minnesota is purchasing lottery tickets, including both lotto and scratch lottery tickets. Of those surveyed, 53% purchased a lottery ticket in the past year. Gamblers most commonly say the reasons they gamble are for excitement or entertainment, to socialize with family or friends, and to win money.

Participation in gambling varies by socio-demographic characteristics. Men are more likely to gamble than women. Middle age adults (35-64) are more likely to gamble than younger (18-34) and older adults (65+). White Minnesotans are more likely to gamble than Minnesotans who are black or Native American. Adults with some college, including trade school or an associate degree, or a Bachelor's degree are more likely to gamble than those who have attained more education, including a graduate degree, or less education, including a high school diploma or GED. Those who are working for pay are more likely to gamble than those who are not. People in higher income households are more likely to gamble than people in lower income households.

Attitudes toward gambling

The survey asked respondents about their opinions on the availability, benefits, and harms of gambling in their communities. It also asked about their perspectives on government spending related to prevention and treatment of problem gambling.

- Nearly half of Minnesotans (49%) believe that the current availability of gambling in their community is okay. Nearly one-fifth think that gambling is too widely available.
- Many Minnesotans (36%) are unsure how they feel about the relative benefits and harms that gambling has for their community. One-third of Minnesotans, however, believe that the harm outweighs the benefits, and only 8% believe the benefits outweigh the harm.
- Most Minnesotans (85%) believe that if someone has a problem with gambling, they need professional counseling. However, only 41% of Minnesotans believe that professional counseling for gambling works; 53% neither agree nor disagree that professional counseling works.
- Over 80% of Minnesotans think that government spending is at least “somewhat important” for educating youth and adults about the risks of gambling, educating adults about gambling responsibly, and providing counseling for problem gambling.

Problem gambling

The survey included questions from the Problem and Pathological Gambling Measure (PPGM), a commonly used tool to screen for problem gambling behavior (Williams & Volberg, 2010, 2014). This tool classifies respondents who gambled within the past year as recreational, at-risk, problem, or pathological gamblers. In this report, we combine individuals who are classified as problem or pathological gamblers into a single “problem gambler” group. Problem gamblers are individuals who experience significant impaired control over their gambling and negative consequences for their health, finances, family and friends, or school and work as a result of their impaired control. At-risk gamblers exhibit several behaviors that put them at risk for problem gambling, such as gambling more than they intended, chasing their losses, or attempting and failing to cut down on their gambling (Volberg et al., 2015).

According to the survey:

- 1.3% of adults in Minnesota are problem gamblers, which represents just over 56,000 adults. An additional 3.8% (nearly 162,000 adults) are at-risk gamblers.
- 27% of adults surveyed know someone whose gambling may be causing them financial difficulties; impacting their physical or emotional health; or damaging their personal, family, or work relationships.
- 22% have themselves been negatively affected by the gambling behaviors of a friend, family member, coworker, or someone else they know personally.

The prevalence of problem and at-risk gambling differs across some socio-demographic groups. Individuals with a high school diploma, GED, or less education have rates of problem gambling that are at least three times higher than individuals with higher levels of educational attainment. Although overall rates of gambling participation are higher in higher income households, the prevalence of problem gambling decreases among households with higher levels of income.

Males are more likely to be at-risk gamblers than females, but their rates of problem gambling are not significantly different. Adults who are 35-64 years old are more likely than older adults (65+), and similarly likely to younger adults (18-34), to be problem gamblers. Rates of at-risk gambling do not significantly differ across age groups. Among all adults who ever thought they might have a gambling problem, only 14% wanted help or thought about getting help in the past year.

Problem gambling and health

The survey included a number of questions about physical health, mental health, and substance use in order to explore the co-occurrence of health issues with problem gambling behavior. While the patterns tend to show that health outcomes are worse for problem gamblers than at-risk gamblers and worse for at-risk gamblers than recreational or non-gamblers, it is difficult to detect significant differences across all of these groups due to their small sizes. Some significant differences were identified:

- Based on responses to a standardized screen for substance use disorder that was included in this survey, problem gamblers are more likely than recreational and non-gamblers to have a high probability of diagnosis of substance use disorder. They are not significantly different from at-risk gamblers.
- Problem and recreational gamblers are more likely to be overweight or obese than non-gamblers; they are not significantly different from at-risk gamblers.
- Problem gamblers are more likely than recreational gamblers to report having fair or poor mental health; they are not significantly different from at-risk gamblers or non-gamblers.
- Problem gamblers are more likely than recreational and non-gamblers to have used tobacco or e-cigarettes in the past 30 days; they are not significantly different from at-risk gamblers.

While the prevalence of problem gambling is small (1.3%), it directly affects the lives of approximately 56,000 adults. When considering those at-risk for problem gambling as well, there are over 217,000 adults who may need, or be close to needing, treatment for problem gambling to prevent the negative consequences that may result. These negative consequences accrue not only to the gamblers, but to others in their families and communities. This study showed that 22% of Minnesotans, regardless of their own participation in gambling, have been negatively affected by the gambling behaviors of others they know personally, such as a friend, family member, or coworker. Additionally, we find that problem gambling is more prevalent among lower income households and could lead to further economic hardship for these families who may already face financial challenges.

This study shows the need for additional education and awareness about problem gambling and the appropriate and available treatment for it. Most Minnesotans are unsure whether professional counseling for problem gambling works. Among all adults who ever thought they might have a gambling problem, only 14% wanted help or thought about getting help in the past year. Furthermore, those who wanted or thought about getting help most commonly did not do so because they thought they could fix the problem on their own.

This study also shows there is broad support for the government to spend money on education and treatment for problem gambling. The majority of Minnesotans (over 80%) believe it is at least somewhat important for the government to spend money to educate adults on gambling responsibly, educate adults and youth about the risks of gambling, and provide problem gambling counseling.

When providing education and treatment, however, it is important to be considerate of who is most likely to be struggling with, or at-risk of, problem gambling in order to effectively deploy resources where they will be most impactful. This study showed that problem gamblers are more likely to have a lower level of education, to have lower household income, and to be 35-64 years old. Additionally, problem gamblers have a higher probability of being diagnosed with a substance use disorder. These factors should be considered in tailoring future efforts to prevent and treat problem gambling in Minnesota.

Gambling Behavior of Minnesota Students: 2019 Minnesota Student Survey

This section briefly describes the gambling behaviors of Minnesota students based on the 2019 Minnesota Student Survey (MSS) data¹⁵. The 2019 MSS asked students in grades 8, 9 and 11 about their gambling behaviors during the past year. Specifically, the survey asked about four groups of gambling activities: Playing cards; betting on sports or games of personal skill; buying lottery tickets or scratch offs; gambling in a casino; and gambling for money online. Students who reported any gambling in the past year were asked three follow-up questions, which were used to estimate the prevalence of problem gambling.

Although the same questions about gambling were asked in 2016, there were some changes to the survey questions in the 2019 MSS that warrant precautions in comparison analysis across the years. It is recommended to use the 2019 MSS data as the baseline for trend analysis in gambling behaviors among students in Minnesota. Thus, the comparison with the 2016 MSS data on gambling will be only briefly discussed at the end of this report. The trend results, however, should be interpreted with caution due to the limited comparability of the data between 2016 and 2019:

- Approximately 30% of students in grades 8, 9 and 11 reported that they gambled during the past year, and 0.5% of students in grades 8, 9 and 11 were estimated to have problem gambling.
- The most popular gambling activity was playing cards and betting on sports teams or games of personal skill.
- Male students were more likely than females to report any gambling during the past year, to have gambled more frequently and to be screened as problem gamblers.
- American Indian students had the highest prevalence of gambling across all four types of gambling activities measured in the survey and had the highest rate of frequent gambling during the past year.
- American Indian and black students had the highest rates of problem gambling.
- Students from low income households were more likely than their counterparts to have gambled frequently during the past year and to be screened as problem gamblers.
- Students who gambled during the past year were more likely than non-gambling students to report substance use in the past month and suicide ideation and suicide attempt during the past year; Students who gambled frequently during the past year were more likely than those who gambled less frequently to report substance use, suicide ideation and suicide attempt.

¹⁵ https://mn.gov/dhs/assets/gambling-behavior-mn-students_tcm1053-450190.pdf

- While the overall prevalence of problem gambling stayed the same between 2016 and 2019, the comorbidity rate between problem gambling and other behavioral health issues, such as substance use disorders, suicide ideation and suicide attempt, substantially increased over the years.

VI. Diagnosis and Treatment of Problem Gambling

Screening and Assessment

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.

Assessment Referrals by Probation

Probation officers are required by Minnesota Administrative Rule, part 9585.0020 to screen for gambling problems for offenders convicted of theft under specific crimes including embezzlement of public funds or forgery.

Treatment Services

Treatment services funded by Minnesota's Problem Gambling Program are intended to support person-centered and family-centered care delivery that is recovery focused and is accessible and responsive to individuals, families and communities in Minnesota.

Minnesota's Problem Gambling Program funds residential and nonresidential treatment that is provided by qualified professionals. Like other health care services in Minnesota, providers must comply with the Minnesota Human Rights Act and all federal laws and are prohibited from discrimination on the basis of race, color, national origin, sex, age, religion and disability. Providers adhere to the code of ethics as required by their professional licensing board. Contracted providers are required to screen for co-occurring behavior health disorders using a screening tool approved by the Commissioner of Human Services.

The Department of Human Services (DHS) Problem Gambling Program requires qualified professionals to complete 60 hours of gambling specific training to qualify as a state approved gambling assessor. Contracted assessors can be reimbursed for a portion of the cost of the training. Minnesota Administrative Rule 9585.0040 requires that training for gambling assessors be recognized by the National Gambling Counselor Certification Board or a training program provided by or under contract with DHS.

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The Problem Gambling Scholarship Fund is available to qualifying individuals interested in seeking training that will qualify them to become approved problem gambling treatment providers. A scholarship may reimburse a portion of the cost of the training for most eligible candidates. In an effort to address the lack of qualified culturally specific treatment counselors, qualifying clinicians offering culturally specific services are reimbursed for the full cost of the tuition for the 60-hour training.

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.

There are currently sixteen (16) nonresidential and one (1) residential gambling treatment program 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. A list of gambling treatment providers, by county, is included in the appendix of this report.

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 approximately 80 (about half of which are outside the metro area) Gamblers Anonymous groups in Minnesota. The Minnesota GA website is www.minnesotaga.com.

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

VII. Problem Gambling Helpline Service

The Department of Human Services’ Problem Gambling Program funds a problem 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 and text helpline is a free, confidential service that is available 24 hours a day, 7 days a week statewide at 1-800-333-HOPE (phone) or 61222-HOPE (text). Those who contact the helpline receive screening, crisis intervention, and counseling from Master’s level clinicians trained in problem gambling treatment. The Department of Human Services contracts with Morneau Shepell, a U.S. based helpline provider, to provide these services.

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 received 311 and 201 gambling specific calls in state fiscal years 2019 and 2020, respectively, from individuals and concerned others. The Text Helpline received approximately 101 chats in fiscal year 2019 and 86 chats in fiscal year 2020 from individuals concerned about their own gambling. The table below shows the monthly call numbers for fiscal years 2019 and 2020.

Minnesota Problem Gambling Helpline Calls

Month	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
FY 19	23	16	10	32	30	19	35	32	40	29	29	16	311
FY 20	22	28	16	21	16	20	22	15	12	5	6	18	201

Problem Gambling Helpline Summary

Peak call hours for FY 2019 and FY 2020 were between the hours of 8 a.m. and 5 p.m. and the majority of callers were between 35 to 50 years of age. In FY 2019, 60% of callers were male and 40% were female. In FY 2020, 55% of callers were male and 45% were female. The majority of callers to the Problem Gambling Helpline are calling for themselves. Others callers to the helpline include parents, spouses, siblings and relatives.

The top four primary problem gambling activities reported for FY 2019 (gamblers only with exception of July 2019 report) were:

- Casino Slots (50%)
- Casino Cards (18%)
- Other (9%)
- Pull-Tabs (8%)

The top four primary problem gambling activities reported for FY 2020 were:

- Casino Slots (53%)
- Casino Cards (13%)
- Other (11%)
- Lottery (7%)

VIII. Program Initiatives to Enhance Public Awareness

Minnesota's Problem Gambling Program: Statewide Campaign

Overview

The Department of Human Services utilizes state appropriated funds to promote the recognition of problem gambling signs and symptoms, and to identify resources for problem gambling treatment and support. The Minnesota Problem Gambling Program contracts with a Minnesota-based advertising and marketing firm to raise and promote awareness. The campaign includes a variety of methods to deliver statewide messaging.

Strategically designed communications strategies were utilized to respond to the need for public education and prevention information on problem gambling and its impacts on individuals, families and communities. Messaging and platforms utilized were designed to encourage individuals, families and employers to access information and support systems to effectively respond to at-risk and problem gambling.

The primary communication channels employed for this initiative include a general resource website, GetGamblingHelp.com, and a prevention and early intervention informational website, JustAskMN.org, aimed to reach young adults ages 18-29. Both websites promote the availability of immediate access to help through calling, texting or online chatting with the statewide Problem Gambling Helpline. Promotion of issue identification and resources for help encompassed a range 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).

The following details strategies and responses to the communications outreach conducted in Fiscal Year 2019 and Fiscal Year 2020. The two program websites remained live, but without promotional visibility, site traffic decreased significantly. Advertising and social media resumed when funding was restored.

Target markets for advertising and social media include:

- 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, family members and employers who know someone who may be experiencing a gambling problem

Strategies

Social Media

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GetGamblingHelp.com, one of two campaign websites, is targeted to adults of all ages: 18 to 70+. 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 the negative consequences of problem gambling. A second website, JustAskMN.org, exists to address the needs of those ages 18-29 who are seeking educational resources on problem gambling and how to gamble responsibly.

Social media was utilized extensively throughout FY 2019 and in FY 2020 when funding resumed. Strategies were employed on Facebook and Twitter, including:

- Developing editorial and visual content to post on social platforms
- Conducting fan acquisition campaigns to grow readership
- Engaging with audiences and monitoring activity for inappropriate content
- Retweeting and resharing valuable content

Facebook ads for GetGamblingHelp.com were viewed over 4.1 million times by 715,380 users for Fiscal Year 2019 and 443,418 times by 83,824 users for Fiscal Year 2020. Facebook ads for JustAskMN.org were viewed 1.4 million times by 199,339 users between Fiscal Year 2019 and 698,140 times by 78,432 users for Fiscal Year 2020.

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, among other locations.

Market Research

Two focus groups were held, one in Rochester and one in Minneapolis, to gain understanding of the potential extent of problem gambling amongst those with lower incomes and how it likely manifests, and to respectfully engage community members in dialogue to determine what information and resources are needed. Results from this study were successfully utilized to update messaging targeted to those within this sector.

Cultural Community Outreach

Initiatives were undertaken during FY 2019 to introduce the subject of problem gambling to interested community members and provide culturally appropriate resources. This work was focused within the West African and Southeast Asian communities and encompassed the following work:

- Assessed the existing online resources for potential use of problem gambling content
- Developed and tested an online ad campaign to reach those in need within the Lao community

- Created social media content for both communities and began targeted outreach within the Lao community
- Conducted multiple discussion groups and educational sessions on the subject
- Undertook co-creation initiatives within both communities to develop relevant outreach materials

Resource Materials

Useful print materials were developed to serve as helpful tools for those in need. 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.

DHS Culturally-Specific Problem Gambling Awareness Initiative

In addition to the Russell Herder Cultural Community Outreach strategy, in 2020 the Department of Human Services launched a new initiative using state funds designed to raise awareness and educate culturally-specific communities on the harmful effects of problem gambling disorders. This initiative involves collaboration and partnerships with four community, culturally-based organizations focusing on the African American, Asian American and West African communities across the state.

Northstar Problem Gambling Alliance

The Northstar Problem Gambling Alliance (NPGA) was formed in 2001 to serve as the Minnesota Affiliate to the National Council on Problem Gambling (NCPG) and to provide a forum for stakeholders involved with both the gambling industry and the treatment and recovery community. NPGA is an independent non-profit organization and receives funding through private donations, organizational donations, and grants from the state legislature. Like NCPG, NPGA is a gambling neutral entity, taking no position for or against gambling. However NPGA/NCPG strongly advocates for strong consumer protections from the gambling industry and continual review and reform of delivering best practice services of care and education to Minnesotans.

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, attorneys and nonprofit professionals. NPGA staff and board work with the State's Problem Gambling Program team and State Advisory Committee to share information and coordinate various activities.

The National Council on Problem Gambling and the Northstar Problem Gambling Alliance share similar missions and are focused on four main areas:

- Community awareness and education programming. Minnesotans, like most Americans, still fail to acknowledge gambling disorder as a real addiction. NPGA focuses a great deal on community outreach to talk about the harms one can experience with gambling problems, increase Minnesotans understanding that gambling disorder is a serious public health issue and to know how and where to get help.

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- Research. We make every effort to conduct research projects that will help us to gauge prevalence and attitudes, prevention measures and provide deeper insights in the ways that problem gambling and gambling disorder impact particular demographic cohorts and immigrant populations.
- Professional Education. NPGA makes 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. NPGA continues to build its relationships with Department of Human Services, the Department of Health and the legislature to ensure that problem gambling is included in discussion of public policy related to behavioral health, gambling expansion, changes to existing law or any policy change that would affect the appropriate funding for treatment of gambling disorder.

Northstar’s website (www.Northstarpvg.org) is a repository of information on the issue of problem gambling organized for easy access by multiple audiences, including problem gambling professionals, gamblers 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.

IX. Gambling Revenue Information and 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 be estimated by utilizing findings from the 2020 “Gambling in Minnesota: A Study of Participation, Attitudes, and the Prevalence of Problem Gambling”¹⁶. This report indicates 1.3% of Minnesotans are problem gamblers, representing over 56,000 adults. An additional 3.8% (about 162,000 adults) are “at-risk” gamblers. At-risk gamblers may gamble more than intended, chase losses, or attempt and fail to reduce their gambling activities.

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.¹⁷ Using these figures, we would guess that \$452,611,000 to \$995,744,205 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 2019 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 2013.¹⁸ And in Oregon in 2008, they found that every \$1 spent on treatment saved more than \$2 dollars in social costs.¹⁹

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

¹⁶ <https://www.wilder.org/wilder-research/research-library/gambling-minnesota-study-participation-attitudes-and-prevalence>

¹⁷ The Proportion of Gaming Revenue Derived from Problem Gamblers: Examining the Issues in a Canadian Context, Williams and Wood, 2004

¹⁸ <https://www.ncpgambling.org/programs-resouces/programs/2016-survey-problem-gambling-services/>

¹⁹ <https://calpg.org/wp-content/uploads/2019/09/2010-National-Council-on-Problem-Gambling-Cost-Benefit-of-Problem-Gambling-Services.pdf> (calpg.org)

the unprecedented amount of existing and expanding gambling.²⁰ The estimated six million adult problem 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.

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.”

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 2019, the three agencies identified total gross revenue of \$3,017,406,682. These agencies could not report what percentage of the revenue was from people who have gambling problems. The most recent data available from all state agencies comes from their 2019 annual reports.²¹

The Minnesota State Lottery reported gross receipts of \$595,435,875 in fiscal year 2019.

The Gambling Control Board reported gross receipts of \$2,333,086,000 in fiscal year 2019. The Gambling Control Board reports an increase in all forms of charitable gambling from FY 2018 to FY 2019. Electronic pull-tab sales increased 65% from FY 2018 and paper pull-tab sales also increased from FY 2018. According to the Gambling Control Board, pull-tabs make up the 94% of the total \$2.3 billion in sales in 2019. The prize payout for charitable gambling in Minnesota is 84.6%, while approximately 15.4% of net receipts are for expenses, taxes and charitable contributions. The fiscal year sales for each type of gambling activity is listed below:

Gambling Activity	FY 2019
Pull-Tabs	\$2,193,143,000
Bingo	\$93,210,000

²⁰ <https://www.ncpgambling.org/programs-resources/programs/2016-survey-problem-gambling-services/>

²¹ Gaming Control Board, <https://mn.gov/gcb/assets/fy2019-annual-report.pdf>; MN State Lottery, <https://www.leg.mn.gov/docs/2020/mandated/200089.pdf>; Information received from Minnesota Racing Commission during the writing of this report
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Gambling Activity	FY 2019
Paddlewheels	\$19,307,000
Raffles	\$12,676,000
Tipboards	\$14,528,000
Total:	\$2,333,086,000 ²²

The Minnesota Racing Commission (MRC) reported total revenue of \$88,884,807 in 2019.²³ Total revenue comes from three sources:

- Card club operations overseen by the MRC accounted for \$75,503,259
- Pari-mutuel horseracing in Minnesota accounted for \$12,102,259
- Pari-mutuel revenues derived from outside of Minnesota accounted for \$1,279,289

²² The total includes interest earned on gross receipts in FY 2019.

²³ Information received from Minnesota Racing Commission during the writing of this report

X. Report Recommendations

1. 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.
2. Expand community engagement collaborations that provide valuable information about how gambling impacts at-risk cultural and ethnic communities and develop prevention and educational materials and other types of resources to respond to community needs.
3. Invest in Culturally Informed Prevention and Intervention Services. Dedicate funds to support racial 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.
4. Invest in primary prevention initiatives that will use the information gained from research and community engagement projects in order to develop the most effective types of primary prevention and early intervention strategies that are data-based and data-driven to better address problem gambling at the community level using culturally responsive approaches.
5. 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.
6. Invest in research to ensure that service delivery systems for problem gambling are not compromised by perceived economic incentives and prevent industry interests from influencing resources intended to address problem gambling. DHS recommends conducting a statewide survey every 5 years.
7. Recommend that the legislature continue to designate a portion of Minnesota's tax revenue and lottery proceeds to address problem gambling in Minnesota.

XI. Appendix

Minnesota Problem Gambling Treatment Providers Listed by County

#	County	Provider	Website
1	Carver	Resilience Counseling	www.resiliencecounseling.com
2	Cass	Lutheran Social Services, Gamblers Choice	www.lssnd.org
3	Hennepin	Club Recovery Inc	www.clubrecoveryllc.com
4	Hennepin	Connections Counseling & Recovery Services	
5	Hennepin	Fairview Compulsive Gambling Program	www.fairview.org
6	Hennepin	Problem Gambling Intervention, LLC	
7	Hennepin	Vinland National Center OP Services	vinlandcenter.org
8	Mille Lacs	Freedom Center	freedomcenterinc.org
9	Olmsted	Christina Pristash	www.counselingrochester.org
10	Ramsey	Pathways Counseling	www.pathwayscounselingcenter.org

#	County	Provider	Website
11	Rice	Paula Detjen	www.detjencounseling.com
12	Saint Louis	Center for Alcohol & Drug Treatment/Gambling Services	www.cadt.org
13	Sherburne	Freedom Center	freedomcenterinc.org
14	Washington	Bridges and Pathways Counseling	https://www.bridgesandpathways.com/
15	Washington	Venthouse Counseling, Jason Walter	venthousecounseling.com
16	Washington	Alcohol and Gambling Assessments	www.alcoholandgamblingassessments.com
17	Yellow Medicine	Project Turnabout/Vanguard Center for Compulsive Gambling	www.projectturnabout.org/programs/gambling/