

Governor's Report on Compulsive Gambling

A Report to the Minnesota Legislature

February 2011

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I. EXECUTIVE SUMMARY

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

A COMPULSIVE GAMBLER is a person who is chronically and progressively preoccupied with gambling, and with the urge to gamble to the extent that the gambling behavior compromises, disrupts, or damages personal, family or vocational pursuits.

Minnesota Statutes 2006, section 245.98, subdivision 1
Compulsive Gambling Treatment Program

For most, gambling is a socially acceptable recreational activity such as attending social and sporting events. Even the simplest of activities involve some level of risk. For some, a simple recreational activity such as gambling slowly becomes an uncontrollable addiction that is no longer a pastime but a necessity. Problem or compulsive gambling is destructive to families, friendships, and careers.

Gambling for some youth is considered a new “rite of passage” into adulthood. Here as elsewhere in the country, tech-savvy youth gamble free on the Internet as an activity for its novelty and high level of stimulation. Government and non-profit organizations worldwide develop prevention efforts to assist youth in making healthy decisions about their gambling behavior.

Minnesota has had a compulsive gambling program in place since 1990 when the State Lottery began operations. Most of the funds for the program that includes a helpline, public awareness/education and treatment components come from the Lottery Prize funds. The program is administered through the Department of Human Services

Treatment Options

The National Institute of Health (NIH) findings point to the need for multidimensional treatment approaches and individualized treatment plans. The field is still relatively new and treatment is considered by many third party payers as experimental and therefore, not reimbursable.

Currently, Minnesota residents have a choice of 52 state approved outpatient gambling treatment providers and a variety of treatment modalities. Treatment providers help gambling clients with education, behavior modification and relapse-prevention. One residential facility serves individuals who have a compulsive gambling disorder and/or co-occurring gambling and another behavioral health disorder. There continues to be a shortage of providers in the northwest and southern counties of the state.

Funding from the Department of Human Services is available to providers who treat persons with compulsive/problem gambling and their families who have no other source of reimbursement for treatment. In FY09 and FY10, state funding supported 1,620 individuals served as outpatients and 329 in the inpatient setting. These numbers do not reflect those for whom there were other sources of reimbursement.

Helpline

The State funds a free, confidential 24-hour service that is available by calling the Minnesota Problem Gambling Helpline (800) 333-HOPE. In FY10, the Helpline received 1,054 calls requesting information or referrals to treatment services. The number of calls to the Helpline has decreased from the FY09 calls of 1,302. This trend is not unique to Minnesota and may be reflective of the current economy.

Public Awareness

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

Research

Scientific research has expanded the understanding of gambling disorders. This research may lead to reclassification of the definition of pathological gambling, which would impact both diagnosis and treatment. More research is also needed to determine empirically-supported, evidence-based treatment standards. Most recent studies have been done in Canada and Australia. Many nations are researching the impact of online gambling and the payment system.

Advisory Committee

In SFY 2008, the Department of Human Services engaged the Compulsive/Problem Gambling Advisory Committee in a discussion seeking recommendations for short and long range goals and strategies. The following represents the recommendations from the Committee:

Long Range Goals of the compulsive/problem gambling program

- Help problem gamblers and their families become self-sufficient,
- Reduce the negative consequences of problem gambling on families, employers, and the community at large,
- Inform the general public about the warning signs of problem gambling to intercept the progression of many problem gamblers to pathological states, and
- Expand the knowledge base regarding problem gambling.

II. INTRODUCTION

This report is being submitted pursuant to Laws of Minnesota 1994, Chapter 633, Article 8, Section I which states: "The governor shall report to the legislature by February of each odd-numbered year on the state's progress in addressing the problem of compulsive gambling. The report must include:

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

This report begins by describing the overall extent of gambling in Minnesota (Section III). Private and governmental programs to address compulsive gambling and to provide a range of treatment services, public awareness, and preventive efforts within the state are described in Section IV. National efforts to address compulsive/problem gambling appear in Section V. Short and long term goals and strategies for the compulsive gambling program managed by the Department of Human Services, a description of the problem gambling advisory committee and budget recommendations for the 2010-2011 biennium are located in Sections VI through VIII.

III. EXTENT OF GAMBLING IN MINNESOTA

A. INDUSTRY PROFILES

Individuals can legally gamble in Minnesota at a number of venues. Each is governed by state or federal statutes and has agencies or commissions that are responsible for oversight of their operations. A brief summary of each follows:

Charitable gambling opportunities include pull-tabs, raffles, bingo, paddlewheels and tipboards. Organizations must be licensed to permit gaming venues. The Gambling Control Board Annual Report shows the total revenues, payout for prizes, remaining receipts distributed for charitable contributions (after state taxes) and for allowable expenses directly related to the conduct of lawful gambling.

The **Gambling Control Board** was established in 1984 with the following charge: “to regulate the lawful gambling.... To prevent its commercialization, to ensure the integrity of operations, and provide for the lawful use of net profits” (Minnesota Section 349.11). (www.gcb.state.mn.us)

2. The **Canterbury Park Holding Corporation** is a publicly traded corporation that operates a Class A horseracing track in Shakopee. Canterbury Park conducted live racing for thoroughbreds and quarter horses from May to Labor Day. There is year round Tele-racing. (Minnesota Racing Commission Annual Report)

In 1999, the Legislature passed language that allows a Class B license to conduct Card Club activities at a Class A racetrack. Fifty card tables opened in April 2000 and are available on a 24-hour, 365 day basis.

During 2007, the Racing Commission continued its regulatory oversight regarding the construction and pre-opening activities of the Anoka County track, Running Aces Harness Park that commenced operation in April 2008. Running Aces Harness Park card room has 50 tables – 25 poker tables and 25 casino games.

The **Minnesota Racing Commission** was established in 1983 and regulates horse racing by enforcing laws and rules, issuing licenses, supervising wagering, collecting and distributing taxes imposed upon racetrack receipts and conducting investigations and inquires. (www.mnrace.commission.state.mn.us)

3. The **Minnesota Lottery** began selling tickets in April 1990. Approximately 92 percent of the lottery funds are returned to Minnesotans in the form of prize money, retailer commissions and contributions to the state for environmental projects, public services and the problem gambling treatment and public awareness programs. (www.lottery.state.mn.us). The Minnesota Lottery is a member of the North American Association of State & Provincial Lotteries. (www.naspl.org).

Nationwide, instant and daily lottery revenues have been on the rise since 2004, according to U.S. Census Bureau data. More than half of all states with lotteries have reported rising sales.

4. The federal **Indian Gaming Regulatory Act (IGRA)** was enacted by Congress in 1988 to create three classes of gaming in Indian Country and to provide for regulation of gaming by Tribal Governments. The IGRA authorizes the use of gaming revenues only for the following purposes: infrastructure improvements, education, health care, social services and economic and diversification initiatives.

Compact agreements between tribes and states were negotiated in 1989 under the IGRA. There are 34 tribal casinos in Minnesota operating under a combination of state law, tribal ordinance, and tribal-state compacts. (American Gaming Association, State of the State, 2008) There is no actual information on total revenues generated by these casinos. The National Indian Gaming Commission is the federal agency that oversees tribal gambling.

5. As part of its broader responsibilities, the **Gambling Enforcement Division, of the Minnesota Department of Public Safety** is responsible for conducting background and criminal investigations related to legalize gambling activities as well as inspections of tribal casinos. (www.dps.state.mn.us)

In 2007, the Minnesota Fraud Enforcement Partnership was created. Fraudulent lottery and sweepstakes scams account for at least \$30 million in losses each year in Minnesota. The “MnScams”, a new educational outreach campaign to enhance ongoing enforcement activities, emphasizes the importance of recognizing frauds and taking action to cut off communication with scammers.

6. **Texas hold'em** is an increasingly popular form of poker in which each player is dealt two cards and there are five common cards. To participate in a Texas hold'em tournament, a player must be at least 18 years old. The Alcohol and Gambling Enforcement Division (AGED), Minnesota Department of Public Safety, in conjunction with local law enforcement authorities, has jurisdiction over Texas hold'em tournaments. The Netherlands and Sweden ruled that poker is a game of skill. While a Swiss judge decided that poker is a game of chance.
7. The use of the **Internet** for sports and simulated casino games appears to be a growing industry both nationally and internationally. The legality of online gaming varies around the world. Many jurisdictions have legalized and regulated the industry. Minnesotans who engage in Internet gaming are subject to fines, jail sentences and confiscation of property. In addition, sport betting remains an illegal activity in Minnesota. There is no worldwide regulatory system that controls or standardizes the websites. The US is the largest online gambling market in the world despite the government's attempt at prohibition. (Casino Gambling Web, 2010)

Preliminary research findings suggest that problem gambling and Internet dependence may be separate disorders with common underlying etiologies or consequences. (Dowling, N.A. and Brown, M., 2010)

B. GAMBLING PATTERNS

All forms of gambling contain the following three key elements:

- Consideration: it must cost to play;
- Chance: the game must be based predominately on chance; and
- Prize: the player must be able to obtain something worth value if s/he wins.

The vast majorities of individuals who gamble do so for pleasure and do not experience any negative consequences in doing so. For those who gamble and exhibit symptoms of pathological gambling, the gambler usually experiences the following three phases:

- Adventurous phase - an increasing desire to gamble as excitement that often includes a big win that the gambler sees as a result of their personal abilities;
- Losing phase - the gambler bets increasing amounts of money “chasing” the money they have lost; and
- Desperation phase - gambling becomes a full time obsession where the individual increasingly gambles on credit and takes greater and greater risks.

These phases do not necessarily represent an inevitable progression. Most of those who seek gambling treatment have passed through the first two and have reached the desperation phase which often negatively impacts their personal relationships, employment and quality of life.

The next section describes utilization of the Helpline and treatment approaches managed by the Department of Human Services. This data does not reflect private providers or services reimbursed by third party payers. The Department of Human Services does not have access to that data.

IV. Summary of Governmental and Private Programs to Address Compulsive/Problem Gambling

A. Public Programs Administered Through the Department of Humans Services, Compulsive/Problem Gambling Services

1. Minnesota Problem Gambling Helpline

The helpline is a free, confidential twenty-four hour service that is available statewide by calling 1-800-333-HOPE. The Department contracts with a privately owned professional services company to provide this service. The helpline is staffed with trained mental health professionals who guide callers to the appropriate referral services.

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

The Minnesota Problem Gambling Helpline (800-333-HOPE) received calls in fiscal year 2009 and 2010 a total of 1,302 and 1,054 respectively requesting referral or specific information about gambling treatment services

Race related differences in gambling behaviors, psychiatric problems, and mental health and substance abuse treatment among problem gamblers may inform program planning and outreach efforts. (Barry, Steinberg, Potenza, 2008).

2. Compulsive/Problem Gambling Treatment Options

a. Fee-for-Service Outpatient Treatment

On July 1, 2000, outpatient treatment shifted from a grant funded to a fee-for-service payment system. This shift was enacted by the legislature to expand the availability and location of gambling treatment providers across the state and to be more comparable with other methods of payment for behavioral health service delivery.

The Department of Human Services has established statewide provider eligibility criteria and a fee schedule. Current and potential providers are advised through written and verbal communications of the operating guidelines, criteria and rate schedule.

As of December 2010, there are 52 qualified providers approved by the Department of Human Services to provide outpatient gambling treatment in 89 locations throughout the state. Providers who serve minority communities are included in the total.

Since 2006 there has been a reduction in the number of providers in large measure due to providers not renewing due to lack of referrals. The northwestern and southern parts of the state continue to have a shortage of qualified outpatient providers.

Given the generally low use of treatment among those with problems is the hallmark of all addictions – denial. Nobody wants to admit they have a problem. Both the outpatient providers and inpatient facility have experienced a decrease in problem gambling treatment services. Minnesota like other states, attribute the reduction of clients to effective statewide awareness campaigns.

The total number of individuals seeking outpatient treatment who were reimbursed under the fee-for-service method has declined since FY 2006:

FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
965	964	774	888	732

This total does not include individuals for whom the provider received reimbursement from third party payers. Starting in January 2001, Minnesota family members and/or significant others affected by the negative consequences of the problem gamblers activities can also access the family component of the fee-for-service treatment services even if the gambler is unwilling to participate in treatment.

b. Residential Treatment Services

There is one residential program in Minnesota, located in the southwestern region of the state. Clients served by this program are those with long histories of gambling problems, those who have not succeeded in outpatient treatment and individuals with co-occurring compulsive gambling and/or mental illness and chemical dependency. The number of clients who received inpatient treatment were:

FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
186	173	164	167	162

As is the case with outpatient, the numbers requiring inpatient treatment has declined slightly over the past years.

c. Assessment of Felons

Minnesota Statutes 2006, section 609.115, subdivision 9 mandates screening for compulsive gambling of persons pleading guilty to or found guilty of theft, embezzlement of public funds or forgery.

The 1998 Legislature broadened the definition of those who must be screened by

deleting “felony” from the statute to allow for misdemeanors. Administration is the responsibility of the Department of Human Service with implementation carried out by probation officers under either the Department of Corrections or County Community Corrections. The number of assessments requiring reimbursement by the Department of Human Services continues to be small possibly due to the turnover in probation officers. Statewide training opportunities to retrain the probation officers will take place over the next year. The Rule 82 assessments completed over the past years were:

FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
51	37	55	35	46

3. Public Awareness Efforts

The Department of Human Services contracts with a public relations/advertising firm to promote the recognition of problem gambling behavior awareness, to inform the general public of the signs and symptoms of compulsive/problem gambling, and to identify resources available for problem gambling assessment, treatment and aftercare support. All materials created are available on the web site www.nojudgment.com.

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

- Brochures and posters are available on the website. Providers can easily reproduce and customize materials within their offices. Every year, a number of materials are distributed by DHS free of charge to all the treatment providers.
- Public service advertising placed to generate inquiries to the Helpline (800-333-Hope). The campaign runs statewide at select times;
- Adult Problem gambling intervention video designed to help treatment providers and affected others address a potential gambling problem on a one-to-one basis. The video in DVD format includes five brief vignettes of possible encounters. Distribution is to all treatment providers and available to the public, as needed on the website www.nojudgment.com;
- Colleges/universities on-campus gambling awareness campaign “Beat the Bet” – PowerPoint and creative materials, such as coasters, are audience appropriate;
- A complete high school curriculum kit inclusive of the poster, teacher’s guide and lesson materials was sent to all private and public schools. All treatment providers were given a PowerPoint and speaker’s guide to use as a teacher in-service; and
- The microsite www.BeattheBet.com provides relevant information to the high school and college audiences. This also is on Facebook.

b. **Northstar Problem Gambling Alliance, Inc (NPGA)**, a nonprofit organization, was established in September 2002. The NPGA was formed due to a concern that a gambling neutral entity was needed to address concerns of those with a stake in gambling including gambling providers, the treatment community, allied professionals in a position to impact problem gamblers, state agencies, and prevention and treatment providers.

The 2008 legislature appropriated funds for each fiscal year to NPGA from the Lottery Prize Fund. Of this appropriation, each fiscal year is contingent on the contribution of non-state matching funds. The current grant (through June 30, 2011) is supporting Northstar's continued efforts to further awareness and understanding of problem gambling among a variety of audiences through the state. This ongoing work includes:

- Providing an informational website: www.northstarproblemgambling.org and developing similar electronic outlets for problem gambling information (Facebook, Twitter, etc.);
- Continued educational programs and outreach for multiple community organizations through a statewide Speakers Network of trained professionals conducting information presentations to civic groups, faith communities, older adult service providers, and chemical dependency professionals;
- Organization and implementation of the annual Minnesota State Conference on Problem Gambling to advance professional knowledge and training in problem gambling treatment, research and prevention;
- Conduct Rule 82, Felony Assessments training in coordination with the Department of Corrections; and
- Serve as the Minnesota affiliate to the National Council on Problem Gambling to leverage national efforts at the local level, including the annual National Problem Gambling Awareness week activities, and linking state professionals with national counterparts.

5. Training of Professionals

The availability of gambling specific training programs for licensed mental health professionals, mental health practitioners, and certified addiction counselors is essential to assuring that service providers are skilled in treating persons with gambling problems.

The North American Training Institute (NATI) provides online training to interested providers. The NATI organization is accredited by national certification agencies. The Department of Human Services provides partial scholarships to individuals who then commit to serving individuals funded through the DHS Compulsive Gambling Program. Completion of the gambling specific training education may allow participants to become eligible as a referral source for the Minnesota Problem Gambling Helpline (800) 333-HOPE.

B. Private Programs in Minnesota that Address Compulsive/Problem Gambling

1. The University of Minnesota, School of Medicine is one of several research institutions that are experimenting with pharmacologic treatment for compulsive gambling and other addictive disorders. (www.mmf.umn.edu/)

Dr. Jon Grant has achieved promising results in treating pathological gambling with a new medication, Nalmefene. Nalmefene is an opioid antagonist that negates the rush associated with gambling and curbs the craving to gamble. The study was published in the February 2006 issue of the *American Journal of Psychiatry*.

In a series of studies, Dr. S. W. Kim has shown that Naltrexone is highly effective in the treatment of uncontrolled cravings that are triggered by a potential reward—such as winning at a casino. The FDA has approved naltrexone for treatment of alcoholism and opiate addiction, but not problem gambling.

2. Gamblers Anonymous (GA) was established in 1957 as a fellowship of men and women who share their experience, strength and hope with each other to solve their common problem and help others to recover from a gambling problem. GA helps the compulsive gambler in the following five significant areas: identification, acceptance, pressure-relief group meeting, the Twelve Steps of Recovery, and peer support. Professionals who work with compulsive gamblers understand the importance of encouraging their clients to join Gamblers Anonymous. Professional treatment is generally short term while Gamblers Anonymous offers a lifetime support group for the recovering gambler. There are presently 80 (47 of which are outside the metro area) Gamblers Anonymous groups in Minnesota. The Minnesota GA website is www.minnesotaga.org.
3. Gam-Anon is a group of men and women who are husbands, wives, relatives, or close friends of compulsive gamblers. Their goal is to seek a solution for living with this problem by changing their own lives. Gam-Anon members are cautioned not to expect that their actions will cause the problem gambler to seek treatment, although this is sometimes the fortunate results. In Minnesota, there are currently 15 (8 of which are outside the metro area) Gam-Anon groups. Their website is www.gam-anon.org/gamanon/index.htm
4. Minnesota Indian Gaming Association (MIGA) was established in 1993. The Minnesota tribes have approached the problem of gambling addiction in various ways. MIGA has participated in a number of awareness and education efforts including sponsorship of conferences, casino-based training programs and scholarships for gambling specific training.

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

5. Many of the providers who offer compulsive/problem gambling treatment services through the state funded fee-for-service system also provide treatment to individuals covered by private insurance or through an employer's Employee Assistance Program. Many third party insurers continue to be unwilling to reimburse for treatment which is viewed as experimental.

6. Pathological gambling in the DSM-IV is in the category of “impulse control disorders not elsewhere classified”. The first draft of the American Psychiatric Association’s (APA) latest Diagnostic and Statistical Manual of Mental Disorders (DSM-V) proposed a new category of “behavioral addictions” which contains gambling addiction. Research supports pathological gambling and substance use disorders have similar effects on the brain and neurological reward system

V. International Efforts to Address Compulsive/Problem Gambling

A. Treatment Options

1. The Ontario Lottery and Gaming Corporation (OLG) have opened the Responsible Gaming Resource Centre in casino and slot facilities across Ontario. The new centres available where people actually gamble are operated by the Responsible Gambling Council (RGC) and are funded by OLG. Information provided at the centres is confidential. Other centres are self-service kiosks.

The Responsible Gambling Council (RGC), Ontario, Canada, is an independent, non-profit organization committed to problem gambling prevention. Through the RGC, the Centre for the Advancement of Best Practices promotes the identification and adoption of best practices to reduce the incidence of problem gambling. The Centre undertakes analysis of best practices in responsible gambling, prevention and risk reduction measures. Its awareness programs provide people with the tools to make informed choices and offers resources for those affected by problem gambling.

People looking for comprehensive, reliable and timely information on a wide range of gambling related issues can search the *Online Library*, a collection of articles, reports and documents. *NewsScan* is a free weekly digest summarizing problem gambling/responsible gambling news from around the world. *Newslink* covers new developments, emerging issues and research articles. It is mailed three times a year and published on-line. The Council’s website is: (www.responsiblegambling.org).

2. The Australia Productivity Commission report stated that there is no definitive answer to what is the best way to help individuals, who have experienced difficulties related to gambling. Various therapies have a good evidence base to indicate they may be successful, but have not been comprehensively tested against each other. In response, the University of Sydney’s Gambling Treatment Clinic is conducting a trial starting in July 2010 researching the best method of treatment for problem gamblers in the long term.
3. The National Institute of Health (NIH) findings point to the need for multidimensional treatment approaches and individualized treatment plans. Gamblers have different psychiatric components, different family issues, etc. (National Conference on Addiction Disorders (NCAD). (July 2010)

4. The option of a gambling treatment residential facility is now available in several states including Minnesota for those who repeatedly fail outpatient settings. Typical inpatient treatment is 30 days with an emphasis in program components to help maintain abstinence from gambling. The treatment centers are generally supported with state funds.
5. In Seattle, Washington, reSTART: Internet Addiction Recovery Program offers treatment for adult internet and video game addicts. They offer dual diagnosis and evidence-based individualized treatment plan. Participants go through detox from digital media, work on underlying issues and skill deficits and develop a relapse prevention plan. The article was published online (Addiction Professional Behavioral Healthcare magazine, January 5, 2011)
6. Research findings show an association in which alcohol, tobacco, and marijuana; depression symptoms; and arrest occur among individuals who are at-risk of problem gambling. Conversely, individuals with the most severe gambling problems, alcohol and tobacco use are less prevalent. Published online (Journal of Gambling Issues: Issue 24 July 2010)

B. Public Awareness/Prevention Efforts

1. The National Council on Problem Gambling (NCPG) mission is to increase public awareness of pathological gambling, ensure the widespread availability of treatment for problem gamblers and their families, and to encourage research and programs for prevention and education. A list of the state affiliates, resources, counselor certification and problem gambling signs are on the NCPG web site at (www.ncpgambling.com).
2. The Association of Problem Gambling Service Administrators (APGSA) was formed in October 2000. Minnesota is a member state. This association is committed to the facilitation of information dissemination among its membership and the creation of a strong, unified voice to support the development of state-of-the-art publicly funded problem gambling services. The National Council on Problem Gambling and the APGSA organize the National Problem Gambling Awareness campaigns..

The APGSA web site (www.apgsa.org) provides an overview of the status of publicly funded programs in the United States. The site includes a member state map, detailed program information and contacts for each state.

C. Training of Professionals

1. The National Gambling Counselor Certification Board and the American Compulsive

Gambling Certification Board were the first national organizations to certify treatment providers who completed 60 classroom hours of gambling specific training.

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

2. The Addiction Technology Transfer Center of New England, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) offer online courses including - *Problem and Compulsive Gambling: An Overview*. Additional information can be located on the internet: <http://www.attc-ne.org/education/>.
3. Hazelden Center expanded their Distance Learning Center for Addiction Studies to include courses about problem gambling. The Center has produced a video *Gambling – It's Not about Money*, which won Time Incorporated Freddie Award for behavioral diseases.
4. Project Turnabout/Vanguard *Residents in Training* is an onsite weeklong professional development program for both counselors and others working with gamblers.
5. The University of Minnesota offers a class on problem gambling as part of elective classes in the addiction curriculum.
6. The North American Training Institute (NATI) offers their training to providers in the private sector as well as individuals receiving scholarships through the Department of Human Services funding. NATI offers their 60 hour training electronically.

D. Research

1. A *guide to casino mathematics* by C. R. Hannum, contains a brief, non-technical discussion of the basic mathematics governing casino games and shows how casinos make money from these games. The article addresses a variety of topics, including house advantage, confusion about win rates, game volatility, player value and comp policies, casino pricing mistakes, and regulatory issues. Statistical advantages associated with the major games are also provided. Published online ([http://gaming.univ.edu/subject/pdf/casion math.pdf](http://gaming.univ.edu/subject/pdf/casion%20math.pdf))
2. The National Center for Responsible Gaming (NCRG) is the only national organization exclusively devoted to funding research to increase understanding of pathological and youth gambling. Founded in 1996, the NCRG's mission is to help individuals and families affected by gambling disorders by supporting peer-reviewed,

scientific research into pathological gambling; encouraging the application of new research findings to improve prevention, diagnostic, intervention and treatment strategies; and advancing public education about gambling disorders and responsible gaming. The casino gaming industry and related businesses have committed funds to this effort. The NCRG is the American Gaming Association's (AGA) affiliated charity. The National Center for Responsible Gaming website is: (www.ncrg.org)

The NCRG published online "Increasing the Odds" a series of public health issues related to gambling and "Gambling and the Public Health" research on pathological gambling prevalence rates, the demographic characteristics of youth gamblers and the effects of increased exposure to gambling. (www.ncrg.org/resources/mongraphs.cfm)

In November 2008, the 9th Annual NCRG Conference on Gambling and Addiction focused on *The Changing Landscape of Treatment, Responsible Gaming and Public Policy*. Research may suggest the need for a revised clinical definition of pathological gambling in the upcoming Diagnostic Statistical Manual widely used by providers, funders and others. It was also noted that nearly all pathological gamblers are affected by an additional psychiatric condition, such as mood, anxiety, impulse-control and substance abuse disorders.

3. The Institute for Research on Pathological Gambling and Related Disorders was established in 2000 with a multi-million dollar contract from the NCRG to the Division on Addictions, Cambridge Health Alliance, a teaching affiliate of Harvard Medical School. The Institute awards research grants on a competitive basis to institutions worldwide and supports research conducted internally by Harvard Medical School faculty led by Howard Shaffer.

The Institute also supports the NCRG's education mission through the dissemination of research through the BASIS (Brief Addictions Science Information Source Online), EMERGE (Executive, Management, and Employee Responsible Gaming Education) and the annual NCRG Conference on Gambling and Addiction. (www.divisononaddictions.org/). The BASIS online publishes the "Wager" a newsletter addressing problem gambling and treatment (www.basionline.org).

4. The Alberta Gaming Research Institute is a consortium of the University of Alberta, University of Calgary, and the University of Lethbridge. Its primary purpose is to support and promote research into gaming and gambling in the Province of Alberta. The Alberta Gaming Research Institute and the University of Lethbridge are co-sponsoring the eighth in a series of special interest conferences in the area of gambling studies. The March 2009 conference discussed the latest research on the prevalence and patterns of online gambling around the world; regulatory structures used in different countries; problem gambling and online treatment; player protection strategies; and professional online gambling. The Alberta Gaming Research Institute website is: (www.abgaminginstitute.ualberta.ca).

5. The Ontario Problem Gambling Research Centre (OPGRC) offers a conceptual

overview of problem gambling. The OPGRC Framework adopts an integrative perspective on gambling and problem gambling, suggesting there is no line or clear transition point between the two, and we are not dealing with discrete populations. Rather, it portrays a single population, comprised of non-gamblers, problem-free gamblers, and problem gamblers, all of whom are in constant movement in relation to risk exposure and the presence of problems. The OPGRC website is (www.gamblingresearch.org).

The OPGRC supports the International Gambling Journal (IGS). The IGS is a peer reviewed interdisciplinary journal in gambling studies. The IGS adopts a transnational and comparative approach to the challenges posed by global expansion of gambling. The journal was published online: (<http://www.tandf.co.uk/journals>)

6. The Composite International Diagnostic Interview (CIDI), a new instrument for identifying gambling and comorbid psychiatric disorders is endorsed by the World Health Organization and is part of the NESARC study. Results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) revealed that “male sex, black race, divorced/separated/widowed marital status, middle age, and living in the West and Midwest were associated with increased risk for pathological gambling. This is published online (Journal of Clinical Psychiatry, 66)

E. Federal Legislation

1. It was an exciting legislative year for problem gambling as H.R. 2906/S.B. 3418, the Comprehensive Problem Gambling Act (CPG), gained significant momentum. CPG, the first-ever bill to fight gambling addiction, was introduced in the U.S. House of Representatives in June 2009 as H.R. 2906 by Representatives Moran (D-VA), Wolf (R-VA), Berman (D-CA) and Terry (R-NE). As of November 2010, CPG has 72 sponsors in the House and four sponsors in the Senate. The companion bill was introduced in the United States Senate in May 2010 as S.B. 3418 by Senators Merkley (D-OR), Johanns (R-NE), Casey (D-PA) and Brown (D-OH).

If passed, CPG will amend the Public Health Service Act to specifically include problem and pathological gambling in programs of the Substance Abuse and Mental Health Services Administration. Additionally, CPG will establish a national program to address the consequences of problem gambling. (Bets Off Bulletin, Winter 2010).

2. In 2006, the Unlawful Internet Gambling Enforcement Act (UIGEA) was introduced. The act required that the Treasury Department and Federal Reserve Board, in consultation with the Department of Justice, enact regulations requiring financial institutions to identify unlawful Internet gambling that violated a federal, state or tribal law. The Act prohibits gambling businesses from knowingly accepting payments in connection with unlawful Internet gambling, including payments made through credit cards, electronic funds transfers, and checks. The final UIGEA regulations could take effect in January 2009. Compliance with the rule is required by December 1, 2009. (Federal Register: HP-1266, U.S. Department of the Treasury).

VI. FUNDING - FY 2009-10

State base level biennial funding for FY 2009-2010 totaled

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

Major Program Components Allocated Funds:	ACTUAL FY09	ACTUAL FY10
1. Helpline – Statewide, toll-free, 24/7	55,214	70,814
2. Outpatient Treatment: Fee-for-Service Providers	867,826	746,741
3. Inpatient Treatment – Project Turnabout (per diem)	515,000	515,000
4. Assessment of Felons (Rule 82)	8,200	9,800
5. General Public Awareness & Education	300,562	300,000
6. Gambling Professional Training	2,340	
7. Presentations/exhibits/speakers	100	2,995
8. Special Appropriation – Northstar Problem Gambling Alliance	172,525	
9. Business Expenses	5628	12,609
10. Strategic Planning	3,600	
11. Administrative Costs	157,000	151,000
TOTAL Expenditures *	1,930,995	1,808,959

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

VII. Compulsive/Problem Gambling Advisory Committee

The mission of the Department of Human Services (DHS) Advisory Committee on Compulsive/Problem Gambling is to provide advice and direction to the Department of Human Services to ensure that a comprehensive continuum of services is available to all Minnesota residents. This continuum of services includes: 1) providing assistance to individuals and families affected by gambling problems; 2) developing prevention strategies, including education and awareness that would lessen the occurrence of gambling problems and promote positive and healthy life styles.

The Advisory Committee on Compulsive/Problem Gambling has 15 members appointed by the Commissioner of Human Services for a two year term. Other state agencies involved with gambling have standing positions on the committee.

In making appointments, consideration is given to achieving geographic, age, gender and cultural balance on the committee as well as persons in recovery and applicant's areas of interest, broad knowledge of the economic and social impacts of gambling and knowledge of the state's Compulsive/Problem Gambling Services Program.

The committee, which meets bimonthly, is charged with advising the Department of Human Services on policy, programs and funding that will enhance the department's ability to meet its statutory obligation as defined in Minnesota Statutes, section 245.98. Committee members can be reimbursed for limited travel, food and lodging expenses. Per Diems are not allowed by statute.

VIII. FUTURE POLICY DIRECTIONS

Over the past several years, the Department of Human Services and the Advisory Committee on Compulsive/Problem Gambling have developed long-term goals and strategies for a comprehensive, unified approach to advance the program components. In SFY 2008, the DHS engaged the Advisory Committee in a discussion seeking recommendations for short and long-range goals and strategies. The following represent the recommendations from the Committee:

Long Range Goals:

- Help problem gamblers and their families become self-sufficient
- Reduce the negative consequences of problem gambling on families, employers, and the community at large
- Inform the general public about the warning signs of problem gambling to intercept the progression of many problem gamblers to pathological states
- Expand the knowledge base regarding problem gambling

Strategies:

Access to Treatment

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

Public Awareness, Education, and Prevention

1. Accelerate public awareness efforts using new research information
2. Expand education for current and new gatekeepers and professionals

Research

1. Expand and continue research in order to enhance treatment
2. Evaluate the effectiveness of programmatic activities
3. Expand research to measure the cost of gambling to society

IX. Budget Recommendation for FY 2012-2013

The Governor recommends continuation of the current base level of funding for compulsive gambling, which is \$3,330,000 for the 2012-2013 biennium.

X. References

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