

Governor's Report on Compulsive Gambling

A Report to the Minnesota Legislature

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COST TO PREPARE REPORT

Minnesota Statutes, chapter 3.197 requires disclosure of the cost to prepare reports. The cost of this report was approximately \$5,000.

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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 interests.

Minnesota Statutes 1989, Section 245.98, Subdivision 1
Compulsive Gambling Treatment Program

Problem gambling is gambling behavior, which causes disruption in any one of the following major area of life: psychological, physical, social or vocational. The term includes, but is not limited to, the condition known as pathological, or compulsive gambling, a progressive addiction characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop “chasing” losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting serious and negative consequences.

Various groups have tried to understand the nature of gambling and its potential social consequences. The 1999 National Gambling Impact Study Commission (NGISC) and the US General Accounting Office (GAO) were not able to clearly identify the social effects of gambling. The NGISC and GAO concluded data on family problems, crime, and suicide are available, but tracking systems do not collect data on the causes of these incidents, so they cannot be linked to gambling. It is difficult to isolate whether gambling is the only factor causing problems because the pathological gamblers often have other behavior disorders. Pathological gamblers seeking treatment typically have a greater variety and intensity of psychological problems compared to those that don't seek treatment. R. C. Kessler is conducting the new, ongoing National Comorbidity Study (NCS) which includes a gambling module.

The NGISC estimated the annual cost for problem and pathological gamblers is \$5 billion per year and an additional \$40 billion in lifetime cost for productivity reductions, social services, and creditor losses. An article by Politzer et al. (1992) suggests that problem gamblers each negatively affect 10 to 17 people around them including family, employer, and government.

Recent national studies, using recognized diagnostic criteria, estimates the rate of compulsive gambling at less than 1 percent of the population. In Minnesota, there are no current reliable estimates of compulsive gamblers. The last prevalence study in Minnesota was conducted in

1994. Compulsive gamblers are generally attracted to games with some perception of skill, a high degree of sensory stimulation, or immediate gratification.

Adolescents

This is the first generation of children that will grow up their entire lives where gambling is not only legal but is socially acceptable. A new rite of passage for many young people in Minnesota is going to a casino on one's 18th birthday. Most adolescents view gambling as a form of entertainment. Gambling can also be viewed as a solution that some adolescents use in order to try to solve their problems, whether due to low self-esteem, family or school problems. Adolescents do not gamble for money but gamble with money to extend the amount of time that they are playing, enjoying the activity, trying to raise their level of excitement and keep the adrenaline flowing.

Prevention

The Department of Human Services (DHS) public awareness and education campaign is to promote the Gambling Problem Helpline 1-800-333-HOPE *No Judgment Only Hope*.

The DHS contracted with the Asian Media Access (AMA) to develop a culturally sensitive information campaign to build awareness about and provide information about problem gambling to the four main ethnic Southeast Asian groups (Cambodian, Laotians, Hmong, and Vietnamese). The educational package, "What's Beyond: Cultural Perspectives on Problem Gambling in the Southeast Asian Community" consists of two videos (one in English and the other in a chosen Southeast Asian language - Hmong, Khmer, Laotian and Vietnamese) and two booklets – Discussion Guide and Facilitator Guide.

The DHS awareness contractor and state approved gambling treatment provider in combination with the Native American community have created posters to address the Ojibwe and Dakota people and the reservation casino workers.

The State public education and prevention services are targeted toward at-risk and under-served groups in Minnesota, including adolescents, as well as toward specific types of gambling. The gaming industry is also promoting responsible gaming policies.

Treatment

Significant numbers of Minnesota residents participate in legal gambling. These activities are widely accepted and most residents spend responsible amounts on gambling. The Minnesota lifetime participation rate is comparable to lifetime participation rates in Iowa, Montana, and Oregon. However, there are Minnesota residents who currently experience severe difficulties related to their gambling involvement. Given the possible expansion of legal gambling in Minnesota, it will be important to maintain current services for problem gamblers. Consideration should be given to develop additional treatment modalities through expanded training opportunities for treatment professionals.

Currently, there are sixty-two treatment providers registered with the Department of Humans Services to provide outpatient gambling treatment in seventy-five locations throughout the state. In addition, there is one inpatient treatment program. During SFY'02, 904 individuals received state-funded treatment from these providers.

Future directions

An important component of an effective problem gambling program is research and evaluation. In order to deliver the best possible services to its clients, the state must know which treatment, prevention, and education services are most effective, what the barriers are to seeking treatment, which populations have special needs and which are being under- (or over-) served.

Research on treatment outcomes is particularly crucial. The programs available in Minnesota cover a wide range of treatment modalities, yet we do not know which methods are most effective and for whom. A focus for future research efforts should be long-term monitoring of program clients to help us better understand the success of treatment programs and ensure a proper match of client and services.

The DHS compulsive gambling program in partnership with its advisory committee and treatment providers have agreed to the following long range goals to meet these goals:

Long Range Goal:

- 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

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 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."

Minnesota Statutes define a compulsive gambler as "...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 interests." (Minnesota. Statutes 1989, Sec. 245.98, Subd. 1)

This report begins by describing the overall extent of gambling in Minnesota and the likely impact on compulsive gambling of each form of gambling and on society in general (Section III). Private and governmental programs to address compulsive gambling and to provide a range of public awareness, preventive and treatment services within the state are described in Section IV. Short and long term goals and strategies for the compulsive gambling program managed by the Department of Human Services and budget recommendations for the 2004-2005 biennium are located in Section V.

III. EXTENT AND IMPACT OF GAMBLING IN MINNESOTA

A. Industry Profile

There are a number of venues in which persons can legally gamble in Minnesota. Each of these is governed by statutes and has agencies/commissions that oversee gambling operations. A brief summary of each of these venues, oversight activity and total receipts/revenues, if known, are provided below:

*** CHARITABLE GAMBLING**

The Minnesota Gambling Control Board is charged with the responsibility '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 Statutes, 1976, Chapter 349.11)

Charitable gambling opportunities include pull tabs, raffles, bingo, paddle wheels and tipboards. During 2001, there were 1,503 licensed organizations (fraternal, veterans, religious, and other nonprofits) at 3,216 permitted premises authorized to provide charitable gambling.

The Gambling Control Board annual report for calendar year 2001 indicates that gross receipts (amounts wagered) totaled \$1.4 billion. After prize payouts, the net receipts of \$259 million were designated for charitable contributions - \$70 million, for state taxes - \$56 million, and the remaining funds - \$133 million for allowable expenses directly related to the conduct of lawful gambling.

*** STATE LOTTERY**

The Minnesota State Lottery began selling lottery tickets in April 1990, under Minnesota Statutes, 1989, Chapter 349A, Section 609.651. Wagering on the lottery exceeded \$377 million in FY01, with total revenues to the state exceeding \$81 million.

Almost 90 percent of lottery dollars are returned to Minnesotans in the form of prize money, retailer commissions and incentives and contributions to the State for environmental projects, public services and problem gambling treatment programs.

*** HORSE RACING and CARD CLUB**

The Minnesota Racing Commission was established in 1983, and operates pursuant to the Minnesota Statutes, 1983, Chapter 240.02. The Commission regulates horse racing in Minnesota by enforcing laws and rules, issuing licenses, supervising the conduct of wagering, collecting, and distributing taxes imposed upon racetrack receipts and conducting investigations and inquires.

The Canterbury Park Holding Corporation is a publicly traded corporation that operates the horseracing track located in Shakopee. Canterbury Park hosts live horse racing from mid-May through early September as well as year-round Tele-Racing. During calendar year 2001, a total of \$76.6 million was wagered on horse racing.

In 1999, legislation was passed to allow a class B license of a class A racetrack to conduct card club activities. A 24 hours a day, 7 days a week fifty-table card room opened in April 2000. The track took in at the card club over \$16.3 million for calendar year 2001.

* INDIAN GAMING

The Indian Gaming Regulatory Act (IGRA) Public Law No. 100-497 was enacted by Congress in 1988 to provide for regulation of gaming by Indian tribes and created three classes of gaming.

- Class I gaming includes social games solely for prizes of minimal value or traditional forms of Indian gaming engaged in by individuals.
- Class II gaming includes all forms of bingo and other games similar to bingo, such as pull tabs and punch boards, provided these are played in the same location as bingo games.
- Class III gaming includes all forms of gambling that are not Class I or II, including slots, casino games, banking cards games, horse and dog racing, pari-mutuel wagering and jai-alai. In 1991 blackjack was added.

Compacts, an agreement between sovereigns (tribes and states), for video games of chance were negotiated in 1989, under the I.G.R.A. The Class III compact also deals with sovereign powers (such as application of laws, jurisdiction and enforcement of laws) of the parties to the compact. A video game of chance is a game or device that simulates one or more games commonly referred to as poker, blackjack, craps, hi-lo, roulette, or other common gambling forms, though not offering any type of pecuniary award or gain to players. Minnesota's 11 Indian Tribes currently operate 18 casinos by tribal government. The wagering at the casinos is estimated at \$2.5 billion to \$4 billion a year.

In an effort to assure that gaming revenues would produce substantive benefits for Indian tribes, Congress wrote into the national Indian Gaming Regulatory Act specific restriction on the use of Indian gaming revenue. Authorized uses include infrastructure improvements, education, health care, social services and economic development and diversification initiatives. The duly elected government officials of each tribe allocate tribal gaming revenues for these purposes.

* DEPARTMENT OF PUBLIC SAFETY

The Minnesota Department of Public Safety, Gambling Enforcement Division, created in 1989, conducts background investigations and criminal investigations relating to legalized gambling activities: Minnesota Lottery, pari-mutuel horseracing, and card room, tribal casinos, and lawful charitable gambling. Additionally, the division enforces laws pertaining to illegal gambling. Gambling special agents inspect tribal casinos, investigate crimes related to forgeries, influencing races, tampering with horses, sports bookmaking, other illegal bets, illegal lotteries, embezzlement, fraud, and theft of charitable gambling proceeds. Illegal gambling is estimated to be in excess of \$2 billion a year in Minnesota.

B. Gambling Patterns

What is gambling? Gambling contains 3 elements that must be present:

- Consideration - It must cost to play
- Chance – The game must be based predominately on chance.
- Prize – The player must be able to obtain something worth value if the player wins.

Gambling activities risk something of value on the outcome of an event when the probability of winning or losing is less than certain. The last study to determine patterns of gambling was conducted in 2002 by the Minnesota State Lottery with the assistance of the Survey Research Center at St. Cloud State University. The Survey Research Center designed the sample and conducted the interviews. Lottery staff completed the data analysis and report writing. Approximately 2,000 interviews were conducted. Responders were asked if they had participated in any of 15 different forms of gambling and whether they made wagers on each of those activities during the past year.

Based on the findings of this survey:

- 80 percent of adult Minnesotans had gambled during the previous year;
- 72 percent seniors between the ages of 65 and 74 gambled in the past year;
- 86 percent of those between the ages of 25 and 34 gambled in the past year
- 94 percent had gambled during their lifetime in a number of different forms of gambling;
- Five activities dominate the gambling scene – State lottery (51 percent), raffles (50 percent), Indian casinos (37 percent), cards (27 percent), and social bets (27 percent);
- 86 percent of those with incomes of more than \$100,000 a year;
- 74 percent of those with incomes under \$15,000 a year.

C. Impact of Gambling

An article by Shaffer & Korn (2002) reviewed the prevalence of gambling and related mental disorders from a public health perspective. “Gambling has been viewed as moral, mathematical, economic, social, psychological, cultural, and biological. Gambling activities risk something of value on the outcome of an event when the probability of winning or losing is less than certain. Gambling behavior can range from at-risk, problem, subclinical, pathological, probable pathological, extremely pathological, in-transition, and compulsive. The absence of a gold standard creates an ongoing struggle to develop a clear definition of pathological gambling. The costs, the potential adverse consequences of gambling are family dysfunction and domestic violence, youth and underage gambling, alcohol and other drug problems, psychiatric conditions significant financial troubles, and criminal behavior. In determining the causal role of gambling, it is difficult to separate cause from effect. The benefits, the potential positive health impact of gambling affects the emotional, intellectual, physical, and social dimensions of an individual’s health.”

Gambling is often considered a precipitating factor in a variety of health problems, like other addictive behaviors. Using the MEDLINE search engine, Potenza et al (2002), studied 127 publications that included a discussion of health status among gambling populations. A

summary of the study findings of health and primary care implications of gambling included:

- Mental Health – Most studies place problem gamblers at increased risk for dysthymia, major depression, anti-social personality disorder, phobias, and other mental conditions
- Substance Abuse – Increased risk for alcohol, nicotine, and other drug abuse.
- Suicide – General population studies indicated no association between problem/pathological gambling and suicide. Several geographic profiles indicated increased rates of suicide in gambling jurisdictions. Conflicting evidence warrants further study.
- Stress – Studies generally indicated higher than average levels of sustained stress and hypertension in problem gamblers.
- Primary Care – Physicians commonly have an adequate understanding of problem and pathological gambling, but due to inexperience only infrequently broach the topic with their patients.

The review identified links between gambling activity and health conditions. However, research specifically designed to establish causal relationships between gambling and individual health problems is needed to examine this issue in more detail

A recent study provides evidence of an association between smoking and the severity of gambling problems. Smoking status in treatment-seeking gamblers is a potentially useful indicator of psychosocial problems. Daily smokers enter treatment with more severe gambling problems and more comorbid psychosocial problems (Petry & Oncken, 2002).

D. Compulsive Gambling

Gamblers have variable awareness that they are putting something of value at risk. The compulsive gambler experiences adverse consequences in personal, social, and occupational function, and s/he continues to gamble despite the clearly negative outcomes and even loss of enjoyment of the activity.

Due to recent changes of gambling laws, accessibility to gambling has become more widespread, and thus, there has also been an increase in the prevalence of compulsive gambling. The wide range of social, economic, and psychological problems associated with compulsive gambling is well known. In an article by Raylu & Oei (2002), literature searches were done using the Medline and PsychInco databases to better understand compulsive gambling. They state, ‘There is no solid evidence to show that familial/genetic, sociological, and individual factors (e.g. an individual’s personality, biochemistry, psychological states and cognitions are implicated in the development of compulsive gambling.’ Future targeted research is needed

Psychological profiling is recommended in an article by Blaszczynski and Nower (2002), which challenges the theory that one model applies equally and validly to all problem gamblers. They suggest three sub-groups or “pathways” to describe problem gamblers:

1. Behaviorally conditioned – repeatedly exhibit poor judgment by engaging in destructive gambling behaviors,

2. Emotionally vulnerable – experience gambling problems as a result of depression, anxiety, or other emotional disorders,
3. Antisocial impulsivist – engage in reckless and spontaneous gambling sessions and typically exhibit signs of antisocial personality disorder, emotional vulnerability, multiple addictions, and other comorbid psychiatric conditions.

These “pathways” may assist researchers to develop the most effective and appropriate treatment and recovery strategies for those with gambling problems.

Signs of a gambling problem may include:

- Increased frequency of gambling activity.
- Increased amount of money gambled.
- Spending an excessive amount of time gambling at the expense of job or family time.
- Being preoccupied with gambling or with obtaining money with which to gamble.
- Continued gambling despite negative consequences such as large losses, financial problems, absence from work, or family problems caused by gambling.
- Means to cope with loneliness, anger, stress, depression, etc.
- “Chasing” the urgent need to keep gambling – often with larger bets – or the taking of greater risks in order to make up for a loss or series of losses.
- Gambling for longer periods of time or with more money than originally planned.
- Secretive behavior such as hiding lottery tickets and betting slips, having mail, bills, etc., sent to work, a P.O. Box, or other address.

There are no current reliable estimates of the number of compulsive gamblers in Minnesota. Recent national studies estimate the rate of current compulsive gambling at less than 1 percent of the population. Compulsive gamblers are generally attracted to games with some perception of skill, a high degree of sensory stimulation, or immediate gratification.

F. Special Populations

Gender makes a difference according to researchers from Yale University (Potenza et. al., 2001). Men and women with gambling problems differ in their gambling patterns, gambling-related problems and mental health symptoms. The study found high rates of anxiety, depression and suicidality associated with gambling. It also found significant differences between male and female gamblers. Male gamblers may be motivated by ego enhancement through the thrill of competitive risk-taking, while women may be more drawn to escape-oriented forms of gambling. These findings recommend the need to combine gambling treatment in conjunction with other mental health treatment.

Adolescents

Researchers at McGill University indicate that adult problem gamblers report the onset of their pathological behaviors to have begun between the ages of 10-19. Problematic gambling among adolescents has been shown to result in increased delinquency and crime, the disruption of relationships, and negatively affects overall school performance and work activities. Money is not the issue, but is used as a vehicle, which enables individuals to continue playing. Most

gambling is illegal for minors, but there is evidence that some underage youth continue to participate in this behavior with family members.

The period of middle to late adolescence appears to be a vulnerable period of development with respect to both the degree and number of stressors that young adolescents face. Gupta & Derevensky (2001). suggests that probable adolescent gamblers exhibit more maladaptive coping strategies (use of avoidance and distraction as opposed to more direct task-oriented coping) and more emotion-focused coping (getting angry, frustrated, and anxious).

Older adults

Several studies indicate that participation in certain forms of gambling-related activities (e.g. casino bus tours aimed at senior citizens) not only alleviated stress but also sharpened mental capacity and improved interpersonal relationships. (Potenza et al, 2002)

Korn & Shaffer (2002) study explained how gambling can provide a sense of connectedness and socialization through discretionary leisure time entertainment. For older adults, gambling may provide a healthy change and respite for everyday demands or social isolation.

Native American

Minnesota tribes are conducting their own compulsive gambling programs. They include:

- Posting and distribution of information on compulsive gambling treatment and counseling resources in the community;
- Financial contributions to compulsive gambling education, treatment and self-help programs;
- On-site counselors trained to assist problem gamblers;
- Help for employees with gambling problems through Employee Assistance Programs;
- Sponsorships of workshops on problem gambling for tribal members, casino employees and community members.

Communities of Color

In January 1998, the Council on Asian-Pacific Minnesotans published a report titled “The Effects of Problem Gambling on Southeast Asian Families and Their Adjustment to Life in Minnesota”. The data in the report suggest that:

- gambling affects all age ranges-especially the elders;
- problem gambling cuts across all socio-economic levels;
- there is a need for more Asian Pacific cultural and community centers where people can socialize in less harmful settings;
- there is a need to focus on both prevention and treatment that are culturally appropriate;
- additional funding is needed to fully implement a treatment model that is culturally meaningful;
- a Helpline targeted to Southeast Asians and staffed by bilingual staff would be beneficial.

IV. SUMMARY OF GOVERNMENTAL AND PRIVATE PROGRAMS TO ADDRESS COMPULSIVE GAMBLING

The 1999 National Gaming Impact Study Commission report included data on states' per capita allocation for problem gambling programs. Minnesota ranked fourth behind Delaware, Iowa and Oregon. Eighteen states did not allocate any funds for these programs.

The most effective treatments for dealing with gambling disorders reflects a multi-modal approach combined with patient-treatment matching. Treatment can include combinations of psychopharmacology, psychotherapy, self-help groups, education, and financial. Several questions are still left unanswered: Are there obstacles to treatment entry? Is total abstinence necessary or is harm reduction an alternative?

A. Diagnosis and Treatment for Compulsive Gambling

Governmental Programs

1. 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.

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

As of 2002, there are sixty-two qualified providers approved by the Department of Humans Services to provide outpatient gambling treatment in seventy-five locations throughout the state. Providers who serve communities of color are included in the total.

There has been an expansion of qualified providers in portions of the state that were previously under-served. It should be noted that the central western and southwestern part of the state continues to have a shortage of qualified providers.

During state fiscal year 2002, services to a total of 904 individuals seeking outpatient treatment were reimbursed under the fee-for -service method. This total does not include individuals for whom the provider received reimbursements from third party payors. Starting in January 2001, Minnesota family members and/or significant others affected by the negative consequences of the problem gambler activities can also access the family component of the fee-for-service treatment services even if the gambler is unwilling to participate in treatment.

2. Project Turnabout/Vanguard Inpatient Treatment Program

The Vanguard program, located in Granite Falls, is the only inpatient compulsive gambling program in Minnesota. 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 2001 Minnesota Special Session, 1st engrossment, S.F.9, Art. 9, Sec. 37.38, 51 authorized the Commissioner of Human Services to use \$750,000 from the lottery prize fund for a grant to reconstruct Project Turnabout in Granite Falls destroyed by the tornado that hit that area. Despite this major setback, 147 persons received inpatient treatment in 2002. These individuals were referred for treatment from various areas in the state.

3. Assessment of Felons (DHS Rule 82)

Minnesota Statutes (1991) section 609.115 subdivision 9 mandates screening for compulsive gambling of persons pleading guilty to or found guilty of theft under section 609.52, embezzlement of public funds under section 609.54, or forgery under section 609.25, 609.63, or 609.631. The original statute only applied to felons. The adult felons in need of screening each year are referred for an assessment based on a South Oaks Gambling Screen score of five or more.

The 1998 legislature broadened the definition of those who must be screened by deleting "felony" from the statute which would also allow for misdemeanors. At the time this definition was broadened, it was estimated that five to six hundred individuals require a referral for a full assessment. In actual practice, this expansion has not been realized. Completed Rule 82 assessments were thirty-two during SFY'01 and forty-two during SFY'02.

Private Programs

The University of Minnesota School of Medicine is one of several research institutes experimenting with drug treatments for compulsive gambling and other addictive behaviors. A recent paper by S. W. Kim shows this treatment to be effective in 75 percent of the cases studied.

Gamblers Anonymous (GA) was established in 1957 as a "fellowship of men and women who share their experience, strength, and hope with each other that they may 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 about 46 Gamblers Anonymous meetings in Minnesota.

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 presently about 17 Gam-Anon meetings.

B. Public Awareness and Education

Governmental Programs

1. Public Awareness

The Russell & Herder agency under a contract with the Department of Human Services currently provides statewide public awareness to inform the general public of the signs and symptoms of problem/compulsive gambling, resources for problem gambling assessment, treatment and aftercare support. This is accomplished through:

- creating and promoting the new Helpline number 1-800-333-Hope;
- designing the content for the DHS Problem Gambling Program website;
- creating Public Service Announcements (PSAs) for TV, radio, and print;
- designing brochures to promote the helpline and other problem gambling information;
- conducting a treatment provider training workshop at various sites in the state;
- establishing a speakers bureau for presentations, seminars, workshops and media events;

The Minnesota Council on Compulsive Gambling (MCCG) was awarded an appropriation of \$300,000 for the FY 02-03 biennium to provide educational programs targeted to elementary and secondary level students. This funding is used statewide to:

- develop and distribute fact sheets on problem gambling;
- create and distribute a poster to raise awareness on problem gambling among youth in the eighteen to twenty-one year age range;
- present speaking engagements on the subject of underage gambling through the course of this contract;
- participate in the 2002 DHS sponsored annual conference on problem gambling;
- air radio messages on underage gambling;
- design the content for the DHS Problem Gambling Program website with an adolescent focus

The Department of Human Services contracted with the Asian Media Access (AMA) to develop a culturally sensitive information campaign to build awareness about and provide information to the four main ethnic Southeast Asian groups (Cambodian, Laotians, Hmong, and Vietnamese) about problem gambling. The key messages are: Problem gambling is treatable. Recovery is possible. Help is available. To accomplish this, AMA developed and produced an educational video in five languages: English, Hmong, Khmer, Laotian and Vietnamese depicting six Southeast Asian gambling cases. These videos have been distributed to providers who serve Southeast Asians.

Northstar Problem Gambling Alliance, Inc (NPGA), a nonprofit organization was established in September 2002 and is currently seeking affiliation with the national Council on Problem Gambling.. The NPGA mission is to increase public awareness, promote the widespread availability of treatment for problem gamblers and their families, and encourage education, research and prevention, while they remain neutral on gambling policy. This group was formed due to a concern that an independent entity to address concerns of those with a vested interest in gambling, gatekeepers and providers of problem gambling and consumers and family members did not exist in the state. Despite the sometimes, conflicting missions of the stakeholders and gatekeepers, they share a commonality, the belief that problem gambling is a serious public health problem that is both treatable and preventable.

2. Problem Gambling Helpline

The statewide toll free twenty-four hour Minnesota Problem Gambling Helpline number 1-800-437-3641 has been combined with the vanity name/number 1-800-333-HOPE.

The Minnesota Institute of Public Health (MIPH) is responsible for the Helpline. Trained MIPH employees and volunteers staff the Helpline.

During SFY02, the Helpline received an average of 335 calls per month. The majority of callers was between the ages of 26 - 62 and was equally distributed between males and females. Calls to the helpline were about equal between metro and greater Minnesota callers. One-third of the calls was for direct referral to treatment providers.

Private Programs

The National Collegiate Athletic Association (NCAA) opposes all forms of legal and illegal sports wagering. The NCAA became concerned about sports wagering as having the potential to undermine the integrity of sports contests, and jeopardizes the welfare of student-athletes and the intercollegiate athletics community. Recently, the professional leagues – the National Football League, the National Basketball Association, the national Hockey League and Major League Baseball – in conjunction with the FBI, produced a videotape entitled “Gambling With Your Life”. This video is an outstanding tool to educate professional athletes of the pitfalls associated with gambling generally and sports gambling specifically. It also provides a meaningful forum that the professional leagues use to solicit information about persons with possible ties to organized gambling.

Minnesota tribes have adopted a progressive approach to the problem of gambling addiction. Since 1993, MIGA has participated in a number of awareness and education efforts including sponsorship of conferences, helpline, casino-based training program, and scholarships for gambling specific training

C. Professional Training

Governmental Programs

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 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. The American Academy of Health Care Providers in the Addictive Disorders has recently approved gambling specific training.

Two Minnesota organizations, the North American Training Institute and New Waves, provide the sixty hours of classroom training to interested providers. Each organization is accredited by at least one of the national certification agencies. DHS has offered scholarships 32 in SFY'01 and 22 in SFY'02 to providers who then commit to serving individuals funded through the DHS Compulsive Gambling Program.

New providers in the Chicano/Latino, Asian Pacific, African/African American, and American Indian communities have also received training to provide gambling counseling.

Private Programs

New Waves Training and several national organizations offer training that can be accessed by treatment providers in the state. Project Turnabout/Vanguard has an onsite weeklong professional development program for both counselors and others working with gamblers.

The North American Training Institute offers their sixty-hour training program electronically for providers interested in serving compulsive gamblers. This training will allow providers to complete the program without needing to take time from their practice to attend an on-site training.

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.

The University of Minnesota offers a class on problem gambling as part of elective classes in the addiction curriculum.

The Addiction Technology Transfer Center of New England, funded by the Center for Substance Abuse Treatment (CSAT) offers an online program on Problem and Compulsive Gambling: An Overview.

D. Problem Gambling Awareness Week and Conference

Governor Ventura proclaimed the week of April 28-May 4, 2002 as Problem Gambling Awareness Week. The goal was to increase awareness of the symptoms of problem gambling by requesting treatment professionals to “Ask the Problem Gambling Question.”

A laminated card with the two questions was disseminated among mental health and substance abuse professionals to increase awareness of gambling problems and resources to assist problem gamblers and their families. The two questions aid interviewers in identifying gambling problems. Answering “yes” to one or both of these questions is suggestive of a problem deserving further assessment.

The 2-Question Screening Tool

1. Have you ever felt the need to bet more and more money?
2. Have you ever had to lie to people important to you about how much you gamble?

This was the second state-sponsored conference (DHS) provided with assistance from the Minnesota Institute of Public Health, Gambling Problem Resource Center. The conference featured nationally recognized experts in the field as well as several state approved gambling treatment providers.

As part of the public awareness week, DHS provided educational packets. Information was sent to those who may come in contact with individuals or family members suffering the effects of problem gambling. Organizations that received the information included mental health centers and chemical dependency treatment providers, public health nurses and county social service agencies, senior citizen centers, school counselors. The faith community is also being asked to promote discussions about problem gambling among members. DHS coordinated media interviews with treatment providers and people in recovery from compulsive gambling.

E. Research

In 2002, Bob Muelleman, M.D. at the University of Nebraska studied 237 women age 19-65 coming to the Emergency Room. The study identified that problem gambling in the partner is associated with intimate partner violence (IPV). The causes of IPV are not fully known, but the association of problem gambling in the partner with IPV could lead to new intervention strategies and emergency medicine research in the future.

The National Institute of Justice (Grant No.98-IJ-CX-0037) provided funds to the University of Nevada, Reno and the University of Memphis in 2002 to study casino gambling in eight US communities that had this form of gambling for at least four years but less than 10. The results of these studies indicate:

- There are few consistencies between communities when comparing the before and after crime rates for new casino jurisdiction. They conclude that simple analysis and broad

generalizations are not sufficient to capture the complexity of what occurs in communities, when legalized casino gambling is introduced.

- Residents of these new casino jurisdictions perceive much higher levels of problem gambling than is generally recognized by scientific studies.
- Casino gambling is associated with an increase in personal bankruptcy in seven of the eight communities.
- Destination resort casinos attract a greater percentage of their clientele from tourists. As a result, the economic benefits - job creation, tax revenue, economic benefits to other businesses – are greater due to the influx of visitors to the community.
- Casinos do not increase divorce rates despite public statements to the contrary.

Additional research is needed to better understand the prevalence and causes of gambling problems in the general population as well as which treatment modalities are most effective for subgroups.

F. FUNDING - FY 02-03

State base level biennial funding for FY 2002-2003 totaled \$2,980,000. Plus an additional one time allocation of \$300,000 in SFY02-03, and an additional one time allocation of \$750,000 in SFY02.

Major Program Components Allocated Funds:	ACTUAL SFY02	BUDGET SFY03
➤ Treatment		
Outpatient Treatment (Master Grant Contract, Fee-for-Service Providers)	\$633,329	\$724,000
Outpatient Treatment (Blanket Encumbrance, Fee-for-Service Providers)	\$28,241	\$35,000
Inpatient Treatment (Project Turnabout)	\$475,000	\$525,000
➤ Helpline - Statewide, toll-free, 24 hours	\$170,000	\$142,500
➤ Assessment of Felons (Rule 82)	\$4,200	\$10,000
➤ Public Awareness & Education		
Public Awareness & Education - Statewide	\$171,244	\$200,000
Statewide Radio Campaign	\$52,950	
Fee-for-Service Providers Campaign		\$50,000
➤ Gambling Specific Professional Training	\$12,000	\$20,000
➤ Special Appropriations		
Public Awareness & Education – Adolescent	\$146,000	\$154,000
Building Improvements – Project Turnabout	\$750,000	
Professional/Technical Contracts (moratorium)		\$75,000
➤ Administrative Costs		
DHS Staffing, Administration Expenses and Advisory Committee Reimbursements	\$145,000	\$148,000
TOTAL Expenditures	\$2,587,964	\$2,083,500

G. Compulsive Gambling Advisory Committee

The Minnesota Department of Human Services has 32 member Advisory Committee on Compulsive Gambling. The Commissioner appoints the committee for a two-year term. Nominations for membership are sought statewide from the community at large prior to each two year appointment.

In making appointments, consideration is given to achieving geographic, age, gender and cultural balance on the committee as well applicant's areas of interest, broad knowledge of the economic and social impacts of gambling and knowledge of the state's Compulsive Gambling Treatment 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 MS 245.98. Members may participate in three work groups: Access to Treatment, Research and Data Collection, and Public Awareness and Education. Committee members can be reimbursed for limited travel, food and lodging expenses. Per diem is not allowed by statute.

MEMBERSHIP REPRESENTATION (CY 2002-03)

Addictions Health (2)
Chicano Latino (1)
County Commissioner (retired) (1)
County Social Service (1)
Employee Assistance Program (1)
Financial (1)
GA/Gamblers Anonymous (2)
Health Care (3)
Lao (1)
Regional Treatment Center (1)
Religious/Church (1)
Research (1)
Senior Citizen (2)
Tribal (2)
Youth (1)
State-Funded Programs - Grant Treatment Providers (7)
State-Funded Programs - Helpline (1)
State-Funded Programs - Youth Prevention & Education (1)
Representatives from other State agencies relating to Gambling (5)
MN Dept of Corrections
MN Dept of Public Safety, Alcohol and Gambling Enforcement
MN Gambling Control Board
MN Racing Commission
MN State Lottery

V. FUTURE POLICY DIRECTIONS

The Department of Human Services and the Compulsive Gambling Advisory Committee have met over the past year to develop long term strategies for the Compulsive Gambling Program.

This resulted in three workgroups that examined and made recommendations regarding access to treatment, public education /awareness and research.

In August 2000, advisory committee members, DHS staff and treatment providers reached an agreement on a comprehensive, unified approach to advance the program components. The following goals and strategies activities during 2002-2003 to address these are described below.

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

- ▶ Expand treatment for compulsive and problem gamblers to include transitional and aftercare services
 - An Individual Treatment Plan (ITP) goals of treatment to include:
 - ✓ To improve ability to recognize unhealthy behaviors and their role in perpetuating problem gambling and/or relapse potential;
 - ✓ To provide education on relapse phenomena including risk factors, triggers, and warning signs;
 - ✓ To develop a plan for financial restitution.
- ▶ Develop intervention techniques for secondary victims (family and significant other) when the identified gambler refuses treatment
 - DHS reimburses for a total of 12 individual and group hours for family or significant other individuals, who often bear the negative consequences of problem gambling.
- ▶ Provide an annual conference for treatment providers to earn continuing education units and learn about training models
 - DHS provided a 2002 conference in St. Cloud for 50 treatment professionals

Public Awareness, Education, and Prevention

- ▶ Initiate public awareness, education, and prevention programs aimed at groups at risk that are appropriate to greater Minnesota communities
 - Posters and brochures created specifically for non-metro communities;

- In-service training for correction officers on Rule 82 – Assessment of Felons;
 - Workshops for educators, counselors and corrections, and seniors;
 - Regional treatment provider workshops to bring awareness to their community;
 - Scholarships available for gambling specific training to mental health professionals and mental health practitioners.
 - ▶ Warn students of the risks of gambling, beginning at the elementary level and continuing through college
 - Fact sheets and posters created with adolescent focus;
 - Speaking engagements to schools.
 - ▶ Promote *Gambling Awareness Week* with radio and television public service announcements, and news releases to print media - targeted to the public and gatekeepers to treatment providers
 - In 2002, over eight Radio Talk shows both metro and non-metro;
 - Ads in print media in the under served Southeast and West areas of Minnesota;
 - Two in-service opportunities for the DHS employees
 - ▶ Develop an exhibit booth kit for conferences and health fairs
 - Blue Board with posters at two conferences
 - ▶ Write articles in professional newsletters
 - Articles written upon request and space availability by DHS staff and treatment providers
 - ▶ Develop a curriculum for diverse faith communities
 - Sermon outline created and distributed in packets of information
- Research – Unable to address, due to the moratorium on professional/technical contracts**
- ▶ Conduct a prevalence study of problem and pathological gambling among the general adult population with cultural focus
 - ▶ Develop a treatment outcome monitoring system addressing the effectiveness of the fee for service treatment system

VI. BUDGET RECOMMENDATIONS FOR SFY 2004-2005

The Governor's 2004-05 budget recommends continuation of \$2,980 base level biennial funding for the program.

VII. References

Gambling in Minnesota: A Chronology

(Minnesota State Lottery Overview)

- 1857** Minnesota Constitution includes prohibition on “lotteries”
- 1945** Legislature authorizes bingo by charities, the first form of gambling legalized in the state
- 1967** Legislature places a sales tax on bingo, the first time the state has collected revenue from gambling operations
- 1972** First lottery bill introduced in legislature
- 1978** Tipboards, paddlewheels, and raffles to benefit charity legalized
- 1981** Pull-tabs permitted as part of charitable gambling
- 1982** Constitution amended to permit pari-mutuel horse racing
Lottery amendment passes Minnesota Senate
First bingo hall opens on Minnesota Indian reservation
- 1984** State takes over regulation of charitable gambling
Gambling Control Board established
- 1985** Canterbury Downs opens as the state’s first and only pari-mutuel racing facility
- 1988** Constitution amended to permit a state-operated lottery
- 1989** Congress passes the Indian Gaming Regulatory Act, requiring states and tribes to negotiate the conduct of gambling on native land
- 1990** First Minnesota State Lottery tickets sold
Tribal-state compacts governing video games of chance signed
- 1991** Tribal-state compacts are amended to include blackjack
- 1996** Constitutional amendment allowing off-track betting fails
- 2000** Card club opens at Canterbury Park

DSM-IV “Diagnostic Criteria for 312.31 Pathological Gambling”

A. Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:

- (1) is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
- (2) needs to gamble with increasing amounts of money in order to achieve the desired excitement
- (3) has repeated unsuccessful efforts to control, cut back, or stop gambling
- (4) is restless or irritable when attempting to cut down or stop gambling
- (5) gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
- (6) after losing money gambling, often returns another day to get even (“chasing” one’s losses)
- (7) lies to family members, therapist, or others to conceal the extent of involvement with gambling
- (8) has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
- (9) has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
- (10) relies on others to provide money to relieve a desperate financial situation caused by gambling

B. The gambling behavior is not better accounted for by a Manic Episode.

Two Question Gambling Screen

Problem and compulsive gambling has grown to be a significant issue for residents in Minnesota. Gambling problems are often found co-occurring with mental health, chemical dependency, family, work, legal and financial problems. The following two questions aid interviewers in identifying gambling problems. No single question is adequate in capturing the majority of those experiencing gambling problems. Answering "yes" to one or both of these questions is suggestive of a problem deserving further assessment.

2-Question Screening Tool*

1. Have you ever felt the need to bet more and more money?
2. Have you ever had to lie to people important to you about how much you gamble?

For more information on resources for problem gambling please contact the Minnesota Problem Gambling Helpline at 1-800-437-3641 or 1-800-333-HOPE

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©Psychological Reports 1997

Brown University Digest of Addiction Theory and Application 21-7, 2002. *Gambling Patterns and Problems Differ by Gender*. Potenza MN, Steinber MA, McLaughlin SD, Wu R, Rounsaville B, O'Malley SS: *Gender-related differences in the characteristics of problem gamblers using a gambling helpline*. American Journal of Psychiatry 2001; 158: 1500-1505.

Gupta, R., & Derevensky, J. (2001). *An Examination of the Differential Coping Styles of Adolescents with Gambling Problems*. Report prepared for the Ontario Ministry of Health and Long-Term Care, Toronto, Ontario, 89pp.

International Centre for Youth Gambling Problems and High-Risk Behaviors, McGill University at: <http://youthgambling.com>

Medscape Psychiatry & Mental Health 8(1), 2003. Raylu, N, Oei, T.P. *Pathological Gambling: A Comprehensive Review*. Clinical Psychology Review 2002, 22, 1009-1061.
Minnesota State Lottery Overview at: <http://www.lottery.state.mn.us/overview/index.html>

Petry, N. M. , & Oncken, C. (2002). *Cigarette smoking is associated with increased severity of gambling problems in treatment-seeking gamblers*. Addiction, 97, 745-753.

Politzer, R.M., Yesails, C.E., Hudak, C.J., (1992). *The epidemiologic model and the risk of legalized gambling: Where are we headed?* Health Values, Vol. 16, pp.20-27.

Potenza, M.N., Fiellin, D. A., Heninger, G. R., Rounsaville, B. J., & Mazure, C. M. (2002). *Gambling: An addictive behavior with health and primary care implications*. Journal of General Internal Medicine, Vol.17, pp.721-732.

Shaffer, H.J., & Korn, D. A. (2002). *Gambling and related mental disorders: a public health analysis*. In Annual Review of Public Health (Vol.23, pp. 171-212). Palo Alto: Annual Reviews, Inc.

The Wager, Volume 8 (2), 2003. *Psychological Profiling: Classification and the Problem Gambler*. Blazcz, A & Nower, L (2002). *A pathways model of problem and pathological gambling*. Addiction, 97 (5), 487-499.

