

Annual Report on Percentage of Gambling Revenues that Come From Problem Gamblers

Alcohol and Drug Abuse Division

February 2018

For more information contact:

Minnesota Department of Human Services

Alcohol and Drug Abuse Division

P.O. Box 64977

St. Paul, MN 55164-0977

651-431-2460

This information is available in alternative formats to individuals with disabilities by calling 651-431-2460.

TTY users can call through Minnesota Relay at (800) 627-3529.

For Speech-to-Speech, call (877) 627-3848.

For other information on disability rights and protections, contact the agency's ADA coordinator.

Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is **\$16,000**.

Printed with a minimum of 10 percent post-consumer material. Please recycle.

Annual Report on Percentage of Gambling Revenues that Come From Problem Gamblers.....1

I..... Executive Summary
.....4

II..... Legislation
.....5

III..... Introduction
.....6

IV..... Prevalence of Problem Gambling
.....8

V..... The 2017 Survey on Gambling among Minnesota Adults
..... 10

VI..... Gambling Revenue
..... 13

VII.....Community Engagement
..... 16

VIII..... Report Recommendations
..... 20

I. Executive Summary

This report provides information about Minnesota's various gambling revenues and attempts to identify the percentage of revenue that comes from individuals who experience problem gambling. Gambling revenue in the state is reported by the Minnesota State Lottery, Gambling Control Board and State Racing Commission. However, the proportion of gambling revenue in the state that comes from problem gamblers is neither reported nor collected. To satisfy the requirements of this report, studies from other jurisdictions were reviewed, and findings from those studies were extrapolated to Minnesota's gambling revenues to estimate the prevalence of problem gambling in the state and the amount of gambling revenues that come from problem gambling. For the purposes of this report, gambling revenue means the total sales receipts as reported by the above named gaming agencies.

In 2017, The Minnesota Department of Human Services requested proposals from qualified responders to conduct a survey to 1) assess the extent and impact of problem gambling among adults in Minnesota, 2) identify the groups in the population most affected by the problem and 3) provide information which will be the evidence base for the State's education, prevention, outreach, treatment and recovery support planning.

Pursuant to Minnesota Statute 245.98, the Department of Human Services, Alcohol and Drug Abuse Division administers a program which funds awareness and education campaigns, a statewide helpline, treatment for inpatient and outpatient gambling addiction services, professional training opportunities and research designated to address the needs of Minnesota communities experiencing problems. As with substance use disorders, DHS recognizes a continuum of services which includes education, prevention, treatment and recovery supports to minimize the harmful effects of problem gambling. Prevention initiatives include both individual and population-based education strategies which minimize community risk of the harmful effects of problem gambling. Early intervention and treatment efforts involve both early identification of an individual's risk and treatment to arrest harmful effects of problem gambling.

The Institute for American Values, a body described as an independent, non-partisan group of scholars and leaders formed the Council on Casinos to advocate for informed public policy on gambling through research. A report from the Council on Casinos published in 2013 highlights that governments of Great Britain, Canada and Australia have commissioned comprehensive policy studies of casino gambling, while in the United States the leading funder of gambling research is the gambling industry¹. A lack of non-partisan research can be seen as a barrier to a thorough understanding of problem gambling, which could be compared to well researched public health problems such as risky drinking or drug use. In order to address any risk to public health we first need to understand the scope of the problem through epidemiology.

¹ A Report from the Council on Casinos, Thirty-One Evidence-Based Propositions from the Health and Social Sciences, Institute for American Values, 2013.

II. Legislation

Minnesota Statutes, section 245.981.

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

III. Introduction

Minnesota Statutes, section 245.981 requires an annual report on the percentage of gambling revenues that come from problem gamblers. The report must disaggregate the revenue by the various types of gambling.

The National Council on Problem Gambling describes problem gambling and gambling addiction as ...gambling behavior patterns that compromise, disrupt or damage personal, family or vocational pursuits. The essential features of problem gambling and gambling addiction are:

- increasing preoccupation with gambling
- a need to bet more money, more often
- restlessness or irritability when attempting to stop “chasing losses”
- loss of control manifested by continuation of the gambling behavior in spite of mounting serious and negative consequences

Problem gambling signs and symptoms often go undetected until the problem is severe. When problem gamblers do seek assistance, they likely do so after experiencing related legal, financial or relationship problems. In extreme cases, problem gambling can result in financial ruin, legal problems, loss of career and family, or even suicide. Notably, no other addiction has a higher rate of suicide than gambling disorder.

Gambling disorder frequently co-occurs with Substance Use Disorders (SUDs) and other behavioral health problems. According to the National Epidemiologic Survey on Alcohol and Related Conditions, of people diagnosed with pathological gambling, 73.2 percent had an alcohol use disorder, 38.1 percent had a drug use disorder, 60.4 percent had nicotine dependence, 49.6 percent had a mood disorder, 41.3 percent had an anxiety disorder, and 60.8 percent had a personality disorder. Other studies suggest that between 10 percent and 15 percent of people with an SUD may also have a gambling problem. People who have both an SUD and pathological gambling have high rates of attention deficit disorder and antisocial personality disorder².

Clinicians use The South Oaks Gambling Screen along with criteria found in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) to identify the extent of an individual’s gambling problem. Problem gamblers who do not meet full criteria for gambling disorder might still have significant symptoms and problems related to their gambling. Problems related to problem gambling and gambling disorder may include psychological, financial, emotional, marital or legal difficulties.

Although problem gambling and gambling addiction has been clinically defined and is easily identified when an individual is clinically assessed, less clear to policy makers in Minnesota is the prevalence of gambling disorders in the state and how much of the total revenue from gambling in the state is derived from problem gamblers.

² <http://www.ncpgambling.org/wp-content/uploads/2014/04/Gambling-Addiction-An-Introduction-for-Behavioral-Health-Providers-SAMHSA-2014.pdf>

Since this information is not currently available in Minnesota, it is helpful to review prevalence and gambling revenue studies from other states and countries for this report.

In 2017, The Minnesota Department of Human Services requested proposals from qualified responders to conduct a survey to assess the extent and impact of problem gambling among adults in Minnesota, identify the groups in the population most affected by the problem and provide information which will be the evidence base for the State's education, prevention, outreach, treatment and recovery support planning. The contractor must perform analysis to determine:

- Rates of gambling participation by adults and determined sub-populations (types and frequency of gambling activities);
- Prevalence and characteristics of at-risk, problem, and disordered gambling among adults;
- Attitudes toward gambling;
- Risk factors for problem gambling, including socio-demographic factors, other related issues such as substance use, mental health and physical health issues;

- Additional research questions that may be addressed:
 - Information about social and economic impacts of gambling
 - Impact of gambling expansion on rates of problem gambling
 - Awareness of and barriers to treatment and other gambling related services

IV. Prevalence of Problem Gambling

The average monetary value of problem gamblers' gambling activities in Minnesota is not known, nor is this amount known for individuals who are not identified as a problem gamblers.

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

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

The most current adult data of problem gambling prevalence in Minnesota is provided by a survey sponsored by the Department of Human Services in 1994. However, in 2017, the Department requested proposals to conduct a survey on gambling among adults that will provide critical information for the development and provision of problem gambling services (see section V for additional information on the 2017 survey).

The 1994 study found 65 percent of the general adult population had participated in gambling activity during the previous year. Among those who reported gambling during the previous year, about 6.7 percent were categorized either as individuals experiencing problem gambling or probable pathological gambling. This number decreases to 4.4 percent when adults who have never gambled are included³.

The National Council on Problem Gambling (NCPG) currently reports that between 3 and 4 percent of U.S. adults would be identified as problem gamblers (meeting criteria either for gambling disorder or problem gambling). NCPG also cites that approximately 60 percent of U.S. adults have gambled in the past year⁴. Of those reporting past year gambling, the rate of problem gambling is between 5 percent and 6.5 percent.

A 2015 survey report that studied gambling attitudes and behaviors in Iowa found the following:

- 87.6% of adult Iowans have ever gambled
- 68.1% of adult Iowans have gambled during the past 12 months
- 39.1% of adult Iowans have gambled during the past 30 days
- The prevalence of gambling in the state declined from 2013 to 2015.

³ Adult Survey of Minnesota Problem Gambling, 1994

⁴ NCPG website 2014

- At-risk gamblers is estimated in 2015 at about 13% and this is slightly lower than in 2013.

Problem gambling in the past 12 months was assessed using the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5) or symptoms of the Problem Gambling Severity Index (PGSI). The National Opinion Research Center's DSM Screen for Gambling Problems, commonly referred to as the NODS (Gerstein et al., 1999), was used to provide information about whether respondents would likely meet these criteria if screened by a clinician, counselor, or gambling treatment service provider.

- 1.25% past 12 months were classified as problem or pathological problem gambling using the PGSI and/or NODS

In a study of problem gambling in California, researchers estimate that between 296,500 (1.1%) and 490,100 (1.9%) California adults can be classified as lifetime pathological gamblers. Another 449,700 (1.7%) to 713,300 (2.7%) of California adults can be classified as lifetime problem gamblers. An additional 2.2 million (8.6%) to 2.7 million (10.4%) California adults can be classified as lifetime at-risk gamblers. At a minimum, three-quarters of a million California adults have experienced moderate to severe difficulties related to their gambling. The researchers added: "If we consider that each problem gambler is responsible for social and economic impacts that ripple out to their families, employers and communities, the proportion of the California population affected by gambling-related problems is even higher." ⁵

⁵ 2006 California Problem Gambling Prevalence Survey, Volberg, RA, Nysse-Carris, KL and Gerstein, DR, University of Chicago, 2006.

V. The 2017 Survey on Gambling among Minnesota Adults

Background

The Problem Gambling Program in the Alcohol and Drug Abuse Division at DHS is in charge of prevention and treatment services for problem gambling in Minnesota. MN Statute 245.98 tasks the Department of Human Services to conduct prevalence studies for adults to identify those at highest risk, this is to include a summary of available data describing the extent of the problem in Minnesota and the likely impact on compulsive gambling of each form of gambling. To establish and manage statewide strategy to prevent problem gambling and minimize the related problems, it is critical to determine the number and characteristics of people in the population who are at risk of problem gambling and those who are in need of treatment for problem gambling. Information is also needed about attitude towards and awareness of treatment services for problem gambling as well as the barriers to seeking treatment. This survey project is being planned to gather data which would provide critical information for the development and provision of problem gambling services. The latest statewide survey on gambling was conducted in 1994⁶ and there have been many changes including the definition of problem gambling. We're in need of a new data set for more timely and accurate estimates for problem gambling in Minnesota.

The term "problem gambling" encompasses a range of problems and issues related to gambling that span a continuum. In the field of gambling studies, there have been many terms used to describe gambling problems, such as pathological gambling, gambling addiction, problem gambling and compulsive gambling. This leads to some confusions and inability to cross-check study results.

For this project, gambling disorder refers to pathological gambling. The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)⁷ defines gambling disorder as a "persistent and recurrent problematic gambling behavior" leading to clinically significant impairment or distress as indicated by at least four of the nine symptoms, such as tolerance, withdrawal, escaping, chasing losses, lying, risking relationship and problematic financial situation. The DSM-5 reclassifies gambling disorder as an addiction disorder rather than a disorder of impulse control as it was in the past. Research supports that the effects on the brain and neurological reward system identified in those with substance use disorder are similar to the changes found in the brains of individuals with gambling disorder.

⁶ Emerson MO, Laudergeran JC (1996). Gambling and problem gambling among adult Minnesotans: Changes 1990 to 1994. *Journal of Gambling Studies* 12(3), 291-304.

⁷ American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC.

While a vast majority of adult population (85%) reported to have gambled at least once in the past year⁸, gambling disorder is a relatively low base-rate phenomenon. This provides challenges for a population-based survey project on gambling. The first national U.S. survey on gambling was conducted in 1975 by a commission on the review of the national policy toward gambling and estimated 0.77% of “probable” compulsive gamblers with additional 2.3% as “potential” compulsive gamblers.⁹ The 2001 National Epidemiological Survey on Alcohol and Related Conditions (NESARC) found that the respondents meeting criteria for past-year pathological gambling were too few to analyze.¹⁰ More recently, based on a meta-analysis, it was estimated that there were about 5.8 million (roughly 2.2% of adult population) disordered gamblers in the U.S. in need of treatment.¹¹

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

To establish an empirical base for a statewide plan for various problem gambling services in Minnesota, it is important to gather information on people in need of early intervention and prevention as well as treatment. By definition, individuals with gambling disorder would be categorized to be in need of treatment. Two additional groups will be examined in this project: problem gamblers as the target group for early intervention and those at-risk to problem gambling as the possible target for prevention. Following some of the previous studies’ definition^{12,13} and modifying it to the new criteria for DSM-5, problem gambling is going to be categorized by two or three positive symptoms out of 9 DSM-5 criteria.

To identify the so called at-risk subgroup it may be necessary to examine factors other than the DSM criteria, such as the onset age of gambling, risky gambling behaviors (binge gambling and/or gambling alone) and other

⁸ 2014 SAMHSA podcast on gambling, accessed online on May 2, 2017 at SAMHSA’s website.

⁹ Kallick M, Suits D, Dielman T, et al. A survey of American Gambling Attitudes and Behavior. Ann Arbor (MI): University of Michigan Press; 1979. (Accessed online at <https://babel.hathitrust.org/cgi/pt?id=mdp.39015040497235;view=1up;seq=50> May 1, 2017).

¹⁰ Petry NM, Stinson FS, Grant BF. Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *J Clin Psychiatry*. 2005;66(5):564-574.

¹¹ Marotte J, Bahan M et al. (2014) 2013 National Survey of Problem Gambling Services. Washington D.C: National Council on Problem Gambling.

¹² Volberg R, Nysse-Carris K, Gerstein D. (2006) 2006 California Problem Gambling Prevalence Survey-Final Report. NORC at the University of Chicago.

¹³ Welte, J, Barnes, G, et al. (2008). The Prevalence of Problem Gambling Among US Adolescents and Young Adults: Results from a National Survey. *J Gambli Stud*. 24, 119-133.

contextual factors (gambling problem by a close friend or family member, stressful life event and/or other health issues). The final definition and operationalization for this subgroup will be developed by the vendor in consultation with the State.

2017 Survey

The Minnesota Department of Human Services requested proposals from qualified responders to provide professional and technical services to evaluate and report on gambling behaviors among adults in Minnesota.

The primary purpose of this survey is to assess the extent and impact of problem gambling among adults in Minnesota, identify the groups in the population most affected by the problem and provide information which will be the evidence base for the State's education, prevention, outreach, treatment and recovery support planning.

The contractor must perform analysis to determine:

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

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

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

VI. Gambling Revenue

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

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

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

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

Nationally in 2013, \$60.6 million dollars of public funds were invested into problem gambling services¹⁴. And in Oregon in 2008, they found that every \$1 spent on treatment saved more than \$2 dollars in social costs¹⁵.

Furthermore, several of the high risk populations identified in the current SAMHSA Strategic Plan have been found to be at higher risk for gambling problems. Gambling addiction is an emerging public health priority given the unprecedented amount of existing and expanding gambling. The estimated six million adult problem gamblers are five times more likely to have co-occurring alcohol dependence, four times more likely to abuse drugs, three times more likely to be depressed¹⁶.

National Council on Problem Gambling (NCPG) Executive Director Keith Whyte notes: "When gambling addiction is integrated into health systems, treatment for gambling problems will reduce social costs and increase savings for states through improved recovery rates and decreased demand on traditional public sector substance abuse

¹⁴ <http://www.ncpgambling.org/wp-content/uploads/2014/08/2013NationalSurveyofProblemGamblingServices-FINAL.pdf>

¹⁵ <http://www.calpg.org/wp-content/uploads/2012/06/Cost-Benefit-of-Problem-Gambling-Services.pdf>

¹⁶ <http://www.ncpgambling.org/wp-content/uploads/2016/11/Surgeon-General-Landmark-Report-Addiction-Nov-2016.pdf>

and mental health systems. By providing recovery and therapeutic approaches that are appropriate for problem gamblers and their families alongside other addiction services as called for in the report, recovery rates will increase for a wide variety of health and substance abuse disorders¹⁷.”

Gambling Revenue Information

Gambling revenue information is collected by the state through the Gambling Control Board, the State Lottery and the State Racing Commission. The percentage of gambling revenues that come from problem gamblers is not identified in revenues reported, nor is it collected. For state fiscal year 2016, the three agencies identified total gross revenue of \$2,162,589,846. These agencies could not report what percentage of the revenue was from people who have gambling problems. The following information was provided through reports from each agency:

- Minnesota State Lottery reported \$592.9 million for fiscal year 2016.
- The Gambling Control Board reported gross receipts of \$1,530,054,000 in fiscal year 2016. The fiscal year sales each type of gambling activity is listed below:

Gambling Activity	FY 2016
Pull-Tabs	\$1,419,624,000
Bingo	\$71,918,000
Paddlewheels	\$17,027,000
Raffles	\$10,485,000
Tipboards	\$10,956,000
Total:	\$1,530,054,000

- The State Racing Commission reported 2016 revenues of:
 - Card club operations overseen by the Minnesota Racing Commission accounted for \$58,000,964;
 - Pari-mutuel horseracing in Minnesota accounted for \$9,918,401;
 - Pari-mutuel revenues derived out of state: \$1,113,479;

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

The Gambling Control Board reports an increase in all forms of charitable gambling from FY 2015 to FY 2016. The most significant increase was in electronic pull-tabs of 174.2% compared to 9.6% in paper pull-tabs. According to the Gambling Control Board, pull-tabs make up the 93% of the total 1.5 billion sales in 2016. The prize payout for charitable gambling in Minnesota is 83.5%, while approximately 16.5% of net receipts are for expenses, taxes and charitable contributions¹⁸.

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

¹⁸ <https://mn.gov/gcb/assets/fy2016-annual-report.pdf>

VII. Community Engagement

Listening Sessions

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

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

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

Community Engagement: Lao Community Capacity Development

The Department of Human Services, Alcohol and Drug Abuse Division, Problem Gambling program has partnered with the Northstar Problem Gambling Alliance, Lao Assistance Center and Dr. Serena King as the Primary Researcher and Project Consultant for a program that studies gambling addiction in the Lao community and provides support services to affected individuals and their family¹⁹.

The program has two phases:

1. Building the survey and research design
2. Training Lao Assistance Center staff to identify gambling issues, and provide education about the difference between “responsible gambling” and “problem gambling²⁰.” The education program includes peer or health care worker led gambling groups.

Survey

An online survey of gambling behavior in the Lao community will be distributed within community networks and online. The survey will examine:

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

Education

Because of the stigma and resistance to accessing mental health care among the Lao (and other SE Asian groups), an educational program may fill an important need and bridge access and openness to seeking out services. The education is not a replacement for therapy, however, this type of program has the advantage of reaching a larger number of people because of how it is packaged: the development of a gambling education program would be informed by the literature (albeit limited) on Asian gambling and by the results of the survey; it would be delivered by a health outreach worker in the community who can speak both English and Lao.

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

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

Peer or Health Care Worker Led Gambling Groups

The educational program will include Peer or health care worker led gambling groups. For research purposes and to focus efforts around a specific subpopulation, participants will be screened using the South Oaks Gambling Screen translated in Lao (already translated by Dr. Timothy Fong and Colleagues at UCLA) and given to group participants in the educational program. Only participants with mild to moderate levels of gambling would be selected for eligibility to the group. The reasoning for this cutoff is that the program will be aimed to address those who may not have evidence of a full blown pathological gambling diagnosis.

Educational program materials will include information regarding referrals to gambling treatment programs, but the program is intended to look more like a self-help group educational program than therapy itself. In fact, the program will make clear to all participants that the group is educational, and is not therapy and cannot substitute for therapy. The program will provide all group leaders and participants many resources to access care as part of their packet of information.

After the training of the bilingual group leader, the leader(s) will engage a small group of individuals on a psychoeducation program around gambling that has foundations in prevention and intervention techniques.

There will be a three to five part series including a professionally-produced video (and voiceover in Lao) educational training, and self-help talks. The video will be used with the manual and worksheets.

If the program produces good data on outcome, it will have the potential to be translated into other languages including Hmong, Cambodian, Thai, etc. All materials will be developed in an oral educational format (video training for the participants and the leaders), and 20 minute videos will be presented on the below topics with accompanying handouts and discussion starters in small groups.

<http://www.uclagamblingprogram.org/treatment/workbook.php>

Substance Use Disorder Reform

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

Problem gambling recommendations included the following:

- **Cross-addiction education.** Support increased education regarding the risks of cross-addiction when treating gambling disorder or substance use disorder. Support increased cross- referral, integrated treatment services and continuing care when providing services to individuals with gambling and substance use disorder.
- **Ensure best practices.** Work with stakeholders to enhance the current requirements to ensure the use of best practices and person-centered recovery- driven outcomes.

- **Telehealth.** Support increased use of telehealth to expand access to problem gambling treatment. Increase awareness of telehealth technical assistance opportunities and the availability of teleconferencing services.
- **Invest in Culturally Informed Prevention and Intervention Services.** Dedicate funds to support race and ethnic community informed collaborations that provide valuable information about how gambling impacts disparate communities and develop prevention and intervention services to respond to community needs in a culturally responsive manner.
- **Research.** Establish and develop research to provide data-driven decision-making.

VIII. Report Recommendations

1. Support increased education regarding the risks of cross-addiction when treating gambling disorder or substance use disorder. Support increased cross-referral, integrated treatment services and continuing care when providing services to individuals with gambling and substance use disorder.
2. Expand community engagement collaborations that provide valuable information about how gambling impacts at-risk cultural and ethnic communities and develop prevention and educational materials and other types of resources to respond to community needs.
3. Invest in Culturally Informed Prevention and Intervention Services. Dedicate funds to support race and ethnic community informed collaborations that provide valuable information about how gambling impacts disparate communities and develop prevention and intervention services to respond to community needs in a culturally responsive manner.
4. Invest in primary prevention initiatives that will use the information gained from research and community engagement projects in order to develop the most effective types of primary prevention and early intervention strategies that are data-based and data-driven to better affect problem gambling at the community level.
5. Support increased use of telehealth to expand access to problem gambling treatment. Increase awareness of telehealth technical assistance opportunities and the availability of teleconferencing services. Ensure that service delivery systems for problem gambling are not compromised by perceived economic incentives and prevent industry interests from influencing resources intended to address problem gambling.