



## Survey Suggests Problem Gambling Behavior Increasing in U.S.

**Results from a new national survey of gambling attitudes and gambling experiences (NGAGE 2.0) suggests that problem gambling behavior among Americans has increased since the previous survey in 2018.** The study, the second of its kind produced by the National Council on Problem Gambling, provides a glimpse into gambling activity in a time of rapid changes in the gambling landscape. The survey took place in April 2021 and included 2,000 Americans.

The 2021 survey attempted to address the following questions:

- Has the popularity of gambling changed?
- What types of gambling have become more or less popular?
- What's the effect of restricting gambling or legalizing gambling?
- What has been the effect of the pandemic?
- How has legalizing sports betting affected gambling behavior?
- Are more people gambling online?
- Is there a relationship between risky investing and risky gambling?
- Who is at the highest risk for gambling problems?
- Does the public understand or stigmatize problem gambling?

### Some of the key findings include:

- The number of people gambling on 11 or more activities during the past year nearly doubled since the first survey in 2018.
- Approximately 26 million more people bet online from 2018 to 2021.
- In the three-year period since the last survey, there were approximately 15.3 million more sports bettors, 18 million more fantasy sports players and 25.5 million more online gamblers.
- While sports betting has increased, it grew both in states where it has been legalized and states where it has not. Participation in fantasy sports did not differ between states where sports gambling is legal vs. where it is not.
- About one in five Americans reported increased gambling during the pandemic, behavior strongly associated with a high risk of problematic gambling behavior.
- The percentage of gamblers increasing play during pandemic was highest in those under the age of 45.
- Statistically, when margin of error is taken into account, there's no difference in the types of sports bets — single bets on game outcomes, prop bets or parlay bets — made in states where sports gambling is legal vs. those where it is not.
- There is no evidence that legalization of sports betting has caused an increase in problem betting.
- There has been a decline in betting on football but growth in betting on more obscure sports, such as soccer, eSports and tennis.
- Gambling that has increased online include table games (blackjack, roulette, etc.), eSports, horse racing and bingo.
- Online gambling has increased most in the 18-24, 35-44 and 45-54 age groups. The growth is larger in men vs. women (though they are similar in percentage increase).
- Weekly traders (those who deal in investments) gamble on many activities. They are also much more likely to answer yes to at least one of four problem gambling behaviors, suggesting that counselors should ask about investment behavior (as a possible risk factor) as much as gambling behavior.
- The percent of gamblers showing no problem behavior was much lower in younger people, while remaining the same in older people.
- Only approximately one in four young people (ages 18 to 34) say that gambling isn't a good way to make money.
- Nearly a quarter of those surveyed feel people with a gambling problem are unlikely to get better or recover.

For more information about the NGAGE survey, visit [www.ncpgsurvey.org](http://www.ncpgsurvey.org).



Susan Sheridan Tucker  
*Executive Director*  
MNAPG

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FROM THE EXECUTIVE DIRECTOR

## A New Year of Challenges and Opportunities

Each new year brings new opportunities and challenges. That certainly was the case for the last two years, when the changing dynamics of the pandemic required us to continually pivot amid a constant state of ambiguity. Challenges have tested the best of us, yet we manage to find our way.

This is the time of year when we prepare for Problem Gambling Awareness Month in March. While we never let a month go by without advocating on behalf of those affected by problem gambling, March presents us with the opportunity to amplify our voices, together with the other state affiliates, offering a more coordinated effort to get the word out.

We also gear up for a new legislative session. Yes, sports betting will be on the table again. It's uncertain if there will be any traction this year, given the other priorities facing the state. MNAPG has proposed that specific consumer protections be added to any legislation that is put forward. Gambling is not going to go away, which means that operators, regulators and players each have a role to play in minimizing the harm that can happen if someone becomes addicted to gambling.

Online gambling presents some new challenges with ever-increasing access to more gambling options, yet what's happening in parts of Europe where access to player data is used to minimize harm is encouraging. While the U.S. is not there yet, these tools exist and should be integrated into electronic gambling software.

For now, MNAPG offers a couple of tools that can help an individual minimize self-harm from excessive gambling. The first is the use of Gamban, an online gambling self-exclusion tool that can be requested free from MNAPG. Gamban can be loaded on up to 15 devices per household and will block tens of thousands of sites, including FanDuel and DraftKings. Electronic access eliminates the "friction" between wagers, which can easily dissolve into chasing one's losses if time and money limits are not predetermined. Another tool we're offering provides greater awareness to one's gambling attitudes and behaviors. We have a survey that offers a comparative view of one's gambling compared to other Minnesotans. Depending on the responses, an individual will receive a brief report which sets out to quash familiar gambling myths and provides some helpful resources. This is just one small way in which an individual can begin to reckon with their gambling behaviors and decide whether it's time to address their relationship to gambling.

MNAPG is eager to be out and about again in the public realm. Here's to the end of the surges and a healthy and safe year to come.

Sincerely,

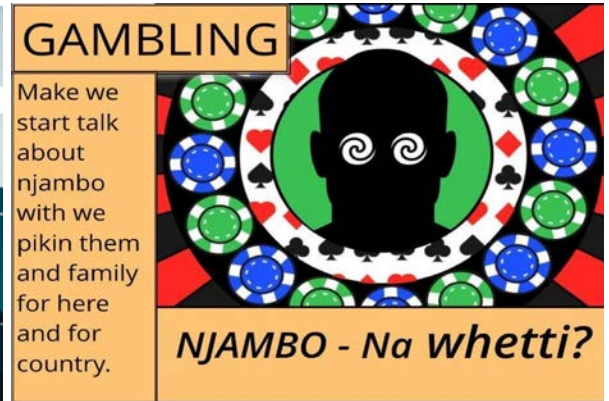
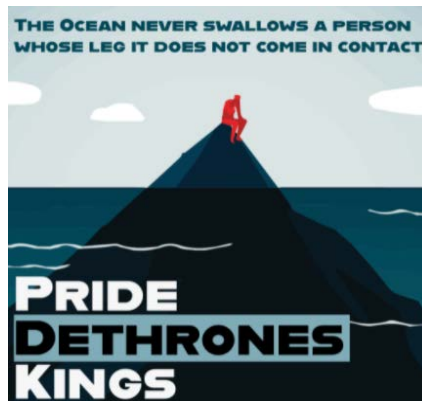
Susan Sheridan Tucker

Minnesota Alliance on Problem Gambling is a nonprofit agency whose mission is to help those affected by problem gambling in Minnesota. We do this by promoting awareness and understanding of the issue via our website, newsletter, community education programs, sponsorship of the Minnesota State Conference of Problem Gambling, and training of professionals in preventing and treating problem gambling.

*Northern Light is funded by a grant from the state of Minnesota. Designer: Evans-Stark Design. Writer: Bill Stein*



# Progressive Individual Resources



In the third of a series profiling organizations receiving grants from Minnesota's Department of Human Services (DHS), this issue of *Northern Light* features Progressive Individual Resources, Inc.

Progressive Individual Resources, Inc. (PIR) is a multi-cultural provider agency that specializes in working with new African immigrant refugee children and their families to promote healthy social adjustment.

PIR's DHS grant is for creating culture-specific gambling prevention programs. It's focusing outreach on communities from the Sub-Saharan African region, including 46 countries with representation in Minnesota.

PIR is working to sustain a collaborative partnership with five leading African organizations, develop an engagement strategy consistent with the needs of the African community, and create a culturally relevant outreach and education strategy.

Some of the ways that PIR is seeking to achieve these goals includes:

- Extending outreach to new and established African communities
- Utilizing a culturally specific, community-based model and tailored approaches

- Engaging in culturally relevant community conversations about problem gambling and its effects

Dr. Richard Oni, Ph.D., PIR behavioral health consultant, and Bili Banjoko, M.A., LMFT, PIR psychotherapist, are performing the work. They have started by identifying communities in need, coordinating with their existing meeting schedules and making sure they connect with community spiritual leaders.

Not surprisingly, they have confronted some challenges and barriers as they seek to raise awareness about problem gambling and survey the communities to learn more about their gambling activities and attitudes. "We find that there are a variety of barriers, such as shame and trust, that keep people from speaking openly," says Bili. "We're also finding that people still don't know that this is all confidential. We need to make sure community clinicians know this is confidential and that the community trusts us."

"People are confused about the cost and whether it's covered by insurance," adds Dr. Oni. "Of course grants ensure that the service is free of charge even without insurance."

"The more people hear about this, the

more we think we can make an impact," says Dr. Oni. "People continue to learn and we share new approaches with them, not just therapy. For example, if gambling issues are presented as part of cultural healing, they may be more apt to actively participate in it."

PIR is using different communication modalities to spread the word as well as partnering with other organizations to develop messaging across different mediums. "We've learned to use language familiar to each community because language matters," says Dr. Oni. "We try to express things in local dialect, which can help with participation." There's also the strategic use of proverbs that resonate to motivate and encourage community members. (See accompanying graphics for examples.)

"You have to have awareness before you can start managing illness," says Bili. "We're happy now to provide both outreach and treatment."

It takes time, but progress is being made. Dr. Oni says, "There is an African proverb that says, 'If you want to go fast, go alone. If you want to go far, go together.' Together we can provide resources to those who need it most and serve this community as effectively as possible."



# In Their Own Words

## Willie's Story

"Given my history — and given the nature of this nasty addiction — I can't say that I'll never gamble again. But I do know that every day in recovery is a better day than every day spent gambling."

**I'll never forget the first time I realized there was hope for my compulsive gambling. I was at confession and the priest said, "I don't normally do this, but I'm giving you the phone number of someone in gambling addiction recovery at Gamblers Anonymous (GA)."**

I always had the desire to quit gambling, but didn't feel like I had the tools or the power to do it. I went to weekly GA meetings, and although I had weekly relapses in the beginning, I kept going. I've been going for more than three years, and the meetings continue to sustain me in my recovery.

When I was young, my grandparents and family loved to play Thirty-one and other card games for nickels or quarters. When I won the 'pot' it was like a big win for me. When I lost, I remember my grandma saying, "If you can't play, you gotta pay." It was always very enjoyable and I was lucky with it most of the time.

In college, I went to casinos with my parents. I brought \$20-40 to lose. I played normally and, at this point, didn't think of myself as a gambler.

After that, I went on a tour of different states to visit different casinos and their different games. My first really big disaster occurred in Las Vegas, where I lost my entire paycheck. I remember walking two miles in the desert with no money and feeling despair for the first time. I continued to gamble and always played until I lost everything.

A few years later, I remember going to a casino and praying because I was feeling attacked by demons at the casino. The people to my right were arguing about money while the faces of the people leaving the casino were distraught. These images were in marked contrast to people just arriving, who were running in and joyful.

At this point, I realized that if I were to continue gambling, I would lose my life's savings. I decided that I was going to quit gambling, which I did for 13 years.

Then about six years ago, I went to a casino as part of a Christmas party my employer had. I won a TV and split a large 50-50 jackpot, and decided that gambling wasn't so bad. Within a few months, I had four big wins, ranging from about \$1,000 to \$6,000. I remember thinking, "This is fantastic. This is easy money."

I was courted in the VIP program and invited to parties and special events. I went to the casino four to five times a week. I also learned how to get a cash advance on

credit cards and how to link my player's card to my bank so I could take money out in advance. In that year, I lost about \$28,000.

Things turned dark for me. I suffered from anxiety and medical issues, including a visit to the ER for a racing heart. I worked overtime, but every cent went to the casino. This went on for three years.

I looked into the Vanguard Center for Gambling Recovery and was told that I could benefit from enrolling there. However, I worried whether going there would jeopardize my job. I felt like I had to choose between losing my job or losing my life.

Between the tools I've gained from (inpatient) treatment at Vanguard, outpatient treatment and my GA meetings, I've been able to sustain my recovery since May. I know that I can string days together with sobriety and take comfort in knowing I only have to make a decision for the day.

Given my history — and given the nature of this nasty addiction — I can't say that I'll never gamble again. But I do know that every day in recovery is a better day than every day spent gambling.

If I could reach out to someone in the grip of gambling — who probably feels that it could lead to some kind of insanity or even death — I would tell them how quickly things start to get better once you start your recovery. In Minnesota, we are lucky to have many great resources, but you have to reach out.



# The Pandemic's Impact on Mental Health

## **While the impact of the COVID-19 pandemic on mental health is undoubtedly significant, how traumatic has it been and how does it compare to other traumatic events?**

This was among the topics discussed in "Understanding and Addressing Post-Pandemic Trauma," a presentation by Ken Roberts, chief clinical officer for NUWAY, at the Minnesota Conference on Problem Gambling in November.

The term "trauma" can apply to a broad range of experiences that impact each individual differently. However, there are well-established data patterns that offer useful learning applicable to current pandemic circumstances.

Two relatively recent community-based traumas include the Sept. 11 terrorist attacks in 2001 and Hurricane Katrina in 2005. These large-scale traumatic events were shown to have a significant negative impact on substance use disorder and mental health patterns. In both events, the trends identified at year one actually continued to increase for another two to three years, a pattern consistent for a range of community traumas. Data has shown there are similar outcomes from other events, such as wildfires and mass shootings.

The scope and duration of the pandemic suggests a long-term impact. Although there are some potentially positive signs for dissipation of the latest pandemic wave, it is an experience that has had a global impact for two years without a foreseeable definitive resolution.

Since the early months of 2020, we've been on a roller coaster ride that has included the promise of vaccine relief and lessening restrictions, all too rapidly undercut by new waves of

variants. Both our personal and professional worlds have been turned upside down in what is likely to be a generational event. As we consider the potential long-term impact of the pandemic, we must recognize that versions of the individual challenges each of us have faced are occupying the consciousness of billions of people around the world.

It's important to recognize the paradox of the pandemic trauma experience. On one hand, there are the common experiences we all relate to that have become the themes of our daily conversation. Yet, on the other hand, there are myriad unique and intensely personal stories often borne in silence and solitude.

Part of the enduring strain of the pandemic has been the uncertainty of its actual end, leading to chronic stress and erosion of even our most healthy coping strategies. This prolonged period of instability has set the stage for potential behavioral health service needs over the next several years that mirror the patterns of Sept. 11 and Katrina, but are almost incomprehensible in possible magnitude.

Notable increases in anxiety, depression, trauma/stressor disorders, substance use, self-harm, and overdose that have occurred since the pandemic began are all grim indicators reflecting the needs and deficits seen by mental health professionals. If we are unable to expand access and improve outcomes, we will continue to add many "deaths of despair" to our numerous COVID-19 fatalities.

Whether we are considering the traditional clinical trauma disorders or the new conceptualization of Pandemic Trauma and Stress Experience (PTSE), the individual experience is always the key consideration in considering subsequent effects and

impact on functionality, as well as what trauma-focused interventions might be best for those individuals. Similarly, just as one person's experience after a car crash might be different from another's, the same is true for how each of us is experiencing the current pandemic.

Thankfully, the majority of individuals who experience trauma events and effects also possess sufficient protective factors that allow for adaptations and resiliency to overcome traumatic circumstances through what is frequently termed a "natural recovery." The concepts of enhancing protective factors and empowering resilience will be an important focus as mental health professionals consider trauma intervention strategies.

The American Psychoanalytic Association is seeking to distinguish between PTSE and Post Traumatic Stress Disorder (PTSD). Understanding the difference is important to both educating and normalizing clients while avoiding the potential stigma of unwarranted diagnosis and targeting effective interventions. More information about PTSE can be found at <https://apsa.org/PTSE>.

It's also important for providers to cultivate resilience, altruism and creativity in ourselves, our teams and our agencies in order to best serve those in need.

In summary, our extended experience of the COVID-19 pandemic is currently and will continue to drive the need for co-occurring services. Understanding the additional layers of pandemic trauma and stress as a potentially new concern and an amplifier of existing conditions allows us to be strategic in conceptualizing and evolving client care while maintaining professional resiliency. These steps will drive the direction of our industry in years ahead.

## MNAPG Announces



### MNAPG Unveils Survey of Gambling Behavior

Minnesotans now have the opportunity to compare their gambling patterns and behaviors with fellow residents of the North Star State. The survey asks respondents about their gambling behavior over the last 12 months, including what gambling activities they've participated in, their gambling frequency and the attitude and approach they take toward gambling. The survey details the percent of state residents who have also gambled in the respondent's chosen activities and generates a report that provides appropriate feedback and guidance about the individual's gambling. The survey can be found on [MNAPG.org](https://mnapg.org).

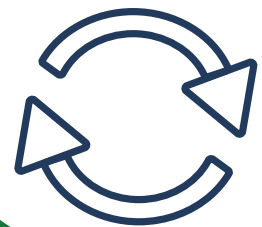
### Telehealth Counseling Continues

The Minnesota Department of Human Services continues to follow the federal health emergency guidelines for providing telehealth services and has extended the use of telehealth through June 2022. Future extensions, if necessary, will be considered later in the year.

### Free Subscriptions to Gamban Available Through MNAPG

To assist those who may be tempted to gamble online, MNAPG offers free subscriptions to Gamban, a voluntary, self-exclusion tool for online gambling sites. This tool enables the gambler to block tens of thousands of online gambling sites on all devices. MNAPG has purchased one-year subscriptions that can block up to 15 devices in one household. If you are interested, please email [ssstucker@mnapg.org](mailto:ssstucker@mnapg.org) and a link will be provided to set up the account.

## MNAPG Update



## MNAPG in the Community



### Reaching Out to Students

In December, Sonja Mertz, MNAPG community educator, gave the first of two presentations about gambling addiction to students at Rock Bend Alternative Learning Center in St. Peter, Minnesota. The first presentation, "Is Gaming Addictive?", provided students with some basic information about gambling, the effects of addiction on the brain, and how videogaming and online gaming can become an addictive behavior leading to problem gaming. Sonja emphasized how some online gaming crosses the line into gambling. She also provided the students with a list of problem gaming warning signs and a list of options for healthy gaming. A second presentation, scheduled for the spring, will focus on sports betting and others forms of gambling, including casino gambling and lottery tickets.

These presentations are provided in partnership with Project GEM, a Mankato-area outreach program designed to provide educational services for low income/high-risk youth. Future presentations to middle school students in the St. Peter area are in development.



# Lower-Risk Gambling Guidelines Developed



## How much

The guidelines suggest that gamblers not bet more than 1% of their pre-tax household income.

## How often per month

It's recommended that gamblers not gamble more than four times per month.

## How many

Those who gamble on a regular basis should not play more than two types of games.

**Responsible gambling guidelines often dictate that gamblers set personal gambling limits to avoid gambling-related harm to themselves and others.** While there are now more tools available to help gamblers to set limits, the limit-setting advice is typically general and non-quantitative, in contrast to other public health areas, such as drinking alcohol or food. A common responsible gambling slogan is: "set a limit and stick within it."

To help provide gamblers and those who seek to establish responsible gambling programs, the Canadian Centre on Substance Use and Addiction developed lower-risk gambling guidelines based on scientific evidence. The guidelines are appropriate for those who implement programs aimed at reducing gambling-related harms or promoting public health. They provide consistent, evidence-informed advice and messaging about how to gamble in a lower-risk manner.

The guidelines, detailed on [gamblingguidelines.ca](http://gamblingguidelines.ca), specifically address three aspects of gambling: how much, how often and how many?

However, the guidelines caution that special risk populations and contextual factors play a role. The limits may not be appropriate for individuals experiencing problems from alcohol, cannabis or other drug use, those with anxiety or depression, and those with a personal family history of gambling problems or substance use disorders.

## Other considerations

The type of gambling games one plays makes a difference. Fast-paced games that involve frequent betting can more quickly lead to problems. With slot machines, electronic gaming machines, poker and many online forms of gambling, people can spend a lot of money in a short time.

It's also important to consider why someone gambles. Is it for fun? Those gambling to escape life problems are more likely to experience harm from gambling and might find it difficult to gamble within the suggested guidelines.

## ORGANIZATIONAL MEMBERS

### Why belong to the Alliance?

You can make MNAPG's voice stronger and affirm the value of our work. Gambling disorder is a real and destructive addiction. Our work is not about prohibition, but to ensure those negatively impacted have available resources for recovery and to minimize the risks for all. Better informed consumers make better choices. More members equal greater credibility with decision makers. Visit our membership page at [MNAPG.org/membership](http://MNAPG.org/membership).

## SILVER



Treasure Island Casino

## GOLD



Minnesota Indian Gaming Association



Shakopee Mdewakanton Sioux Community



Running Aces



Canterbury Park



Minnesota State Lottery



Mille Lacs Band of Ojibwe



Minnesota Alliance  
on Problem Gambling

1935 County Road B2 West  
Suite 420  
Roseville, MN 55113-2795

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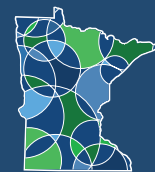


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Minnesota Alliance  
on Problem Gambling

# Northern Light



Winter 2022  
Volume 41

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