The theme for this year’s Minnesota Conference on Problem Gambling was Addressing Problem Gambling Through Community Connections. The goal was to create and support better connections among everyone in the addiction, health and social services community, and to work collaboratively to be more effective in preventing and addressing addictions of all kinds.

The two-day conference featured a range of speakers, including keynote addresses from Keith Whyte, executive director of the National Council on Problem Gambling, about the future of the field of problem gambling, and Jon Grant, JD, MD, MPH, on the neurobiology and cognition of problem gambling.

If you were unable to attend the conference but wish to learn more about the information presented, visit NorthstarProblemGambling.org/2016-conference-power-point-presentations.

As more and more people enjoy gaming in casinos and other gaming venues, the need for responsible gaming programs to provide information, education and gambling addiction prevention messages is crucial. To help focus more attention on these efforts, the National Council on Problem Gambling has developed a guide detailing how casinos can develop responsible gaming training programs.

A responsible gaming training program ensures that plans, policies and procedures are in place to educate employees about problem gambling and associated behavior. The program also ensures that training materials are available for employees and those that train employees. Services of the program may include the establishment of a self-exclusion system, as well as review of casino advertising, promotions, problem gambling materials and signage.

Employee responsible gaming training also stresses the state or national helpline number, how employees should notify appropriate management or security personnel, and how casino employees can provide problem gambling materials to patrons who request help.

Responsible gaming programs provide several important benefits for casinos. An effective program reduces the impact of patrons whose behavior can compromise, disrupt or damage personal, family or vocational pursuits. It can also help employees who feel stress due to an inability to help a gambler who’s in distress. As for the employees themselves, research shows that employees in the gambling industry have higher than average rates of gambling problems.

Providing and promoting responsible gaming through such a program is also good customer service. By helping customers in distress, whether or not gambling is the cause, a casino is acting as a good corporate citizen.

The guidelines for establishing a responsible gaming employee training program can be found at ncpgambling.org under the Programs & Resources section.

Northstar Problem Gambling Alliance staff and consultants are available to assist any casino or gaming venue that would like help in developing a responsible gaming program, evaluating an existing program, or support in training employees or other consultation. For more information, email Cathie Perrault, Northstar executive director, at cp@northstarprobablemgambling.org.
FROM THE EXECUTIVE DIRECTOR

Addiction is Addiction is Addiction

It’s time for all addiction professionals, including those trained in treating alcohol and drug addiction, to get serious about problem gambling. The fact that gambling is an addiction is now well documented through numerous scientific studies. As well, the American Psychological Association, in the latest version of its Diagnostic and Statistical Manual of Mental Disorders (DSM), now recognizes that gambling can become an addiction, just as with alcohol and drugs.

Our goal is to educate all addiction counselors about compulsive gambling. How we go about accomplishing that is a major challenge. However, one thing is for certain: it will require efforts from everyone in the community “hierarchy.”

Change will start with grassroots efforts from those directly involved. It will require that drug and alcohol counselors take the initiative to learn more about gambling disorder in their clients who exhibit the behavior. At a political level, state legislators who recognize the effects of problem gambling need to make financial commitments to ensure the availability of education and treatment. From an educational perspective, schools must integrate gambling addiction into their curriculums when teaching counselors about addiction. Those in the recovery community must accept gamblers as equals in need of the same level of support and care as required for an alcohol abuser or heroin user. Finally, family members of problem gamblers — as well as gambling addicts themselves — must reach out for help.

We hope that the recent Minnesota Conference on Problem Gambling hosted by Northstar helped to highlight the need to view gambling addiction through the same lens as other addictions. In particular, a most informative presentation given by Jon Grant, JD, MD, MPH, director of the Center of Excellence in Gambling Research, depicted in considerable detail the overall similarities of addictions.

The change in perspective that we seek won’t happen overnight. But a meaningful conversation between the various stakeholders, such as what took place at our conference, is a promising start.
The problem gambling program at Fairview Recovery Services is an intensive outpatient program that encompasses group therapy with a family component for concerned others. Fairview’s program is one of Minnesota’s oldest and most comprehensive gambling programs, dating back to the early 1990s.

The program consists of 44 sessions of group therapy on Tuesday and Thursday evenings. Group activities consist of homework assignments, videos, lectures, guest speakers, meditation, and skill building based on the latest evidence-based practices.

Concerned persons have the opportunity to be involved on Tuesday and Wednesday evenings. A family counselor offers support, education on addiction and relapse prevention.

Concerned others can also participate in one-on-one sessions with a family counselor on Wednesday nights. “We have found that a more individualized approach was needed due to the unique relationships that benefit from “family” counseling,” says Susan Campion, MS, LADC, ICGC-II, gambling counselor.

“I’m a big believer in the group process for gamblers,” says Susan. “Gamblers often feel alone and shameful because of their past gambling behaviors. I think they benefit therapeutically from hearing other peoples’ stories and realizing they’re not alone.”

One aspect of the program that’s different from others is that it is not a 12-step program. “We are an all-inclusive, eclectic program, which I think many people appreciate,” says Susan. “We individualize our treatment interventions to match our diverse clientele.”

Fairview’s program works with other social service agencies and makes referrals as appropriate. Assessments help determine whether a client is best served by intensive inpatient therapy, intensive outpatient therapy, individual counseling or Gambler’s Anonymous. “We want people to know they have different treatment options,” says Susan.

The program is well versed in treating patients with co-occurring disorders. The program, which also performs Rule 82 assessments, has capacity for 12 patients.

Group therapy is provided by Susan, while Greg Robertson provides family counseling.

“I’m a big believer in the group process for gamblers,” says Susan. “Gamblers often feel alone and shameful because of their past gambling behaviors. I think they benefit therapeutically from hearing other peoples’ stories and realizing they’re not alone.”
The impact of gambling addiction on family members and significant others is significant and often overlooked.

Elizabeth’s STORY

The first time I realized my husband had a gambling problem was the day he came home from work to tell me his employer was sending him to treatment in Granite Falls – that very night! I knew he had done some gambling but I didn’t know it had become such a severe problem. I guess I was pretty naïve about the whole thing.

Upon learning what was happening, my reaction was quite emotional. I felt cut off at the knees or like the air was sucked right out of my lungs. I wondered what I did to make this happen or what I could do to fix it. I felt very lonely, and ultimately felt like I was on a fast trip to hell.

Looking back on it, John’s behavior had been strange. For two or three years, he was very crabby and hard to talk to. We weren’t getting along at all and he had turned into a person I didn’t like. He would disappear for long periods of time and be out into the wee hours of the morning. I actually thought he was having an affair. The difficulties we experienced eventually resulted in our getting divorced in January 2013 after 33 years of marriage. It was something I never wanted.

Although we divorced, our connection continued, and I hung on to John and kept tabs on him. I made sure he was eating — he’d been losing weight and not taking care of himself. I was very involved with him, but he still had a private life that I was not a part of.

John came back from his first stint at Project Turnabout in July 2013. He learned on the drive home that he’d lost his job. He also didn’t come clean on his drug use during his treatment for gambling addiction. Within three weeks, he relapsed and things spiraled downward. He later
told me he felt he had nothing to live for since he had lost his job and figured his family was ashamed of him.

Three months later, John went to Hazelden for drug abuse treatment. But just a few weeks after that, he relapsed again. John didn’t think about suicide at that point, but felt it would be OK if he died, and that as alone as he felt, he thought people would be better off without him.

I watched John get better and fall again, and by the third time I was ready to say, “I can’t do this any more. I’m done. You have to make a choice because I’m not going to keep living like this.”

It wasn’t until February 2014, when John returned to Project Turnabout a second time, that the pieces really came together. They helped him address both his gambling addiction as well as his drug use addiction. The spiritual side of his journey came together when he went to Serenity Village after leaving Turnabout. Today, John is totally calm and happy, willing to make whatever amends he needs to.

Thankfully, John is doing so much better now. He works hard to share his story with others, to remind people that they’re never completely alone. And things have never been better between us. In fact, we got remarried in 2014.

Since we’ve been through this, it’s amazing how many people know so many people who have some kind of connection to addiction. It makes this big world seem so much smaller when you just start talking. It’s so important to find out that you’re not alone, that you’re not walking this journey by yourself. So many people are out there willing to help but you have to start talking.

NEW ADOLESCENT GAMBLING SCREEN INCLUDED IN MINNESOTA STUDENT SURVEY

For researchers interested in learning more about the gambling behaviors and patterns among youth, the Minnesota Student Survey, a survey of behaviors among Minnesota public school students that takes place every three years, has long provided a wealth of minable data. Gambling behavior questions were included in the survey from 1992 to 2010.

Unfortunately, concerns over the length of the survey required that gambling-related questions be deleted from the survey in 2013. However, thanks to the efforts of a number of people and agencies, including Northstar board member Dr. Randy Stinchfield, clinical psychologist, University of Minnesota Medical School, and the Minnesota Department of Human Service’s (DHS) Compulsive Gambling Program, a new series of questions about gambling was reinserted into the 2016 survey conducted in September.

The 2016 survey includes four questions about the frequency of student participation in four different forms of gambling. This compares to the six gambling frequency questions from past surveys.

Dr. Stinchfield was also asked by the Compulsive Gambling Program at DHS to develop a new, brief adolescent problem gambling screen to be included in the Minnesota Student Survey that would yield an accurate estimate of problem gambling among adolescents. Using data from the Canadian Adolescent Gambling Inventory (CAGI) that he helped develop, Dr. Stinchfield created a three-question problem gambling screen. The Brief Adolescent Gambling Screen (BAGS) was derived from the CAGI’s nine-item Gambling Problem Severity Subscale (GPSS) and ultimately included the following three questions:

• How often have you skipped hanging out with friends who do not gamble/bet to hang out with friends who do gamble/bet?
• How often have you felt that you might have a problem with gambling/betting?
• How often have you hidden your gambling/betting from your parents, other family members or teachers?

The value of the adolescent gambling screen goes beyond inclusion in the student survey. “This is a brief screen for adolescents that the rest of the field can use as well,” says Dr. Stinchfield.

Data from the 2016 Minnesota Student Survey should be available for analysis in the coming months. Dr. Stinchfield will publish an updated report on gambling behavior among Minnesota students shortly thereafter. The report will be posted to Northstar’s website (NorthstarProblemGambling.org).
College students, like the rest of the population, are not immune to problem gambling. In fact, approximately 6 percent of U.S. college students have a serious gambling problem according to the National Council on Problem Gambling. Therefore, it makes sense to identify ways to raise awareness about problem gambling to this population and to determine age-appropriate ways to penetrate this audience.

To gain a baseline understanding of college students’ behaviors and attitudes regarding gambling, and of problem gambling as an issue, 442 college students from Gustavus Adolphus College and Bemidji State University were surveyed. The research consisted of online surveys and 17 interviews.

Here are some significant findings:

Gambling Behavior. Students were motivated to gamble for fun (social), excitement and to win money. Most were aware of the possible harms of gambling. Students who had lost large amounts of money gambling admitted to being under the influence of alcohol or other drugs while gambling.

Preferences for Obtaining Gambling-Related Information. The majority of students prefer to receive information...
Online through websites or social media. The majority of students felt that facts, testimonials and practices to alleviate the desire to gamble would be most helpful. The survey suggests a variety of ways to connect with the college student audience. This includes providing budgeting and money-tracking tips, sharing stories, offering digital self-assessments and providing online support.

In the coming months, the Minnesota Problem Gambling Program (as part of the Minnesota Department of Human Services) will create a campaign to reach college students. Details of the evolving campaign will be shared by Northstar as the campaign is developed.

Visit NorthstarProblemGambling.org for more information about conference presentations.

### Breakdown of College Gamblers in Survey

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>79%</td>
</tr>
<tr>
<td>Female</td>
<td>62%</td>
</tr>
<tr>
<td>Freshman</td>
<td>55%</td>
</tr>
<tr>
<td>Sophomore</td>
<td>71%</td>
</tr>
<tr>
<td>Junior</td>
<td>71%</td>
</tr>
<tr>
<td>Senior</td>
<td>67%</td>
</tr>
<tr>
<td>GPA: 3.50 or higher</td>
<td>62%</td>
</tr>
<tr>
<td>GPA: 3.00 to 3.49</td>
<td>69%</td>
</tr>
<tr>
<td>GPA: 2.50 to 2.99</td>
<td>80%</td>
</tr>
<tr>
<td>GPA: 2.49 or lower</td>
<td>80%</td>
</tr>
</tbody>
</table>

Most prefer video and picture content. Small groups reported on their ideas about creating community change during lunch at the “World Café.”
Recovery From Gambling Addiction is Possible

The Northstar website includes first-hand accounts of compulsive gamblers who have found recovery. These stories are both informative and inspiring.

NorthstarProblemGambling.org/resources-for-gambling-help/treatment-works