A new report performed by Randy Stinchfield, Ph.D., gambling researcher at the University of Minnesota Department of Psychiatry, reveals that gambling participation among “out-of-mainstream” youth in Minnesota is higher than for students in public schools. The research also revealed that out-of-mainstream youth gambled with more frequency than their public school counterparts.

The results of the study suggest that problem gambling may be a greater risk for this population than for youth in public schools. Based on the data, it seems that efforts to educate out-of-mainstream youth about the risks and harms of excessive gambling would be well advised and a good use of resources,” says Dr. Stinchfield. “It may be that some members of this population might benefit from treatment assessments or treatment referrals.”

Consistent with a trend observed among public school students, gambling participation among youth in alternative schools and those in juvenile corrections facilities continued a gradual downward trend from 1992 to 2010. However, the rate of frequent gambling — defined as gambling weekly or daily — remained relatively stable from 2004 to 2010.

“While overall gambling participation may be down in general, the steady rate of those gambling frequently suggests the potential for future addiction remains significant,” says Dr. Stinchfield.

The study also looked at behaviors that correlated with gambling among alternative school students. These behaviors included.
Lifting the Curtain on Shame

The theme for this year’s Problem Gambling Month public awareness campaign is Problem Gambling; Have the Conversation. It is a simple, yet powerful message, as it confronts the major obstacle in dealing with gambling problems — the willingness to talk about it openly.

Shame is the driving reason people don’t talk about addiction. Whether someone is in trouble with alcohol, drugs, or gambling, shame is a common denominator. Shame prevents people from having a conversation about difficult issues.

Feelings of shame tend to be worse for gamblers because of the social stigma. Many people don’t think of pathological gambling as a "real addiction" but rather a behavior that someone can just stop of their own volition.

When someone is unable to abstain from gambling on their own, that shame becomes overwhelming. A measure of the depth of their shame is reflected in the alarming fact that no other addiction has a higher rate of suicide than compulsive gambling. One in five gamblers will attempt suicide, twice the rate of other addictions.

It’s important that we as a society tear down that stigma and make it okay for people to come forward to ask for help. We need to make it acceptable for family and friends to honestly and openly talk to the person whose gambling concerns them.

The message of nonjudgment is appropriately reflected in a motto employed by the state of Minnesota in its efforts to reach the right people: “No judgment. Only hope.” It speaks to creating a positive attitude about asking for help.

Through our continued efforts, including the important work of Problem Gambling Awareness Month, we continue to strive for the day when gambling addiction is openly discussed, when associated shame is absolved, and when those afflicted can get the care they need.

Cathie Perrault
Executive Director
NPGA

WE NEED YOUR SUPPORT!
We thank all our members, donors, volunteers and affiliates who have contributed to our mission. Become a member today. Visit www.NorthstarProblemGambling.org to join us.

Northstar Problem Gambling Alliance 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, and training of professionals in preventing and treating problem gambling.

Northern Light is funded by a grant from the state of Minnesota. Designer: ESD Graphics. Writer: Bill Stein
In the mid 1990s, there were no formal treatment programs for problem gamblers in North Dakota. While Gamblers Anonymous meetings had taken place in the basement of a building in Fargo for close to a decade, a professional, structured counseling approach had yet to become part of the landscape.

But the demand was clear. “Every once in a while a gambler would say to an addiction counselor, ‘GA isn’t enough. Can you do more for me?’” says Dawn Cronin, licensed social worker and nationally certified gambling counselor for Lutheran Social Services of North Dakota. “We looked into it and realized that nobody in North Dakota was serving this growing population.”

Hence, the gambling addiction program at Lutheran Social Services was established in 1997. It includes five certified gambling addiction counselors (Dawn, along with Lisa Voeller, Will Bachmeier, Swain Benson and program director Lisa Vig) and serves five locations throughout North Dakota as well as adjacent areas of Minnesota.

The program started with group counseling that met once a week for two hours. It’s since evolved into a two-evening-per-week program with six hours of group programming per week.

“We recognize that gamblers do better when they have a longer period of involvement,” says Dawn. The goal is to engage problem gamblers for at least six months, something that can be a challenge in a rural region. In addition to individual and group counseling, the Lutheran Social Services Gamblers Choice program also provides family counseling.

Dawn finds problem gamblers to be an appealing clientele. “They’re generally very engaging and outgoing, and want to help people learn about their addiction,” says Dawn. “The biggest challenge is helping them to understand and accept that they have an addiction and to see the poor choices they made are a result of their addiction, not because they are a bad person. Once that happens, it’s very satisfying to see them begin to forgive themselves and blossom in their recovery.”

Dawn believes that getting a gambling addict on the road to recovery begins with a timely and appropriate response to the first expression of desperation. “When someone calls and is at the end of their rope, the sooner we can engage them face-to-face, return their call or offer hope, the better,” says Dawn. “If the problem eventually gets fixed in their mind – either financially or otherwise – then treatment isn’t the option they’ll choose.”

Once there is recognition and understanding of the addiction, Dawn sees other factors as essential for a successful outcome. “Surveys of our program graduates consistently show that those who stay abstinent are very engaged in GA.” Dawn also believes that family involvement in treatment is helpful in understanding the actions of a gambler. “Family members need to see that other gamblers have been in the same situations and to look beyond the lies.” Clients who find success typically also reconnect spiritually or otherwise find the use of a higher power according to Dawn.

In the most practical sense, Dawn feels that gambling addicts need outside support from someone who can manage their finances, particularly early in treatment. “If a client is single, lives far away from family or is disengaged from family, it’s important to find a payee service or another creative way to find someone who they can be accountable to for their money,” says Dawn. “Payday is horribly stressful for them and comes with a lot of triggers, all of which is a normal part of the recovery process.”

As with others in the field, Dawn shares the concern that there are a lot of problem gamblers who either aren’t aware they have the addiction or aren’t aware that they can get help. “I don’t know if it’s that we’re not asking the right questions or not, but compulsive gambling should be on everyone’s radar – just like with other addictions. It’s so important that we help as many people as we can.”

★
Counselor’s Corner is a recurring feature that discusses common questions raised by counselors seeking to learn more about problem gambling and how they can identify a possible gambling addiction in their clients. Sheryl Anderson, nationally certified gambling counselor coordinator at the Vanguard Center for Compulsive Gambling, addresses this column’s question.

Q: As one who works in a helping profession, what tangential issues should I consider when determining if a gambling issue may be at the root of my patient's problem?

A. Given the percentage of U.S. adults who have gambled in the last year along with the $95 billion in gaming revenue generated by casinos, tracks and state lotteries, we know that a lot of Americans gamble. It’s estimated that about 1.5 million Americans have experienced disordered gambling at some point in their lifetime. The condition often goes untreated because behavioral and other health care providers are unaware that some of the people they are serving might also be struggling with an addiction to gambling.

People in helping professions are encouraged to have the conversation with individuals that might be seeking help due to:
- Relationship issues
- Legal issues
- Financial issues
- Depression
- Anxiety
- Other mental health disorders
- Suicidal thoughts

Often, the person seeking help is the family member or concerned other of the person with a serious gambling problem.

As can be expected, someone who suffers from disordered gambling might experience financial difficulties. Providers working with individuals who have financial difficulties, such as a history of bankruptcy, unpaid bills, etc., should start a conversation that includes asking about patterns of gambling.

In addition to not being able to have funds for household expenses, individuals who experience disordered gambling might also have other serious health conditions. The stress of the addiction might exacerbate a pre-existing condition or bring on other health problems. Those suffering from disordered gambling frequently are unable to afford prescribed medications and may not continue with wellness visits to primary health care providers. They may be more likely to access emergency services and present to doctors and other health care providers with a variety of acute, stress-related issues.

Initiating a conversation about gambling in a matter-of-fact and non-judgmental way can be a life-saving strategy as disordered gambling is associated with suicide, suicidal ideation and suicide attempts. Individuals who are experiencing substance use disorders, as well as anxiety or depression, are at greater risk of attempting suicide.

If you suspect your client may have a gambling problem, there are several screening tools available to assess or diagnose gambling problems. Some of the most convenient screening instruments for medical and behavioral health care providers to use are the Brief Biosocial Gambling Screen and the Lie/Bet Screen Instrument. . . found on NorthstarProblemGambling.org.
tobacco use, alcohol use, drug use, running away from home, antisocial behaviors and sexual behavior.

In 2010, more than half of alternative school students (54.6%) and juvenile corrections center youth (51.1%) had gambled in the past year compared to less than half of public school students (44.8%). Overall, fewer students were gambling in 2010 (54.6%) than in 1992 (77.8%), when alternative school student gambling data was first gathered.

When it comes to preferred modes of betting, the most common games played by all three groups of youth were cards and betting money on games involving personal skill, such as pool, golf or bowling. Youth were least likely to engage in gambling at casinos and online.

Data for the study was drawn from the Minnesota Student Survey, which has included gambling-related questions periodically since 1992.

To review the full study, please visit NorthstarProblemGambling.org, click on “Resources for Professionals,” and scroll down to “Reports and Presentations.”
I will die if I gamble again. I may have another relapse, but I don’t have another recovery. This is it. This is my life.

In my recovery, I’ve come to see addiction as a totally different personality all its own, sort of like having a split personality. Unless you’re really true to your recovery, you don’t see that.

Ginger’s Story

I had just completed my fourth unsuccessful suicide attempt of the week. I tried to hang myself, but eventually the ends of the rope broke. That’s when it hit me in the face: “It’s not my time to go.”

Although I gambled a bit longer – I stole money from my employer and spent three days and three nights spending every penny I had at the casino – I quickly realized I was powerless and needed help. On Aug. 4, 2012, I checked myself into the Vanguard Center for Compulsive Gambling.

For me, gambling was an escape. I gambled because I was living with an alcoholic and I didn’t want to face him as things got worse and worse. Later in life, I gambled because it was an easy way to meet other people when I lived in different places away from family.

I’d actually been to Vanguard six years before. It didn’t work for me at that time because I ultimately felt like I was forced to go there by a family member who wanted me to be the scapegoat for some bad things that had happened. Still, I worked hard to follow the care plan that the counselor had set forth, but I relapsed.

At first, I was doing well and abstained from gambling. I had a very good job, worked many hours, and spent a lot of time with my daughter and granddaughter. But as I became busier and got promoted, I stopped going to GA meetings.

When the economy got bad, my job was eliminated and I started gambling again after five years. It got so uncontrollable that I didn’t know what day or time it was. I’d be at the casino for days on end without any sleep. Even when I’d sit in the dark, I
We want to show that this addiction doesn’t discriminate. We are young and old, black and white, and come from different nationalities.

could still hear the slot machines in my head going constantly.

I spent my entire severance package and then spent nearly all of my unemployment checks. Then I didn’t pay rent, something I had never done before. I even stole from my employer, a convenience store. This is what ultimately brought me to the brink of suicide.

In my recovery, I’ve come to see addiction as a totally different personality all its own, sort of like having a split personality. Unless you’re really true to your recovery, you don’t see that.

As part of my recovery, I’ve gotten involved with GA intergroup. I’m on a committee that is in the process of rewriting our blue book. One thing that we’re doing is gathering stories from people in recovery. We want to show that this addiction doesn’t discriminate. We are young and old, black and white, and come from different nationalities.

I’m now living at Crossroads, a residence for people who have completed treatment for alcohol, chemical or compulsive gambling addiction. It’s a place for me to live while adjusting to life without addiction. Until I think I’m unlikely to relapse, this is a place where I feel safe and supported.

In many ways, my life has come full circle. I’m back working a day a week at a dental lab, my true passion. I’m also working a retail job at the same place where I worked 25 years ago.

I’m loving my new life. I know that I need to have a different way of thinking and living. What I was doing before wasn’t working.

I will never forget how I got here and the things I’ve learned. I will die if I gamble again. I may have another relapse, but I don’t have another recovery. This is it. This is my life.

You can read other stories of triumph over gambling addiction on NorthstarProblemGambling.org by clicking “Resources for Gambling Help” and then “Treatment Works.”

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**BEHIND THE NUMBERS**

379
Active gambling counselors certified by the National Council on Problem Gambling
(Source: National Council on Problem Gambling)

97
Pending applications for gambling counselor certifications
(Source: National Council on Problem Gambling)

80,000
Coffee sleeves with problem gambling help information distributed throughout Minnesota cafés and restaurants during March.

$115 Million
Estimated amount of money wagered on Super Bowl XLIX
(Source: WalletHub)

$3.8 Billion
The estimated amount of money wagered illegally on the Super Bowl
(Source: American Gaming Association)

800-333-HOPE
The phone number for the Minnesota Problem Gambling Helpline, available 24 hours a day, seven days a week.

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**PROJECT TURNABOUT’S EXPANSION WILL ENHANCE TREATMENT FOR PROBLEM GAMBLERS**

Recent expansion at Project Turnabout, which operates the Vanguard Center for Compulsive Gambling Program, Minnesota’s only residential gambling treatment facility, is essentially complete. The expansion includes a new family and education center that can better meet the needs of a growing program as well as additional space to handle medical needs of problem gamblers. The education center will also allow Project Turnabout to host regional training on various gambling-related topics.
Save the Date!
29th National Conference On Problem Gambling
New Challenges – Creative Solutions
July 10-11, 2015
(Pre-conference July 8 – 9, 2015)
Hilton Baltimore Inner Harbor
ncpgambling.org

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AWARENESS • EDUCATION • RESEARCH • ADVOCACY