SPORTS GAMBLING IS ALIVE AND WELL IN IOWA: WHAT CAN MINNESOTANS LEARN?

In response to the Supreme Court’s legalization of sports gambling in May 2018, more and more states are now introducing sports wagering. Iowa began offering sports betting in August 2019. To get a sense of how things are going for our neighbor to the south — both for sports gambling and the state’s gambling treatment and prevention program in general — Northern Light talked with Eric Preuss, MA, IAADC, CCS, program manager for the Office of Problem Gambling Treatment and Prevention at the Iowa Department of Public Health.

NL: Do you know how much money has been wagered on sports in Iowa since sports gambling has been offered?

EP: The Iowa Racing and Gaming Commission has indicated that $212 million has been wagered from August 15, 2019 through December 2019.

NL: How does this compare to expectations?

EP: I don’t think anybody had a really good idea of expectations, but it appears to be doing well. I am hearing there are a lot of new players. Some casinos are reporting that up to eighty percent of wagering is happening online — and that’s without every casino having an online app.

NL: Do you have any idea how many Minnesotans have crossed the state line to place sports wagers?

EP: The Iowa Racing and Gambling Association would have a better idea of that number, but in general the Iowa Gaming Association reports that about 60% of those visiting Iowa casinos are from out of state. Diamond Jo Casino in Worth County is one of the Iowa casinos near the Iowa Minnesota border.

NL: Have you learned anything specific about sports gambling and related problem gambling at this early juncture?

EP: We have been very intentional about gathering baseline data about the percentage of Iowans participating in sports betting of all kinds — from legal sports betting of all kinds, to illegal-bookmaking, fantasy sports, and March Madness — so that we can compare behavior before and after. Continued on page 7

MINNESOTA CONFERENCE ON PROBLEM GAMBLING, APRIL 30 - MAY 1
While Minnesota is one of 40 states with a funded problem gambling program, it’s been a while since we’ve taken a comprehensive look at the delivery system through the eyes of all the stakeholders. It’s a good time to do so with the many changes that have occurred over the last decade. As we experience the fastest and largest expansion of gambling in the U.S., how can the Alliance and its stakeholders better respond to the needs of those impacted by problem gambling and gambling disorder?
FROM THE EXECUTIVE DIRECTOR

A Hive of Activity in the Dead of Winter

As I write, snow is falling heavily, leaving a thick white blanket to cover the landscape. While our landscape enjoys a long winter’s nap, this is a time of intense planning as NPGA prepares for Problem Gambling Awareness Month (March) and our upcoming state conference at the end of April. We’re also actively seeking new board members to serve beginning in July. We’re hoping to recruit members from outstate and from diverse cultural communities. If you’re involved in the gaming industry, addiction treatment, education, financial, legal, human resources, corrections or prevention, and you have a passion for advocacy that supports those negatively impacted by problem gambling, we’d love to hear from you!

We continue to pursue the goals outlined in our 2019 strategic plan. The first is expanding prevention and public awareness programs throughout the state. The second is to build a stronger alliance by engaging our stakeholders in conversations about gaps in delivery of services and determining what actions are required to close those gaps and follow best practices.

To help achieve the latter goal, our conference’s second day will include an opportunity for attendees to participate in intentional conversations through the World Café model, a structured conversational process for knowledge sharing in small group discussions. The conversations will explore a few key questions and solicit ideas from the perspectives of all who have a touchpoint in the problem gambling arena. The process will enable us to think about new approaches for a system that hasn’t been deeply explored for some time. By bringing a diverse group of stakeholders together, we will mine the best ideas from those who are impacted directly or are part of the problem gambling infrastructure of treatment, prevention, research and gambling operations. The dialogue will provide NPGA the opportunity to hear directly about what needs aren’t being met or areas that need to be improved. The direct input and insights we obtain will contribute greatly to our strategic plan initiatives and help shape our future projects.

Save the dates for this conference: April 30 – May 1. And please check NorthstarProblemGambling.org for registration information and additional details about the conference. I look forward to seeing you!

Susan Sheridan Tucker
Executive Director
NPGA
We asked some of Minnesota’s certified problem gambling counselors for their thoughts on the barriers for Minnesotans receiving problem gambling treatment. Here is what they said:

Cheryl Minx, Director, Freedom Center, Inc.
I think people may not realize help is free to those who need it. Many people think if they’re broke and in trouble financially that there is no way to pay for help. I also think that the helplines are not very visible so that people don’t know how to find help.

Christina Pristash, MS, LMFT
There can be many contributing factors that interfere with a person reaching out for help or accessing treatment for problem gambling. I know that personal fears get in the way as well as individuals/families not knowing what resources are available and/or what makes a person qualify for help. We are fortunate to have an inpatient option in our state as well as outpatient treatment options, but many people aren’t aware of these resources or the differences between the two. Continued education and information sharing will continue to create fewer barriers for people, but choosing change is still always going to be hard.

Dawn Cronin, LSW NCGC Gamblers Choice, Lutheran Social Services of ND
I think a significant barrier is the non-payment to phone counseling providers. While most providers recognize phone sessions are not the preferred method for counseling, they are necessary at times. I believe the many rural areas of Minnesota and the frequent poor winter driving conditions are putting severe limitations and interruptions in treatment participation for clients. I have three clients over the age of 62 traveling over 50 miles one way for treatment who have had to interrupt treatment because of travel conditions. We also have limited numbers of Gamblers Anonymous meetings in these rural areas so we are unable to encourage participation at these meetings for the same reasons.

Craig Johnson, LADC, Club Recovery
One of the greatest barriers is the lack of understanding by insurance companies, or just plain recognition, that gambling disorder is the exact same as any other psychological disorder as described in the DSM 5. I also think that clients are often told that gambling disorder is not covered and so they stop right there.

I have heard that a large hospital program discourages clients who do not have private pay insurance from seeking services because the reimbursement rate from the state gambling fund is significantly lower than what a given provider might pay.

There is a distinct lack of providers in outstate Minnesota, where access to treatment can be a challenge. We need to push telehealth as a way to reach individuals who either don’t have the means or the access to a provider near their home.

I think that prevention programs need to include education on gambling disorder. Programs aimed at young adults mention the opioid crisis, the vaping crisis, legalizing marijuana and so on, but often do not even mention gambling.

Lisa Vig, LAC, NCGC, Gamblers Choice
I’m concerned about those who live in rural Minnesota who may not have access to a trained counselor, access to a GA meeting and may not have reliable transportation or funds to travel the necessary distance to receive treatment and support. We need to explore other options to reach these individuals, such as phone counseling, telehealth treatment and/or online resources. The challenge to find appropriate, reputable financial management services for this population in conjunction with treatment is also a concern.

Paul Mladnick, LADC, NCGC, LMFT, Bridges and Pathways Counseling Services
One barrier that I see is a lack of awareness of gambling treatment services and that financial help is available for Minnesota residents, so I think we need to do more to advertise gambling treatment resources.

Also, there is still much ignorance over problem gambling and many people still think this is more of a moral problem or a lack of common sense. An educational campaign to alert people that this, too, is an addiction that can happen to anyone would be helpful.

Do you have a thought on barriers to treatment that you’d like to share? If so, please send your comment to sst@NorthstarProblemGambling.org.
I was five months pregnant with our second daughter in August 2014 when I received a call from my husband that would forever change my life. He told me he had won $20,000 at a casino — $10,000 in cash and $10,000 in a check. I figured we’d use the money towards paying off debt and giving generously to our church.

I was surprised by this news because I wasn’t aware that he was going to the casino. When I asked him about it, he told me he’d been going for a few months. All the while he seemed tired, but I knew that something was not right with him. I later learned that he’d been gambling a lot longer than a few months when I noticed gambling activity started to show up in our credit union accounts. I also discovered that he was using money he’d put away for our daughter and started dipping into his bill money. When I confronted him about it all, he always told me he could stop whenever he wanted.

He continued to gamble after our daughter was born. He eventually made a bad personal decision and lost the job he’d held for eight years in May 2015. I was working part-time and he was the primary breadwinner. Without his $45,000 income, we were in trouble. He continued a downward spiral into depression, anxiety, cross addiction with drinking, scratch off lottery tickets, candy crush and deeper into gambling.

The stress created by my husband’s addiction took a toll on me. My blood pressure spiked and I developed alopecia in the front of my hairline. That was a wakeup call!

By August, I sought help and learned about Gamblers Anonymous (GA) for my husband and Gam-Anon for myself. He went to GA once and refused to go again. But for me, going to Gam-Anon turned out to be the next big thing that would change my life. On numerous occasions my husband admitted to me that he had a problem, but refused to seek treatment. After being separated for a few years I filed for divorce, which was finalized in June 2019 so I could chart my own path. I am now the primary breadwinner and speak at the annual GA/Gam-Anon conference. I have focused on my career as well as learning about addiction and recovery and how to better support people that come after me, because there will always be more addicts and families affected by addiction.

I was asked what advice I might give to other spouses and families who are going through the same thing that I went through. I would tell them that addiction is a time sucker, a hell of a roller coaster ride and that even in the midst of the storm they need to realize the importance of self-care — choosing joy and finding their own purpose. It’s easy to become so co-dependent on the addict that you stop living your life.

There are things spouses and family members can do to protect themselves if the problem gambler isn’t willing to get help. Some of these things include:

1. Knowledge is power — learn as much as you can about addiction and how it’s an actual mental illness.
2. Control your financial assets and don’t allow the gambler’s behavior to damage your credit or your mortgage.
3. Don’t enable and bail out the gambler by helping with gambling-related debts.
4. Get the support you need from people who understand your situation, such as what Gam-Anon offers.

These were hard lessons to learn. It’s unfortunate that I had to go through this but if I didn’t, I wouldn’t have a story to tell and be able to influence others. The ability to speak at an annual conference, for example, is a door that never would have been opened if I didn’t have a spouse that’s an addict.

One day, my ex-husband will realize what he has thrown away and will choose recovery for himself. For me, I am excited for new beginnings. To create new traditions and memories for my daughters. I’m in control of my future and looking forward to writing the next chapter.

The state of Minnesota offers 12 sessions of family therapy (per year) through the state problem gambling program when visiting an approved provider. An approved provider list can be found at treatmentandhope.com/treatment-provider-network/.
While much of the emphasis of problem gambling programs is on making sure that people with disordered gambling are able to find the help they need, it’s also important to understand the attitudes and beliefs of those who play responsibly. Such insights can help inform policies and practices designed to prevent and reduce potential harms associated with gambling.

One of the ways to objectively identify and measure the extent of responsible play within a sample of players is through the positive play scale (PPS). The PPS looks at a gambler’s beliefs and behaviors and can be used by those in the gambling industry to assess the effectiveness of responsible gambling strategies, identify specific areas for future focus, and examine the potential value of new responsible gambling initiatives aimed at promoting healthy patterns of gambling.

With this in mind, NPGA commissioned Richard Wood, PhD, noted gambling researcher, to study the level of responsible gambling in Minnesota starting in September 2019. The study, which sampled 1,517 Minnesota players, will provide a benchmark so that future changes in responsible gambling behavior, as measured by the PPS, can be noted over time in response to prevention messaging targeted to players’ behaviors and beliefs.

Beliefs and Behaviors Measured

The study measured two sets of beliefs: personal responsibility (the extent to which a player believes they should take ownership of their gambling behavior) and gambling literacy (the extent to which a player has an accurate understanding about the nature of gambling.) The survey also measured two sets of behaviors: honesty and control (extent to which players are honest with others about their gambling behavior and feel in control of their behavior) and pre-commitment (extent to which a player considers how much money and time they should spend gambling).

Initial Findings

Most Minnesota players scored highest on personal responsibility, followed by honesty and control. However, more than half of all players scored medium or low on gambling literacy and pre-commitment. In fact, Minnesota’s pre-commitment scores were lower than those from three other states and Canada (which has invested more funds than the United States in responsible gambling initiatives over the last 10-plus years).

There were no significant differences in beliefs and behaviors based on gender. However, there were marked differences in PPS scores by age. While it’s not known why positive play increases systematically with age, it may have to do with overall exposure to responsible gambling messaging or that messaging is tailored to older people. The results show that the literacy rates are quite low among those aged 18-44, suggesting that better messaging can be developed for younger players.

As it relates to the various games people play, it was clear that those who limited themselves to lottery games had higher (better) PPS scores. Those who played a variety of games exhibited a lower PPS score, particularly for gambling literacy. It’s not clear if exposure to a range of games leads to decrements in positive play or whether those who do not hold positive play beliefs or engage in positive play behaviors are more apt to play multiple games more frequently.

Another key measurement was the relationship between positive play and satisfaction with gambling. Players were more satisfied with the gambling experience when they accepted personal responsibility for their gambling, were honest and in control about their gambling, and set limits on time and money spent. Surprisingly, gambling literacy did not correlate with player satisfaction. This was an unexpected finding and is something to be explored as we develop strategies. The results also suggest that segmentation is critical to understanding the responsible gambling needs of different players.

Survey Implications

The insights provided by this study will help us design and target prevention messaging to specific kinds of players, including by age or type of play. If we are to succeed in reducing the overall harm that gambling can have on individuals and families, it makes sense to develop multiple strategies that help build knowledge around the risks involved.
NPGA PARTICIPATES IN HOLIDAY LOTTERY RESPONSIBLE GAMBLING CAMPAIGN

As in the past several years, NPGA, along with the Minnesota Lottery, participated in the annual Holiday Lottery Responsible Gambling Campaign. The goal of the campaign was to increase awareness about the risks of underage lottery play during the holiday season. Both organizations promoted the importance of responsible gambling through various media channels, joining a growing effort to raise awareness about the issue around Minnesota, the United States and North America.

The following examples depict some of NPGA’s social media efforts with respect to the campaign:

- Registration is now open for the Minnesota Conference on Problem Gambling. For more information and to register, go to NorthstarProblemGambling.org/Conference.
- Great Britain bans credit card use for all online gambling. In the U.S., NCPG and its partners are looking at creating improved limits on credit cards for all gambling outlets — online as well brick and mortar — since just banning online gambling isn’t complete coverage. What’s the best way to protect the consumer? More to come in the near future.
- Sports betting on Super Bowl 2020 was anticipated to increase by 25% with the expansion of legalized sports betting according to the American Gaming Association (AGA). The AGA estimated that Americans wagered approximately $6.8 billion on the Super Bowl.

NOTABLE FYIs

- The annual conference of the National Council on Problem Gambling (NCPG) takes place July 23-25 in Washington, DC. Look for brochures in March or visit ncpgambling.org/national-conference/ for more information. Some scholarships will be available to NPGA members. Applications will be made available in late March.
- Northstar social media social received over 86,000 Facebook reaches and 11,500 Tweet impressions during the campaign.

Other examples of NPGA's social media efforts include:

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after the legalization of sports betting. We know that 99% of Iowans who gamble on sports also participate in other gambling activities (lottery, casino and social/charitable gaming). I suspect that first-time gamblers are coming in who have never made sports bets or even been in a casino before. Our challenge is to make sure that our partners (casinos) make available the materials we provide that are targeted to sports gamblers about responsible gambling, positive play, etc.

The recent Gambling Attitudes and Behavior Survey we completed in late 2018 shows that about 14% of Iowans (315,141) have experienced at least one problem related to their gambling and would be considered “at-risk” for developing a gambling disorder. Approximately 18,500 adults in Iowa meet the criteria for a gambling disorder, which is about 1% of the adult population. When looking at sports gamblers in Iowa, 23% are considered “at-risk” for problem gambling. So it’s a concern and the challenge is to mitigate the harm to these gamblers, particularly those who are new players.

**NL:** Do Iowans accept gambling disorder as a public health issue?

**EP:** That’s a good question. It’s part of a larger series of questions, such as whether Iowans accept tobacco or alcohol use as a public health issue. One in four Iowans accept tobacco or alcohol use as a public health issue. One in five Iowans know someone who has been impacted by gambling and one in five has been personally impacted. So there’s good data that indicates Iowans have been impacted by problem gambling. But there may not be a good understanding about what to do next and the knowledge that treatment is available and helpful. We still have people whose lives are being destroyed and who don’t have a sense of hope that it can be better.

**NL:** In Minnesota, the problem gambling program resides in human services while it’s in the health department in Iowa. Do you have any insights on that?

**EP:** Substance use disorder and problem gambling services are housed in the Iowa Department of Public Health while mental health services are within the Department of Human Services. However there is a good working relationship between departments, as well as at the legislative level, to ensure that effective, collaborative, efficient co-occurring services are available and accessible for Iowans. Once such product is yourlifeiowa.org and the Your Life Iowa system, which is an integrated network of services (website, phone, text and chat) offering information and resources for problem gambling, substance use, suicide and mental health. As of July 1, 2019, Your Life Iowa became the statewide crisis line for mental health services and referral. There is continued work as to how to enhance Your Life Iowa to help reduce barriers to care and support those in care.

**NL:** Did Iowa increase funding for treatment and prevention as part of sports gambling expansion? Where does your existing funding come from and how is it used?

**EP:** Yes. As part of the introduction of sports betting, our program received an additional $300,000, increasing our overall budget to $2.9 million. These new funds will be used in two ways: 1. Awareness efforts focused on students (primarily 9th grade through 12th grade), and 2. A targeted message media plan. From 2018 through about 2008, our funding was .5% of casino tax revenue, which generated between $6 to $10 million for the Iowa Gambling Treatment Fund. However, since then, due to legislative action, the Iowa Gambling Treatment Program fund was disbanded, and funding has been part of the addiction service appropriation from the state legislature.

**NL:** Does Iowa pay for gambling treatment? If so, is it for both the gambler and affected others?

**EP:** Gambling treatment in Iowa is paid for through third party insurance (Medicaid and other insurers). For those who don’t have insurance, or don’t have insurance that pays for gambling treatment, the Iowa Gambling Treatment Program can assist through our Integrated Provider Network (IPN). IPN-funded providers offer assistance and treatment to the problem gambler, as well as their family members and concerned persons. Additionally, we fund 1-800-BETSOFF through our Your Life Iowa project to assist Iowans in accessing information, resources and locating help/treatment locations in their county.

For more gambling-specific information on Iowans, refer to www.idph.iowa.gov/igtp/reports.

### How Does Minnesota Compare to its Neighbor?

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Sources: worldcasinodirectory.com

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Changing Problem Gambling Behavior through:

AWARENESS • EDUCATION • RESEARCH • ADVOCACY