Sadly, the media is replete with stories of compulsive gamblers who have taken their own lives. Suicide is a very real and all too common consequence of problem gambling.

No other addiction has as high a suicide rate as gambling. The National Council on Problem Gambling (NCPG) estimates that one in five gambling addicts will attempt to kill themselves, about twice the rate of other addictions.

According to Michael Goldman, senior employee assistance program counselor in Cook County (Illinois), it’s estimated that 18-25 percent of compulsive gamblers will attempt suicide. With an estimated two million compulsive gamblers and four-to-six million problem gamblers in the U.S., the potential for larger numbers of suicide deaths brought on by gambling is significant.

There are several reasons that gamblers may pay the ultimate price. Unlike with other addictions, such as drugs and alcohol, there is no physical effect on the body. “The amount of financial devastation you can wreak plays a big role,” says Keith Whyte, executive director of the NCPG. “You can bet $50,000 in a single hand, every minute.”

Problem gamblers also often suffer from associated disorders that exacerbate their struggles. Substance abuse issues or problems with depression and anxiety are frequently “co-occurring” among those who have a gambling addiction.

So how should treatment professionals approach their gambling clients given these startling facts? “For counselors, the high rate of suicide among compulsive gamblers means it’s essential to conduct a thorough evaluation to identify those at highest risk,” says Michael. “Although it’s difficult to accurately predict suicide, there are a number of tools to help assess those at the greatest risk.”

The Columbia Suicide Severity Rating Scale, or C-SSRS, is one of the more helpful tools. The C-SSRS rates an individual’s degree of suicidal ideation on a scale, ranging from “wish to be dead” to “active suicidal ideation.”
FROM THE EXECUTIVE DIRECTOR

A Uniting of All Interests in Problem Gambling

In the past, strategic planning for advancing the cause of problem gambling in Minnesota has taken place largely between two entities, Northstar Problem Gambling Alliance and Minnesota’s Department of Human Services. While both groups have a broad representation and, in fact, share some of the same members, there’s never been the opportunity to unite all interests in the same room.

We felt it was time to bring together members from both of these groups, along with other interested stakeholders who had not previously been involved in the process. Our thinking was that we could do more “cross fertilization” of ideas and come to a common core of understanding on the issue of problem gambling in Minnesota.

And so it was that Northstar, along with the Minnesota Department of Human Services, launched the first Minnesota Problem Gambling Summit on December 13 (see page seven of this issue of Northern Light). In addition to providing a setting for brainstorming on a united approach to the issue of problem gambling, the summit allowed many with common interests to forge important relationships with others sharing common interests.

The summit was conducted by a professional facilitator and was modeled after the work done by the Massachusetts affiliate of the national council. There was a great variety of “voices at the table” including people from the corrections, legal and judicial areas, public health, addiction and ethnic communities, treatment providers, and gaming entities such as the Minnesota Lottery, Canterbury Park and the Minnesota Indian Gaming Commission.

There were many insightful takeaways from this important day. Among them were the need to consider continued and expanded awareness of problem gambling as a health issue and letting the community know about the availability of treatment. It’s also clear that we need to better understand the barriers people encounter in accessing care and to assess the overall treatment continuum. We will explore these and other outcomes of the summit in a future issue of Northern Light.
TOP TEN REASONS
That People Drop Out Of The Gamblers Anonymous Program

Studies show that attending self-help support groups, such as Gamblers Anonymous (GA), plays a significant role in recovery from addiction. The longer that problem gamblers remain in such programs, the more likely they are to achieve lasting success in recovery.

The following is an abridged version of the Top Ten Reasons That People Drop Out of GA as prepared by Reverend Roger Olsen, resource development educator at the Alabama Council on Compulsive Gambling. (Note: GA is not affiliated with the Northstar Problem Gambling Alliance.)

10. Life Showed Up At Our Front Door. When life shows up we can do one of two things: handle it on life’s terms or run back to our addiction.

9. We Listened To Other Peoples’ Opinions. Opinions are not facts. Trust the program. It never fails us if we follow the guidelines daily.

8. We Relapsed. Going back to GA and sharing a slip is a difficult task. There is no shame in admitting we slipped. We can learn from our relapse and strengthen our recovery.

7. The Chief Critic Said Something That Offended us. Every GA meeting has someone that seems to rub us the wrong way. Things are going to be said that upset us. Don’t allow comments to keep you from coming back. Remember, principles before personalities.

6. We Only Did Step 1 And Then Jumped To Step 12. Sometimes we come into the program surrendering to our higher power, and then jump right to Step 12 and focus on how other compulsive gamblers should get into recovery. The end result is that we never grow and mature, and we eventually end up back in our addiction.

5. We Started Listening To Our Addiction. Your gambling addiction is looking for any reason to get you back into action or transform you into the great escape artist. When our addiction starts to talk to us, grab the phone list and talk it out.

4. We Never Got To Step 4. Many gambling addicts come to a complete halt after doing steps 1-3. Step 4 is the step to get brutally honest with ourselves. Step 4 (and the remaining steps) are the keys to our growth. If we don’t tackle our character defects, then our character defects will tackle us. We drop out of the program, we drop out of recovery, and the end result is prison, insanity or death.

3. We Weren’t Going To Meetings For the Right Reason. Unless we’re in the program for the person we see every morning in the mirror then our addiction still has power over us. We tell ourselves, “I’m here for my spouse, my boss made me attend, the court ordered me to be here, etc.” The list goes on. When we make our recovery #1 in our life, then everything else will benefit. Until then, we’re just walking in and out of rooms to please other people. It’s a selfish program.

2. The GA Program Didn’t Meet My Expectations. There is nothing that can ruin your serenity more quickly than unrealistic expectations. They’re like pre-mediated resentments. Keep saying the serenity prayer, and recognize that anger and resentments are like drinking poison, and expecting someone else to die.

1. They Stopped Reading and Working Page 17 of the Combo Book. If one would follow page 17, then one would be working one’s program. The GA program will never fail us, but we may fail the program. It works if you work it!

Reverend Roger Olsen is the resource development educator at the Alabama Council on Compulsive Gambling. He is a recovering gambling addict and is a trustee with GA. Reverend Olsen is a masters level community counselor with 30 years of pastoral counseling experience and holds a CACREP-accredited degree from Auburn University at Montgomery, Alabama. For more information, please email rolsen@aum.edu or call (334) 277-5100.
I was exposed to various forms of gambling as early as age 9. My father was a bookie and sold football tickets. I’d spend my allowance and purchase tickets from him.

Looking back on it, I guess it’s not surprising that I developed a gambling problem. I had a risk-taking personality...
After prison, I was released to a halfway house, where I stayed for six weeks before I had to move out. I had nothing but a car. I'd lost a beautiful home, a great marriage, and had never previously wanted for anything. But I was angry, and the first thing I did was drive straight to Mystic Lake Casino.

Less than nine months later, I was back in prison for violating probation by gambling at casinos. I was sentenced to 15 months in a higher security prison. But this time it was different.

Something clicked the day I was shackled off to jail and I had a spiritual shift. I decided that I would never gamble again, no matter what. I evaluated the choices I made and why I did what I did. Once I was released, I took responsibility for my own actions and worked hard to get back on my feet. I took a job at a restaurant and am now the manager. My life is so much better and calmer now. I meditate every morning and am very involved in GA meetings. I listen to others and share my story whenever I can. I receive so much respect from other people and have enormous respect for others. I am very available to my family and my friends, some of whom have gone through recovery with me.

In retrospect, Paula Detjen's career destiny was set out before her at an early age. It just took a while to embrace it.

Paula grew up as a child of a compulsive gambler and has vivid recollections. “I remember we’d take trips from our home in Los Angeles to the Circus Circus casino in Las Vegas,” recalls Paula. The entire second floor was one big arcade area for children to roam. While playing, I would occasionally peer over the railing that overlooked the casino floor to see my father gambling. As a child, though, it didn’t seem that odd to me.”

However, Paula soon realized that her father’s gambling had a profound effect on the family. She endured many of the damages common to families with a compulsive gambler, including the loss of a home, the lack of her father’s attentive presence, and uncertainty regarding her opportunity to attend college.

Fortunately, Paula’s father found healing from his gambling addiction and became an ardent supporter and advocate for Gambler’s Anonymous. “Although I didn’t realize it at the time, I really grew up in the backroom of GA rooms,” says Paula. “It was normal for us to have people coming to the house late at night seeking support to fight their addiction, whether it be from gambling or alcohol.”

Paula has provided counseling for problem gamblers since 1995. She cites Roger Svendsen, former director of Northstar and long-time proponent of education and prevention in the addiction field in Minnesota, as a guiding influence in her decision to become a gambling treatment counselor. Paula also appreciated the opportunity to work with Linda Berman, MSW, LCSW, author of Behind the 8-Ball, as one of her trainers.

In addition to her specialty in problem gambling treatment, Paula is fluent in American Sign Language. This allows her to counsel deaf and hard-of-hearing clients, including those who couldn't otherwise access GA groups.

Paula also works with affected others of compulsive gamblers. Some of the key messages she communicates to them are that there is hope, there is healing, and that they need to prioritize working on their own recovery. “They often come in wanting to know how to work on the problem gambler, but leave realizing the importance of self care,” says Paula.

Paula practices in both Burnsville and Northfield. She also works for the state of Minnesota as a behavioral mental health counselor for K-12.
Suicide Risk High Among Compulsive Gamblers  

with specific plan and intent.”
Michael also encourages counselors to look for feelings of despair, helplessness and hopelessness, and to determine if previous suicide attempts have been made or if suicide has been rehearsed. Asking direct questions, such as, “Do you have any intentions and/or plans of killing yourself?” may also be effective in identifying those at high risk.

Several types of treatment for gamblers deemed at risk for suicide are appropriate. Some of these include:
- Building a support system through organizations such as Gamblers Anonymous, Depression Bipolar Support Alliance, NAMI, employee assistance programs, etc.
- Journaling
- Cognitive behavioral therapy
- Gratitude list
- Positive activity list (especially for “action” gambler)
- Feelings management (especially for “escape” gambler)
- Develop crisis plan when mood starts to decline

“For most clients, mood should improve after the beginning of treatment,” says Michael. “But ongoing monitoring of suicidal ideation and hopelessness is essential.”

If you’d like to see the slide presentation used by Michael Goldman at Northstar’s recent conference, you may view it by visiting: http://www.northstarproblemgambling.org/wp-content/uploads/2013/10/Michael-Goldman-Suicide-risk-HO.pdf.

Statistics depict the high risk of suicide for compulsive gamblers. Here are some interesting facts assembled by Michael Goldman that were presented at the Minnesota Conference on Problem Gambling in September:
- According to the World Health Organization, five percent of all suicides are related to compulsive gambling.
- A 2010 study by The Alfred Hospital (Australia) indicated that 17 percent of emergency room admissions for suicide were related to compulsive gambling.
- A study in 1995 (“Results of a 1995 Survey of GA Members,” Henry Lesieur) found that 66 percent of a sample of compulsive gamblers had contemplated suicide, and 16 percent had made a previous attempt.
NORTHSTAR LEADS

Minnesota Gambling Summit

Stakeholders from a variety of Minnesota problem gambling interests met for the first Minnesota Problem Gambling Summit on Dec. 13 at the Earle Brown Heritage Center. The goal of the summit was to create a unified strategic approach to the issue of problem gambling in Minnesota.

Treatment professionals, community organizers and representatives from state agencies attended the half-day session, which was led by a professional moderator and co-sponsored by Northstar and the Minnesota Department of Human Services. The results of the session will be communicated in a future issue of Northern Light.

More than 50 attended the summit.

Nick Puentes and Laura Weber take a short break.

Kara Josephson points out critical issues.

The summit was facilitated by Bill Harley.

Dana Farley raises a question during the strategy session.

Bryan Thao Worra introduces himself to other participants.

A systematic process was used to prioritize key messages.
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Changing Problem Gambling Behavior through:
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