

The Nebraskans We Serve

Nebraskans Receiving Help for a Gambling
Problem

Annual Report FY2020-2021

Nebraska Gamblers Assistance Program



Introduction

When the Commission on Problem Gambling started its direction of the Nebraska Gamblers Assistance Program (GAP) in 2013, it was interested in knowing more about the Nebraskans served by the program in order to improve service to the entire state.

The commission has accumulated two kinds of data. Clients are asked to describe their experiences with gambling and the problems they developed as a result. Clients are also asked to describe their lives growing up as compared to their lives today.

The Nebraskans who seek help from GAP counselors describe their experiences with different forms of gambling. Some started gambling as young as age 10. Others have borrowed an average of \$32,000 to gamble.

While these facts are critical to understanding the problems our clients face, we also believe it is important to understand what their lives were like growing up. In other words, we want to understand the whole person.

As a result of understanding our clients better, we see better how a gambling problem can happen to anyone.

Main findings as reported by our clients

The Nebraska Gamblers Assistance Program (GAP) started in the early 1990s when Nebraska approved the lottery. Since that time, GAP has paid for confidential counseling with certified problem gambling counselors for thousands of Nebraskans and their families who suffer a gambling addiction.

The Nebraska Gamblers Assistance Program, directed by the nine-member Commission on Problem Gambling since 2013, concentrates its efforts on reducing the negative impacts of gambling addiction through **treatment** and **prevention**. Services are offered at no charge.

Main Findings FY2020-2021:

- Six percent of Nebraskans report attempting suicide before seeking treatment for gambling addiction
- Thirty-four percent of Nebraskans report considering suicide before seeking treatment for gambling addiction
- Total gambling debt: \$3.7 million (\$31.5K average per client)
- Eighty-seven percent of clients report decreasing their problem gambling behavior after counseling commenced
- Thirty percent of clients who started gambling at 18 years old and younger report that parents influenced them to start gambling

Outcomes

Both treatment and prevention programs collect information from Nebraska clients at intake, during counseling, at discharge, and by

measuring interaction with the program’s website. This data measures the effectiveness of the GAP.

Treatment Outcomes

Individuals receiving counseling help

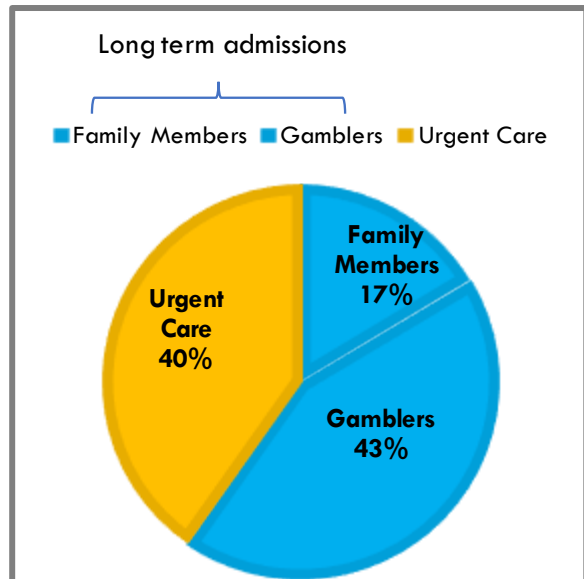
A total of **574** individuals received counseling services during FY2020-2021.

These individuals included:

- Problem gamblers admitted: **169**
- Family members admitted: **64**
- Urgent care: **150***
- Total includes **191** carryover clients from June, 2020.

*Nebraskans may receive short-term urgent care with a counselor up to twice every six months with a streamlined admissions process. Counted as unique individuals.

Figure 1: Admissions FY2020-2021

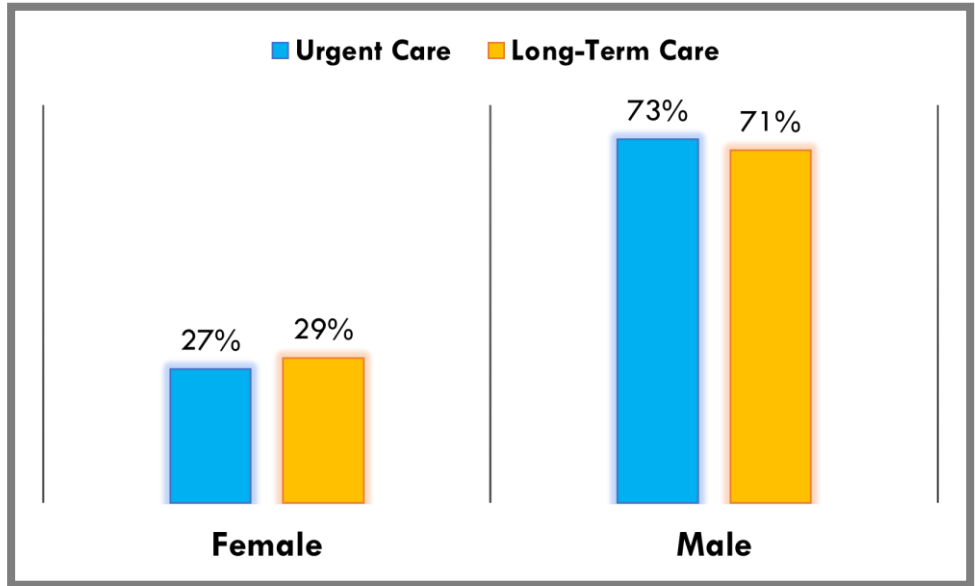


45% of urgent care visits resulted in a new admission to long-term counseling during FY2020-2021

Gender

- 73% of clients (problem gamblers) in urgent care were males and
- 71% of clients (problem gamblers) receiving counseling services at long-term care were males

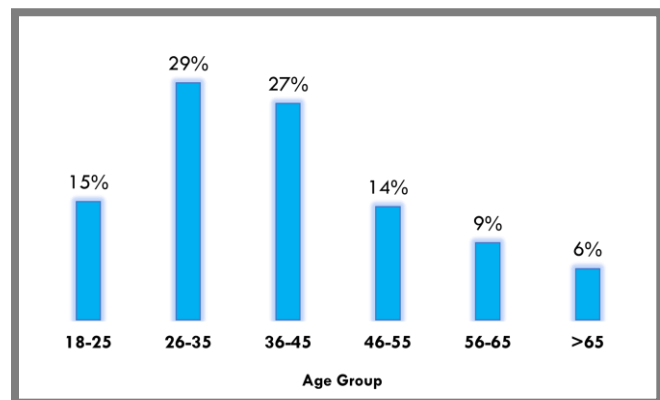
FIGURE 2: GENDER DIFFERENCES (PROBLEM GAMBLERS) IN URGENT CARE VS. AT LONG-TERM CARE



Age at Time of Admission

- **40:** Average age of all problem gamblers at time of admission
- Female clients are an average 14 years older than male clients at long-term care (50 vs. 36 years of age, respectively)

FIGURE 3: AGE AT TIME OF ADMISSION

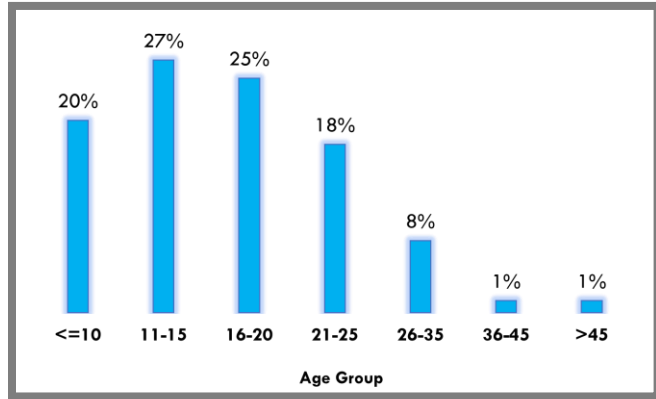


Min. age: 19 - Max. age: 82

Age First Gambled

- **17.2:** Average age first gambled
- **65%** were 18 years old or younger
- Male clients are an average 9 years younger than female clients when start gambling (15 vs. 24 years of age, respectively)

FIGURE 4: AGE FIRST GAMBLED



Min. age: 5 - Max. age: 63

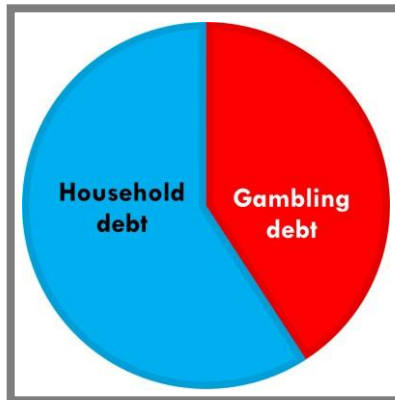
First gambling activity by gender					
First gambling activity	Female Gambler	% Female	First gambling activity	Male Gambler	% Male
SLOT MACHINES	14	30%	SPORTS	30	27%
SCRATCH OFF TICKETS	8	17%	POKER	19	17%
RACING	6	13%	SCRATCH OFF TICKETS	12	11%
PULL TABS	5	11%	OTHER CARD GAMES	11	10%
CASH PRIZE VIDEO TERMINALS	4	9%	SLOT MACHINES	8	7%
LOTTERY	3	7%	DICE/CRAPS	7	6%
POKER	2	4%	RACING	6	5%
BINGO	1	2%	CASH PRIZE VIDEO TERMINALS	6	5%
KENO	1	2%	LOTTERY	3	3%
OTHER CARD GAMES	1	2%	BINGO	2	2%
TABLE GAMES	1	2%	KENO	2	2%
			TABLE GAMES	2	2%
			DAY TRADING	1	1%
			INTERNET (DAILY FANTASY, ETC)	1	1%
			PULL TABS	1	1%
			Unknown	1	1%
TOTAL	46	100%	TOTAL	112	100%

Total Gambling Debt

117 out of 156 clients (problem gamblers) report gambling debt totaling:

\$ 3,687,435

FIGURE 5: DEBT RELATED TO GAMBLING



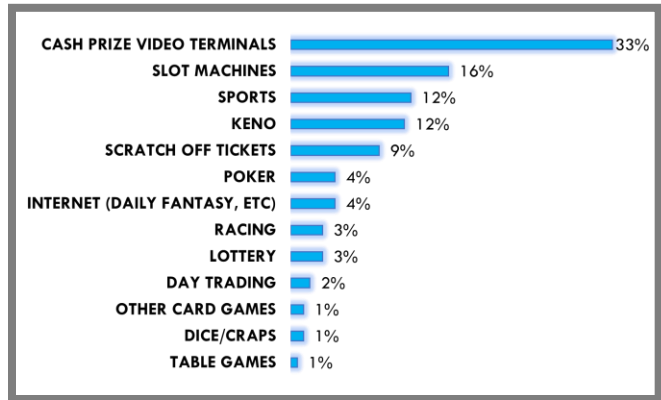
- Gambling debt represents **41%** of household debt

- Gambling debt among male clients was on average \$9,900 higher when compared to female clients (\$27K vs. \$17.1K, respectively)

Most Frequent Gambling Activity in the 12 Months Before Starting Counseling

- The most common gambling activity selected by problem gamblers is cash prize video terminals (33%), followed by slot machines (16%), and then by sports (12%)

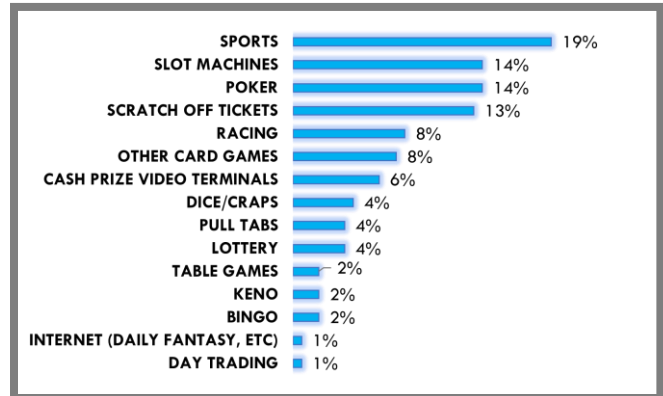
FIGURE 6: MOST FREQUENT GAMBLING ACTIVITY



First Gambling Activity

- The first gambling activity selected by problem gamblers is sports (19%), followed by slot machines and poker (14% each)

FIGURE 7: FIRST GAMBLING ACTIVITY



Access To Counseling Services

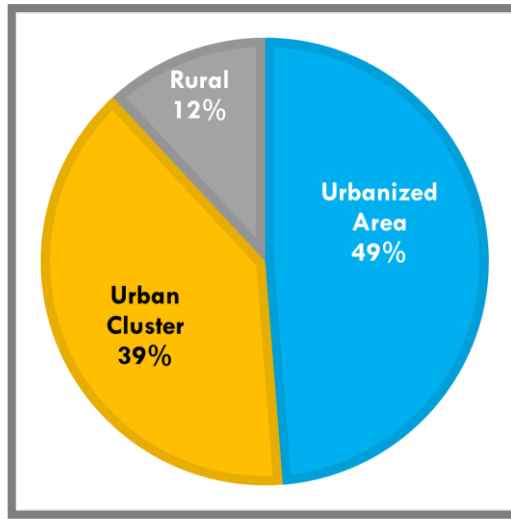
93%

of clients say it's important that there is no charge for gambling counseling services

Location of Nebraskans Receiving Help

FIGURE 8: PROBLEM GAMBLER'S LOCATION BY TYPE OF COMMUNITY

- Half of clients who received GAP services are located in urbanized areas (i.e., Omaha and Lincoln metro areas), 39% are located in urban clusters (middle size communities), and 12% are from rural areas

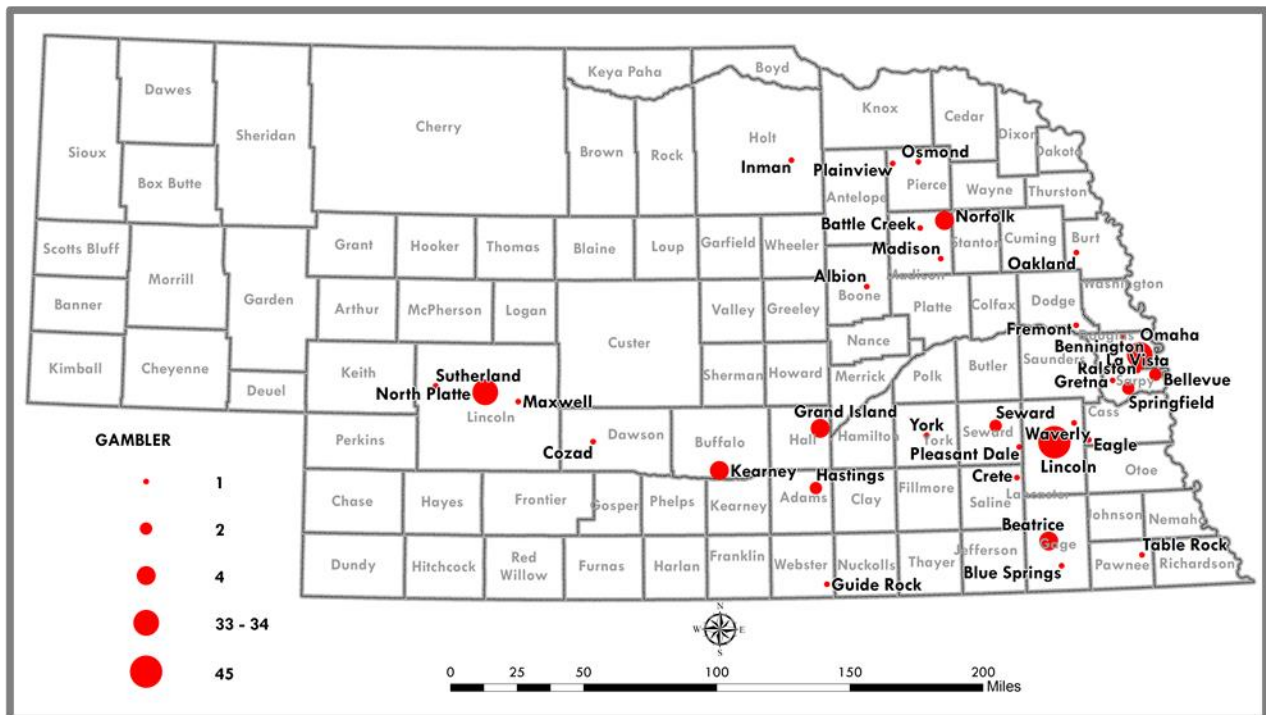


Urbanized Areas: 50,000 or more people
Urban Clusters: At least 2,500 and less than 50,000 people
Rural: Any population, housing, or territory outside urban areas

Location of New Clients by City

- Problem gamblers came from 35 cities, representing 21 counties across Nebraska
- 95% of clients are located within 25 miles from a GAP counselor

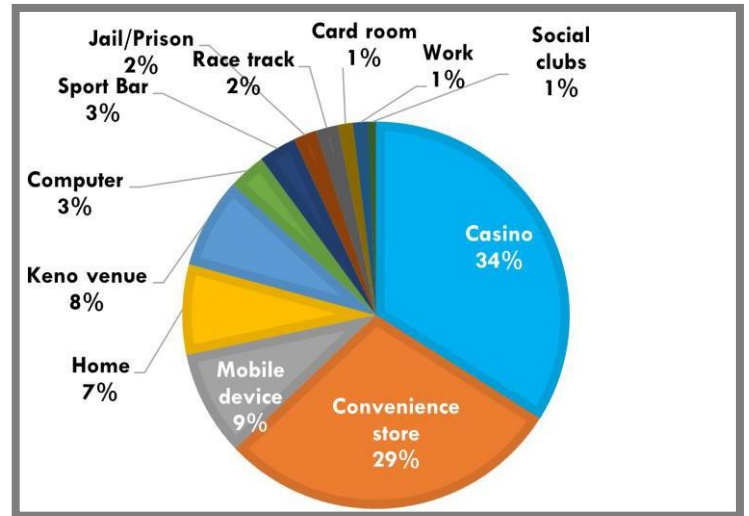
FIGURE 9: LOCATION OF PROBLEM GAMBLERS



Gambling Location

FIGURE 10: PRIMARY GAMBLING LOCATION

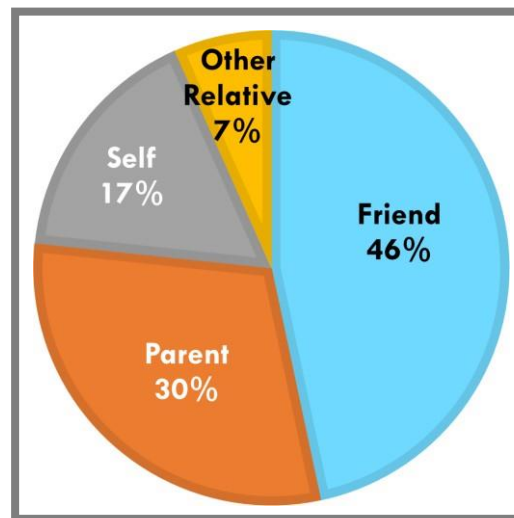
- Two-thirds of clients (34%) gambled in casinos, followed by convenience store (29%), and then by mobile device (9%)



People Who Influenced to Gamble

FIGURE 11: PEOPLE WHO FIRST INFLUENCED PROBLEM GAMBLER 18 YEARS OLD AND YOUNGER TO START GAMBLING

- Nearly half of gamblers (46%) who started gambling at 18 years of age and younger were influenced by a “friend”, followed by “parent” (30%), “self” (17%), and then by “other relative” (7%).



87%

of clients report achieving an improvement in their problem gambling behavior after working with a GAP counselor

Client Main Outcomes During Treatment and at Discharge

- **88%** of Nebraskans who got help from a trained GAP counselor report being helped within six sessions
- **93%** of Nebraskans report reducing their gambling
- **75%** of Nebraskans report reducing their gambling debt
- **80%** of Nebraskans report better outlook compared to when they started counseling
- **74%** report positive progress toward goal for gambling
- **74%** of Nebraskans report better relationships with family members today compared to when they started counseling

- **96%** of family members feel that counseling met their needs
- **70%** of family members report better financial status compared to when they started counseling
- **76%** of family members have decreased emotional distress
- **89%** of family members report better outlook compared to when they started counseling
- **64%** of family members report better relationships with problem gambler compared to when they started counseling

Comparing Life Growing Up to Life Today for Nebraskans Receiving GAP Services (sample size: 161)

Financial Status From Childhood to Adulthood

- 94% of problem gamblers report reduced economic status from upper income status to middle-income or low-income over time.
- 36% of problem gamblers report reduced economic status from middle-income to low-income status over time.
- 57% of low-income problem gamblers report unchanged economic status over time.

Alcohol use From Childhood to Adulthood

- 49% of problem gamblers who did not drink while living with their parents are currently drinking (moderate or low amounts).

Tobacco use From Childhood to Adulthood

- 73% of problem gamblers who smoked while living with their parents are currently still smoking (high, moderate or low amounts).

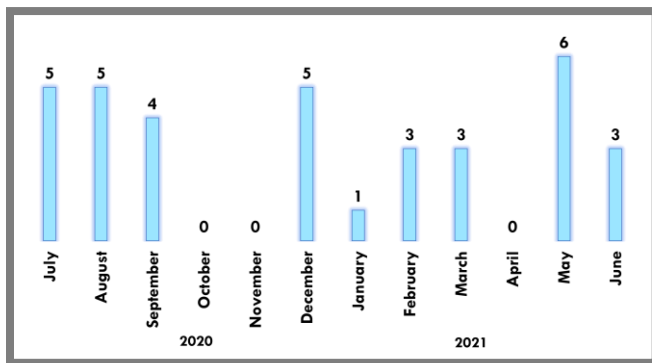
Drug use From Childhood to Adulthood

- 55% of problem gamblers who used drugs while living with their parents are currently still using drugs (high, moderate or low amounts).

Helpline Outcomes

A total of **35 calls** to Helpline were received between July 1, 2020 and June 30, 2021¹. **Figure 12.**

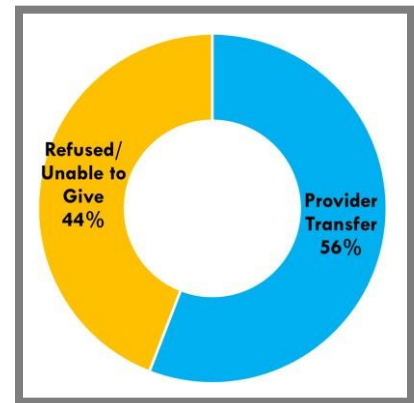
FIGURE 12: HELPLINE CALLS BY MONTH



Referrals: 56% of referrals are made to GAP providers, and the rest are not completed. **Figure 13.**

- 69% of Helpline calls are made by males. **Figure 14.**
- 71% of callers are gamblers and 29% are family members. **Figure 15.**

FIGURE 13: TYPE OF HELPLINE REFERRAL



Demographics:

FIGURE 14: GENDER OF HELPLINE CALLER

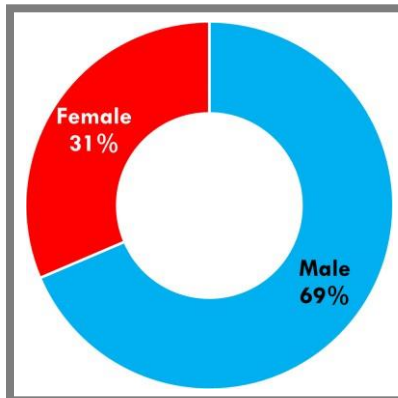
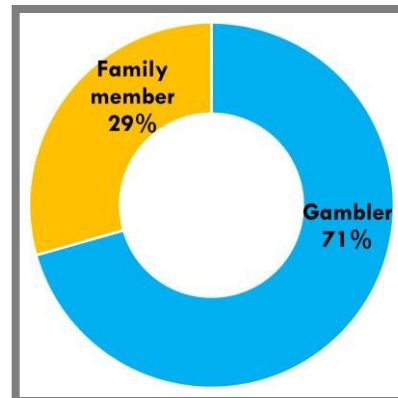


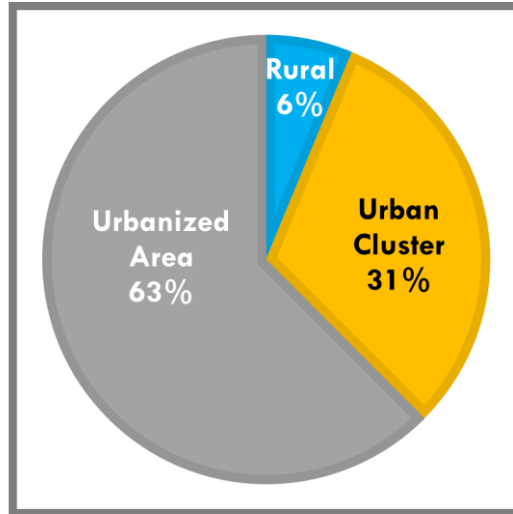
FIGURE 15: TYPE OF CALLER



Helpline Caller's City

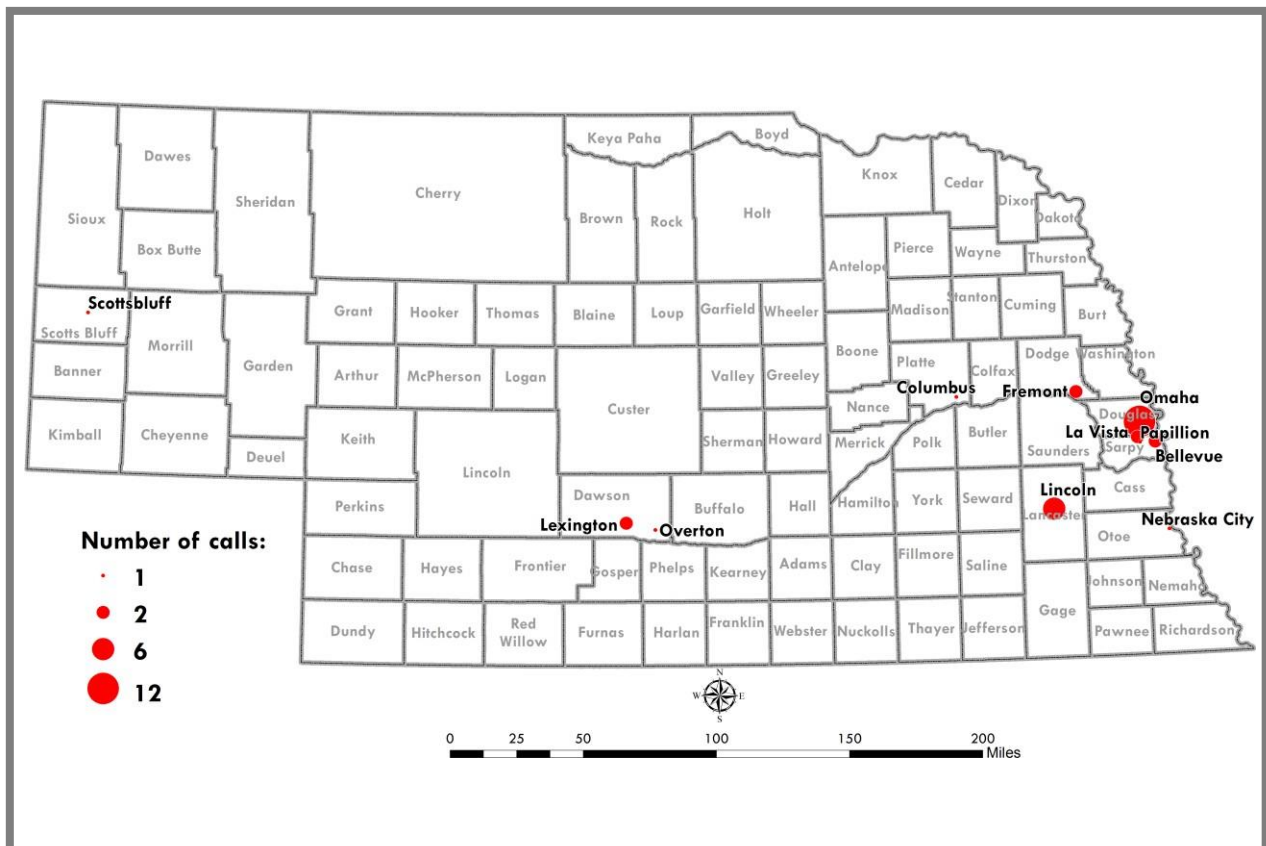
- Six out of ten Helpline callers are from urbanized areas (i.e., Lincoln and Omaha), 31% from urban clusters (i.e., Fremont, Columbus), and 6% from rural areas (i.e., Overton, Russell).

FIGURE 16: HELPLINE CALLS BY TYPE OF COMMUNITY



- Helpline calls were received from 12 different cities across the State:

FIGURE 17: LOCATION OF HELPLINE CALLS



The following opening statements during Helpline calls at intake reflect the severity of problems (family, financial, emotional) that those affected by gambling addiction are facing, and seeking help through GAP services:

- ***“Is there anything I can do to make my mother stop gambling?”***
- ***“I’m trying to find help for my son who has asked for help for his gambling problem.”***
- ***“I’m calling about my husband who has a gambling problem.”***
- ***“I lost bad today.”***
- ***“I’m calling for my stepdad.”***
- ***“I’m looking for a rehab place to help my gambling.”***
- ***“I don’t know what to do about my gambling.”***
- ***“I want to get help for my gambling.”***
- ***“I am looking for a counselor to help me with gambling.”***

THE NEBRASKANS WE SERVE

Our Mission

THE MISSION OF THE NEBRASKA GAMBLERS ASSISTANCE PROGRAM (GAP) IS TO COUNTER THE NEGATIVE IMPACT OF GAMBLING ADDICTION WITH EFFECTIVE, EVIDENCE-BASED PREVENTION AND COUNSELING SERVICES FOR NEBRASKANS AND THEIR FAMILIES.

Our Goals

- DEVELOP GUIDELINES AND STANDARDS FOR THE OPERATION OF THE GAMBLERS ASSISTANCE PROGRAM
- DIRECT DISTRIBUTION AND DISBURSEMENT OF MONEY IN THE COMPULSIVE GAMBLERS ASSISTANCE FUND (CGAF)
- DEVELOP STANDARDS TO:
 - TRAIN AND CERTIFY PROBLEM GAMBLING COUNSELORS
 - EVALUATE AND APPROVE COUNSELOR APPLICATIONS
 - GATHER AND ANALYZE DATA ABOUT GAMBLING ADDICTION AND REPORT TO THE PUBLIC, GOVERNOR AND LEGISLATURE
 - OVERSEE AND AUTHORIZE THE USE OF FUNDS FOR COUNSELING, EDUCATION AND PREVENTION REGARDING PROBLEM GAMBLING
- ENGAGE IN OTHER ACTIVITIES IT FINDS NECESSARY TO CARRY OUT THE DUTIES DEFINED BY THE NEBRASKA LEGISLATURE

Commissioners

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