CHAIRMAN JAMES: Mr. Svendson.

MR. SVENDSON: Thank you. I appreciate the opportunity to appear before this group. My name is Rodger Svendson. I actually work for the Minnesota Institute of Public Health; we have a contract with the Minnesota Department of Human Services, so I'm not a state employee.

I am going to focus most of my efforts on the area of prevention. My company, we manage the Compulsive Gambling Hotline for the State of Minnesota and much of my day goes into working with problem gamblers, but I'm going to focus primarily on the area of prevention this morning.

I'm going to repeat some comments that I put in the materials that you have, and it goes back to about 2-1/2 years ago when my son came to be about a month before his 18th birthday, and he said, Well, Dad, you won't be having to have a birthday party for me this year. And I said, Oh, well, why is that? He said, I'll be going to the casino.

And Brian was absolutely part of what has become a new rite of passage for young people in our state and I think around the country: to go to a casino on your birthday. Gathering comp cards from different casinos, I found very shortly, was something that was also something that was done very, very deliberately by many young people.

My first thought when I heard him say what he said to me was, well, I had feelings of fear, apprehension, and anxiety, and I thought, well, maybe if I forget about it, the desire will go away. Then I thought I could tell him he wouldn't have a good time, that it was really dumb to gamble his money away. I even
thought for a moment: Maybe I should just forbid him to go. But none of those responses seemed either realistic or very helpful.

And I don't think that I'm much different than a lot of other parents and people across the country today. Even though gambling has been around for centuries, it's different. My daughter is six years older than my son, and we didn't have to have the discussion I had with my son because gambling has come on the scene since then.

So I chose to have a serious discussion with my son. I told him that I was as much concerned about his winning as his losing. In fact, I said to him: If I could go out there and rig it, I'd try to have you lose everything. Because we know in the history of many compulsive gamblers, there's an early big win. The hook, so to speak, is set for some people.

I talked to him about the characteristics that we know about low-risk gambling; I talked to him about the need to set personal guidelines for whatever it is a person is going to do in life; we talked about the odds of winning; most of all I think we had a very good discussion that was moving him in the direction of setting some guidelines around how to deal with something that's become a very prevalent part of our society. He didn't go to the casino on his birthday, but I think he went very shortly thereafter.

What I'd like to do is to share a little bit about how we deal with people like my son, like of other people who are growing up as part of the first generation that are living in a world where gambling is both more available than it's ever been and fairly highly advertised and promoted.
And so we've begun in our prevention efforts to view gambling as recreation with risk, and just as if somebody is going to go on a vacation and drive a car, there's risk involved with that, you need to wear your seatbelts; if you're going to read for leisure, for recreation, you need to have a well-lit environment or you could get eyestrain. Any kind of recreation probably has some kind of risk, and so we need to prepare people for the risks surrounding gambling.

In your materials I put a gambling behavior continuum in those materials for you, and it moves from the left-hand side from the person that chooses not to gamble or rarely gambles, to a casual social gambler, to that heavy social gambler, to a problem gambler, to the pathological compulsive gambler.

Our prevention efforts that I'm going to talk about focus in on those first three groups: people that choose not to gamble, people that gamble casually, and then some that gamble quite a bit but they're still in control, they're not in trouble. We have to think of at least three different kinds of messages, we can't blanket everybody with the same message.

That rare non-gambler, we've got to communicate that that's a healthy, absolutely low-risk decision if you choose not to gamble. We need to reinforce that, that needs to be supported, but many people choose to gamble. The casual social gambler, we need help establishing support guidelines for low-risk gambling. And those people that choose to gamble quite a bit, like the very avid golfer, the very avid fisher person, or whatever, we need to prevent low-risk behaviors from becoming high risk.
And so our efforts are designed to help people set guidelines. The outcome of setting guidelines is twofold: we can help direct and teach young people like my son; we can also use those guidelines to intervene with people who are having problems earlier, much earlier.

And I would suggest that in the materials I summarized four characteristics of low-risk gamblers that we have basically found to be, I think, helpful for people -- and again, I'm talking about people who do not have a problem.

That first characteristic is low-risk gamblers know that over time everyone loses, nearly everyone loses. You know, gambling is far more about math than it is about luck. And so the benefits of gambling are recreation, they're rarely ever financial. People need to know that. I've talked with college campus groups, with young people, and they look at me like I'm crazy, but over time most people will lose.

Low-risk gambling that's done socially with other kinds of activity seems to be less risky.

We know that people have to be careful about the amount of time that is spent in gambling, both frequency and duration. We can't tell you exactly when you get a problem, but we know the more often you do it and the longer period of time you do it, the greater the risk. You need to talk with people about that.

And then finally, very consistent with what Bob said earlier, low-risk gambling always has predetermined acceptable limits for losses.
Those kinds of low-risk characteristics have become a part of much of what we do in the area of prevention, and in the work that I've done, we have done two different kinds of prevention: we have been involved in general public awareness, as well as more significant targeted prevention outreach efforts. I provided a summary of some of those for you. I'd like to just talk about those for a few minutes, and I've got some overlays I'd like to use.

One of our objectives with our hotline, and a part of the prevention effort, is to communicate to people that help is available, that gambling is a problem. And as you can see in the materials that I gave you, we advertise our number everywhere: in the yellow pages, Asian pages, Black pages, we have bus signs. We at one time put signs like this in all of our MTC buses, just alerting people that there is a hotline available. We have done billboards; they're costly. This past year we even did on the back of grocery receipts where people get the little 10 percent off of dry cleaning and so forth, we put the hotline number there. We've done a lot of things to communicate to people that there is gambling, there is help for gambling.

We've done a lot of poster kinds of things, general: "You don't have to do drugs to get hooked by a dealer." We've done things targeted at different types of people. This was focusing in on pulltabs. In Minnesota, pulltabs is a big form of gambling: "Excuse me, I think you just dropped your paycheck." Again, we have done all kinds of general kinds of awareness efforts.
We also have zeroed in on specific targets. In fact, if you were to ask me what one of the biggest problems young people have with gambling, I'd say it's those young people that are living in families where somebody has a gambling problem, a parent.

We did an outreach to our counselors where we did a poster: "It's 10:00 p.m.; do you know where your parents are?" And this wasn't a slam at parents, it was sent to counselors because we wanted them to be aware of the fact that gambling is now a problem and we need to think about it as we interact with young people that are coming in to deal with us. And you'd be surprised. We've gotten calls from school counselors' offices where they've had the young person call us right from their office. Again we targeted schools in a variety of different ways.

We knew that older people were involved with gambling, so we targeted a major effort at older Minnesotans. This was the poster we used: "Do you really want to spend your golden years hooked up to a machine?" We made information drops and mailings to all kinds of senior groups in the state, religious groups, et cetera.

We know that gambling is associated with chemical dependency, so we did a targeted outreach to all chemical dependency programs: "Problem drinkers are often in a position to become problem gamblers." Again, to alert people, professionals in that area that gambling is something that is a growing concern and connects with chemical dependency.
One that we just sent out this week we're aiming at college students. They tell us you almost have to hit them over the head, the college male, with a two by four in the forehead to get their attention, so we did a new poster with a urinal, and we're hoping they will look at it: "If gambling is becoming a fixture in your life, maybe you'd better call us." Again, we've sent that to residence halls throughout our college community.

We had a different suggestion for a caption for that; we couldn't use it.

(Laughter.)

MR. SVENDSON: We have another aimed at sports betting: "Didn't cover the receiver, didn't cover the spread." "If the game means more to you than it does to players, it's time to stop betting on sports and give us a call." Again, we work with residence hall directors, et cetera. We will be doing one, a focus on women, and we found in developing this poster that that is a very powerful communication to the female. One of the members on our committee that helped us work with this, he said, Rodger, I know you designed that for women, but you couldn't have designed a better poster for the senior population. Again, we're going to be doing things with women's groups: "How will your family remember you?"

And I've got copies of all this stuff for you.

We did a gambling booklet "Gambling Choices and Guidelines" that really tries to get at information that people need to make low-risk choices as well as to intervene and help people who are in trouble. We just revised it. In fact, we just sent an 8,000 piece mailing to people in our state, to all
counselors, therapists, et cetera. We put a copy of the booklet; we have a web page, we put a web sticker in there; we put our new brochure, our newsletter; and again, continuous communications that this is a problem.

We've developed a curriculum that's used by people in schools: "Improving your odds." Our extension service in Minnesota has developed a middle school curriculum; we have a program that we've used primarily with religious groups, adult forums called "Table Talk, a Program for Families about Winning, Losing, and Staying out of Trouble with Gambling"; we've developed some trigger films with our extension service that accompany our videos and it's called "Deal Me In."

Again, we have taken a look at some special populations. We've had an increasingly big concern about gambling among our Southeast Asian communities, and so we worked with the Asian community and we integrated gambling in a Healthy Youth and Family Southeast Asian Effort. And then with middle school young people in the Cambodia, Laotian and Mong communities, we developed a middle school gambling education program for them.

Again, in our religious outreach with the faith community, we did a study guide: "Gambling: Recreation with Risk" that we've provided to the faith communities, and along with bulletin inserts, a lot of kinds of materials.

And so when I saw on the letter to visit with you today that you wanted an idea of some of the kinds of strategy that we've been involved in, prevention is public awareness, it's also in-depth things like curriculums, quality discussions. We
have been involved in a lot of different efforts. This is a seven-year summary, really. What we don't have is we've never had the resources to do it well. When I say we did a grocery store receipt, we did it at three big stores. I mean, that's pretty insignificant, but we got calls from people that had gotten that information.

So I think we're learning about prevention, I think we know some things that will work from what we have learned in the alcohol and drug area, we simply have not had the resources to really do it comprehensively or to take a look at evaluating it. Thank you.

CHAIRMAN JAMES: Thank you very much.