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Study of problem gambling in MN's Laotian community suggests the need for fresh treatment approaches

By [Andy Steiner](#) | 10/14/2019

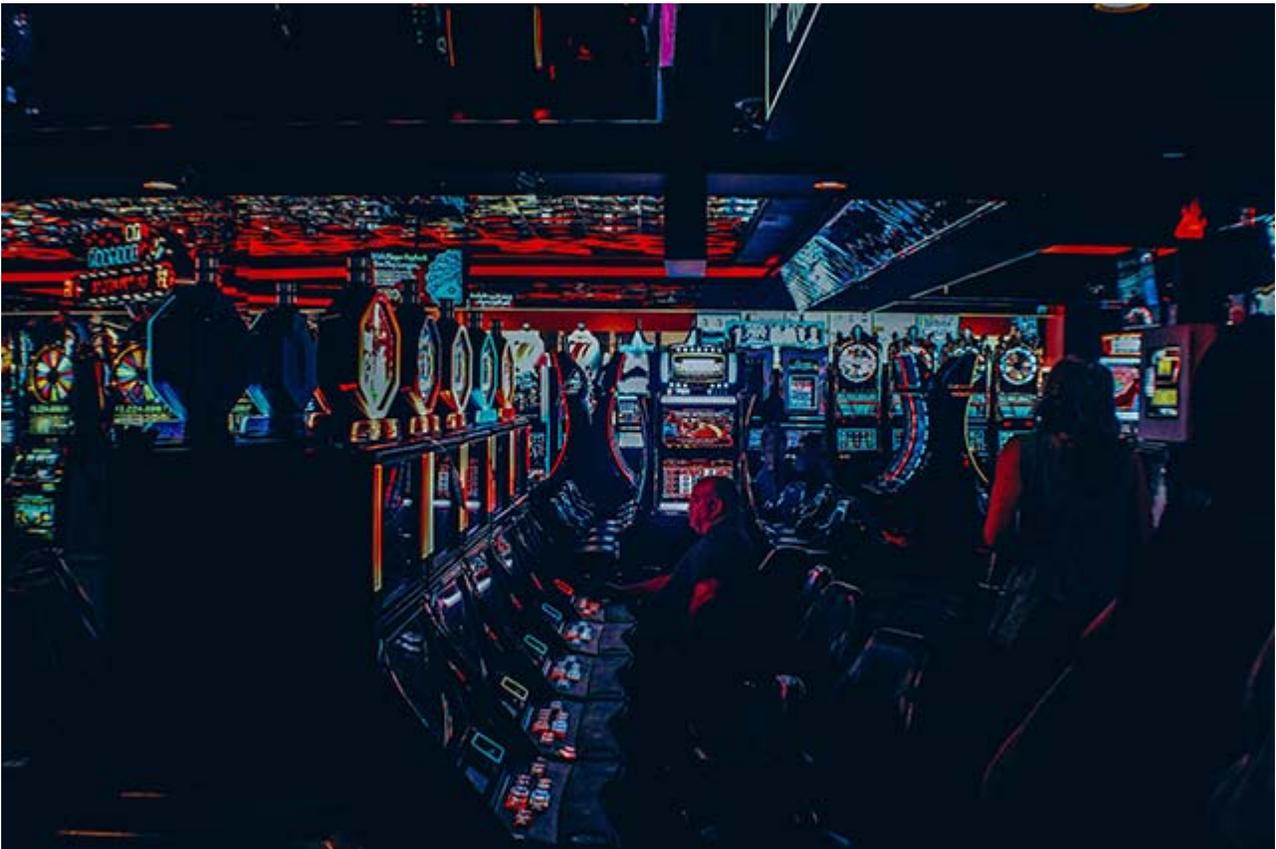


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Professor Serena King: "Slot machines have highly addictive properties. It is one of the most addictive forms of gambling, it can get very expensive."

The numbers are in and at first glance they look troubling.

Though there was already a sense that **gambling addiction is an issue** in Minnesota's Lao community, new research sponsored by **Northstar Problem Gambling Alliance** (NPGA) has discovered that findings from a community sample suggest elevated problem gambling behaviors.

Serena King, professor of psychology at **Hamline University**, conducted the two-year project in partnership with the **Lao Assistance Center of Minnesota**. She emphasized that because her survey's 200 participants were recruited the Lao Assistance Center, it is considered a "convenience sample," and not a fully representative population sample of the Lao community in Minnesota.

But the findings were troubling nonetheless.

"In our sample," King said, "we found a rate of problem gambling behaviors of 24 percent." This number is significant, King explained, because "the rate of problem gambling in the larger U.S. population is 1-5 percent."

In September, she discussed the survey's methodology, results and implications at a Problem Gambling and Addiction conference held at Hamline University.

King, one of a small number of academics studying gambling addiction nationwide, said that she was first introduced to this issue by Sunny Chanthanouvong, the Lao Assistance Center's executive director.

"He reached out to me and shared the story of his community and the culturally embedded aspects of gambling among community members," King said. "It is a cultural phenomenon: Sunny explained that there has always been a lot of gambling in Laos. That tradition was brought over here when people immigrated. In the Laotian community in Laos and Minnesota, there is gambling in temples, in homes. People are gambling at funerals, baby showers, birthday parties."

Chanthanouvong told King that he was concerned because many community members had reported that their loved ones' gambling habits had grown out of control since



Serena King

they'd settled in the United States. People told him that in some families, gambling addiction had caused financial ruin, threatened marriages and even resulted in children being separated from their parents.

In Minnesota, the Lao cultural tradition of gambling was intensified by easy access to glamorized legal gambling in the state's many casinos, which, King said, are increasingly tailoring gambling options to appeal to the Southeast Asian community.

"They have **cultural foods**, cultural music, **culturally themed entertainment**," she said. "The concern is around a lot of casino gambling and slots. In the community, party betting was seen as common, but slots and casino betting have become the most preferred type of gambling. Slot machines have highly addictive properties. It is one of the most addictive forms of gambling, it can get very expensive."

Funding a closer look

This isn't the first time this issue had been investigated in Minnesota. About 15 years ago, inspired by reports from Chanthanouvong and others, the Minnesota Department of Human Services (DHS) sponsored an official report on gambling addiction in the Lao community.

Five years ago, DHS commissioned an outside communications firm to hold listening sessions with members of the Lao community. The official DHS report, King said, "described meetings with select community members and their perceptions of the **serious impact gambling had on the community**. Some of the stories people shared were very heart wrenching. It was clear that something needed to be done."

Susan Sheridan Tucker, NPGA executive director, said that while the DHS work was helpful, her organization wanted to take a closer look at the issue. They decided to fund a research project, and reached out to Chanthanouvong and King, inviting them to submit a proposal.

"They said," King recalled, "'We want to support doing research and finding solutions. We want to be part of the solution.' This felt like an exciting opportunity."

Chanthanouvong and King proposed conducting a series of in-depth interviews with a sample of 200 Lao immigrants. The interviews would be conducted by Lao Center staff and supervised and analyzed by King. When their proposal was given the green light, they got to work.

"I partnered with Sunny and his staff," King explained. "We launched the interviews a couple of years ago with our convenience sample of 200 community members. The focus



Susan Sheridan Tucker

was around gambling experiences. We also looked at substance abuse and help-seeking attitudes around gambling.”

The convenience sample had, King said, “a really nice gender balance,” with about half women and half men. Most participants were middle aged. Because language was an issue for many participants, interviews were conducted in Laotian by bilingual Lao Center staff.

Going into the research, King had been concerned that subjects might be reluctant to share their concerns if interviewers were not familiar with Lao culture or fluent in the language. Employing Lao Center staff made that

concern irrelevant, she said.

“Folks really were fairly open with the Lao staff when they answered the questions, which helped us realize that in a community assistance center when the trust is already there with interviewers and the organization, we can have truly open conversations around behavior. This was an important realization.”

But that level of comfort and openness also revealed another issue: While interview subjects admitted that they felt gambling addiction presented a significant problem in their community, most said that they did not feel comfortable seeking help through available Western methods.

“Even though the majority of our sample answered ‘yes’ to the statement, ‘I think treatment could help with problem gambling in general,’” King said, “The preferred ways that folks wanted to seek help were more through a community center or a spiritual adviser or a peer or a family member. Not so many people wanted to seek professional, or outside, avenues of treatment for gambling addiction.”

Culturally appropriate approaches

What is the best way to help Lao people overcome gambling addiction?

The impulse to avoid Western-style treatment for mental health concerns isn’t limited to the Lao community, said Don Feeney, NPGA co-founder and board president. Many immigrant and minority communities report that classic Western forms of addiction treatment don’t work for them.

“It’s not surprising that the Lao feel Western treatment methods won’t work,” Feeney said. “Basically, the treatment model that we use for gambling and addiction was essentially created by, or for, white, male baby boomers.” Though for many years they were considered to be “one size fits all,” these methods don’t work the same for everyone, he added: To understand how to help individuals recover from gambling addiction, researchers need to understand the cultural traditions and beliefs that are behind their behaviors.



Don Feeney

“How much have we learned about the Lao community?” Feeney asked. “Can we transfer that knowledge to other immigrant communities that we find in Minnesota? Or to what degree do we have to come up with new modules for every individual culture we work with? It is extremely apparent that the model for treatment and prevention that we’ve been using in the U.S. in many ways does not apply.”

Tucker theorized that creating a culturally sensitive approach to addiction therapy may require starting over from the beginning.

“Right now, the standard treatment for problem gambling is talk therapy,” she said. “But even the words ‘talk therapy’ don’t translate well into Laotian. So, there is a great need to really open this up and understand the problem from the people’s perspective.”

To do this, Tucker added, researchers and mental health experts must dig deeper, finding answers to questions like, “What are the best messages that we can put out to the community for prevention purposes? How can we destigmatize addiction overall and certainly destigmatize gambling?”

While gambling is traditionally rooted in the Lao community, Tucker said, some of the study’s interview subjects expressed shame around the idea that members of the community have become addicted.

“Within Southeast Asian communities and the Lao community, gambling is very much imbedded into the lifestyle,” Tucker said, “This is just a part of who they are. That is not to say they are all people with gambling addiction, but some are addicted. What can we offer for those that are addicted? We need to turn to the community for some of these answers.”

King said that she hopes that she and Chanthanouvong’s research will help move addiction research in that direction.

“This study really is an example of how and why we do need to do the work of looking at the cultural embeddedness of addiction and mental health in general,” King said. “This is a perfect example of how within a community, behaviors may be culturally specific.”

For instance, the accepted Western recovery notion that in order to develop a healthy relationship with addiction, an individual must completely cut the addictive substance or behavior out of their lives, may not apply.

“So much of addiction treatment in the U.S. is focused around an abstinence requirement,” Feeney said. “Your treatment is not considered successful unless you no longer gamble or drink or use, but in the Lao community, gambling is very much a part of the culture. It is part of every major event. If we are to tell people who are struggling with gambling addiction, ‘You can’t gamble or associate with people who do,’ you are saying you have to cut yourself out of your own culture. That clearly won’t work.”

Feeney said that King and Chanthanouvong’s research underscores an issue that has been simmering in the addiction treatment community for years: If we want more people to find a life free of addiction, we need to make addiction treatment work for everyone.

In the 12-step approach to addiction recovery, Feeney said, “There are tremendous generational differences that we haven’t begun to accommodate. There are gender differences that we are only starting to accommodate, though I think we are further along in that than we are in other areas. Then there is the whole slew of ethnic differences, even within people who have been in the U.S. for multiple generations.”

Add immigrant communities to the mix, and the issue gets even thornier, Feeney added: “There are all kinds of cultural differences that haven’t been factored in. I’ve had some people say to me that the 12 Steps are basically a Christian model. There are ways it is completely incompatible with Buddhist culture.”

Developing approaches to addiction treatment that meets the needs of all Minnesotans is essential, Tucker said.

“As our state becomes more diverse it is really important that we understand how different communities respond to mental health issues. We need to ask ourselves, ‘How can we best create services that are accessible and culturally appropriate?’”

King said she hopes that her study’s findings will be the start of something bigger.

“What I’m hoping for is a larger initiative, a larger agenda around bringing community leaders and organizations together to be thoughtful about how do we make gambling

treatment or intervention or harm reduction accessible to communities that are not traditionally served or typically reached by our Western methods.” she said. “How do we bridge that gap? How do we take what science knows and make it accessible? The issue there becomes that we are so far apart from each other and the ways in which we talk.”

Conference takeaways

The more than 140 attendees at the Hamline University conference all had different perspectives on the issue of gambling addiction, but there were some points on which most agreed, Tucker said.

“Part of what we heard in the panel discussion at the conference is that when we’re talking about addiction treatment, we need to be listening to the people in the community,” Tucker said. “They know themselves best. There needs to be communication with health professionals, but there’s got to be this really collaborative effort that that takes place whereby the design of any treatment program is reflective of their culture.”

Tucker also emphasized that conference organizers made it clear that the Lao community shouldn’t be singled out as a community of gambling addicts.

“We are being very careful,” Tucker said. “We don’t want people to think, ‘Those Lao people are a bunch of gamblers.’ We want to be careful of how that gets characterized.” The study was a key first step, she said, but there is more work to be done, not only in Minnesota’s Laotian community, but also in other communities as well.

“It was important information because there is little to no data around immigrant populations and problem gambling. This is one particular community where we are seeing that there is significant impact. I can tell you if we do some further digging in other communities, we would find similar kinds of statistics.”

Ongoing research on the topic has to be carefully conducted, she added: “Just talking to people is not enough. You have to do scientific surveys. It has to be properly done. You don’t want to throw out anecdotal information. That is not helpful to a community.”

Another concept that was discussed at the conference was cultural perspectives on mental illness and addiction.

“In certain cultures, in particular in Southeast Asian cultures, the definition of mental health is very different than what is perceived in Western culture,” Tucker said. “The idea of going to treatment is a foreign concept. In the Lao community, they look at themselves in a more holistic way. They think about mind, body and soul being connected. That doesn’t always

jibe with traditional Western treatment. That may be why there has been a reluctance among many immigrant groups, particularly the Lao, to seek out treatment for gambling addiction.”

In some cultures, even calling an anonymous help line for assistance and advice on gambling addiction may be a hard sell, Feeney said.

“You also have varying degrees of stigma from culture to culture about the whole idea of seeking treatment for mental health issues. There are some cultures where you don’t take that thing outside of your immediate family. The idea of calling a help line and talking about your problem with a stranger or going to a group therapy session is inconceivable.”

In many ways King said the conference felt like a launching point for her research. Now that the larger addiction community has seen what she and Chanthanouvong’s interviews uncovered, she’s looking forward to the next step, and hoping that others will join her.

“What I’m hoping for,” King said, “is a larger initiative, a larger agenda around bringing community leaders and organizations together to be thoughtful about how do we make gambling treatment or intervention or harm reduction accessible to communities that are not traditionally served or typically reached by our Western methods. How do we take what science knows and make it accessible to individual communities? The issue is that we are so far apart from each other and the ways in which we talk. We need to put our heads together to figure out how to bridge that gap.”

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