



MIDWEST CONFERENCE ON
PROBLEM GAMBLING AND SUBSTANCE ABUSE

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Gambling Disorder Awareness and Policy

A Summary of the Presentations from the 2023 Midwest Conference on Problem Gambling and Substance Abuse

including Gambling Disorder Prevalence, Neurobiology,
and Technological Impacts

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Gambling disorder is a growing public health and economic concern that requires support for individuals, families, and communities.

THE PROBLEM: INCREASING PREVALENCE OF GAMBLING DISORDER

Gambling disorder is showing increased prevalence rates, due in part to an increase online availability, a convergence with video gaming, the spread of sports betting, and changes in generational interest. There is currently no national funding for gambling disorder, and funding at the state level is minimal, especially when compared to other addictions.

IMPACTS

Gambling disorder is often described as a hidden addiction, because unlike other addictions, there are no obvious signs of intoxication. However, gambling disorder can have significant longterm impacts for individuals, families, and communities, including bankruptcy, domestic violence and neglect, suicide, and crime.

PROPOSED SOLUTIONS

Increased funding should be applied to public awareness, counselor training, access for treatment, statewide self-exclusion program, and research. Future legislation should require that all operators develop a responsible gambling program and train employees to address gambling problems.

ABOUT THE MIDWEST CONFERENCE ON PROBLEM GAMBLING AND SUBSTANCE ABUSE

Now in its twentieth year, the Midwest Conference on Problem Gambling and Substance Abuse features internationally recognized researchers, treatment providers, and other experts in the related fields of gambling and substance use disorders. Summaries of the 2023 conference presentations are provided to give a depth of understanding on issues such as the prevalence of gambling disorder, the neurobiology of gambling disorder, and the relationship between new technologies and gambling disorder.

GAMBLING NEUTRALITY

This white paper takes a gambling-neutral approach to the proposed solutions for gambling disorder and does not make recommendations for or against gambling.

Regardless of whether there are legalized opportunities for gambling, it is possible for an individual to developing a gambling problem.

The purpose of this white paper is to advocate for those with problems related to gambling, and this group is best served when all stakeholders, including state legislatures and departments, tribal nations, casino operators, nonprofits, treatment providers, and concerned individuals work collaboratively.

Any new legislation or expansion in gambling should include protections and funding to prevent and mitigate harm.

GAMBLING DISORDER EXPLAINED

Problem gambling is a chronic disorder marked by an uncontrollable urge to gamble. The individual cannot stop gambling despite ever-increasing negative consequences to him- or herself.

DIAGNOSING GAMBLING DISORDER

9 SYMPTOMS OF GAMBLING DISORDER

- loss of control*
- preoccupation*
- negative impact on major life areas*
- tolerance*
- cravings/urges*
- withdrawal symptoms*
- chasing losses
- lying to conceal the damage
- asking for bailouts

gambling disorder Meets 4 or more of the 9 criteria for gambling disorder in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.

at-risk Meets 1 to 3 of the criteria.

SIMILARITIES TO SUBSTANCE USE DISORDER

Gambling disorder is recognized as a behavioral addiction that works in the same way as an addiction to a substance. Both substance use and gambling disorder have a neurological foundation in reward-processing dysfunction. For example, those with a gambling problem demonstrate frontal lobe impairment consistent with that of an individual addicted to methamphetamine (Kalechstein et al., 2007).

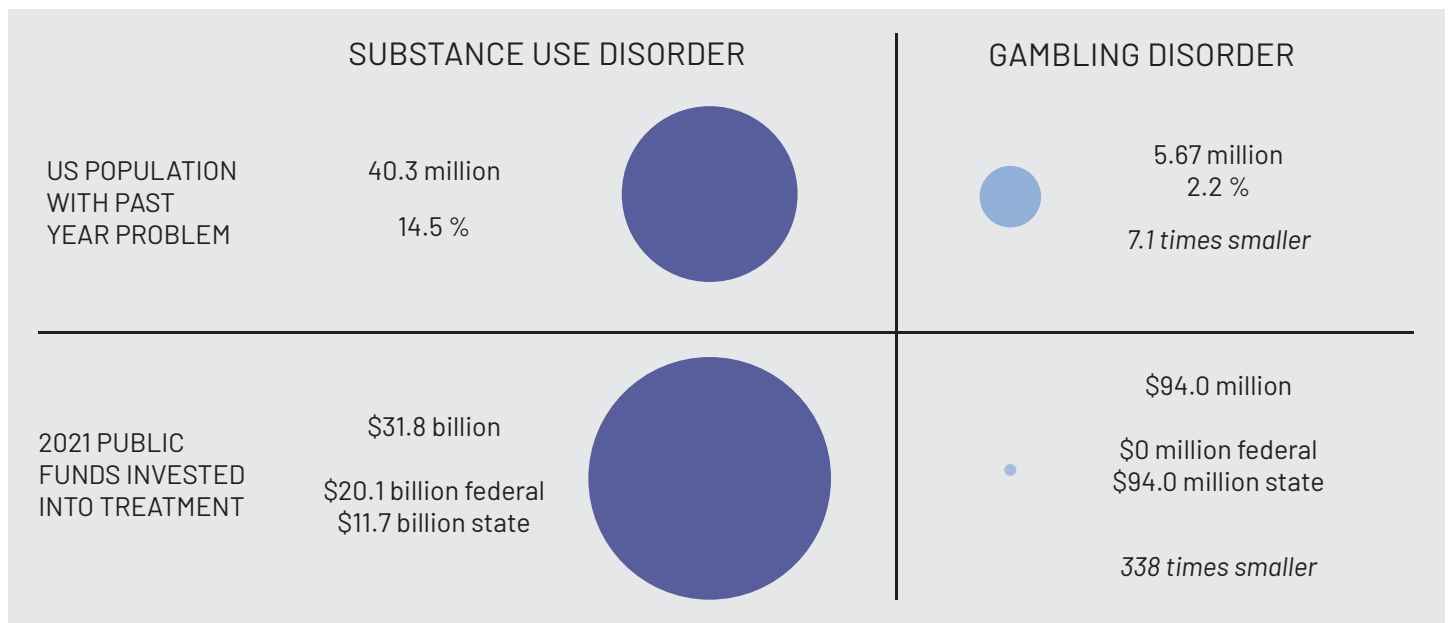
* Of the 9 symptoms for gambling disorder, 6 of them are shared with substance use disorder.

THE PROBLEM

INCREASING PREVALENCE COMBINED WITH A LACK OF FUNDING

Current research has documented a higher than previously estimated gambling disorder prevalence rate, including Missouri. 4.1% of adults in Missouri likely have a gambling disorder, while 20.8% are considered at-risk (Spare et al., 2022).

Despite high prevalence rates for problem gambling, funding for gambling disorder prevention and treatment lags far behind funding for substance use disorder (Marotta & Yamagata, 2022).



IMPACTS

Untreated gambling problems can negatively impact families and communities.

BANKRUPTCY

Gambling disorder can wreak havoc on finances on an individual, family, and community level. Nationally, 20% of those with gambling disorder eventually declare bankruptcy due to gambling debts (Grant et al., 2010).

FAMILY ISSUES

In families with a gambling disorder, domestic violence and child/elder neglect is more likely (Muellemann et al., 2002; Korman et al., 2008; Afifi et al., 2010). Even where abuse and neglect do not occur, families experience a loss of trust and need support to address underlying issues.

SUICIDE

Gambling disorder has the highest rate of suicidal thinking and behavior of all addictions. About 19% of those with a gambling problem have made a suicide attempt (American Psychiatric Association, 2013).

CRIME

Although most individuals with a gambling disorder do not commit crimes (American Psychiatric Association, 2013), some will commit fraud, embezzlement, theft, or burglary to fund their gambling or manage debts.

PROPOSED SOLUTIONS

Addressing gambling disorder will require a multi-sector approach and an increasing in funding. The National Council on Problem Gambling recommends that at least 1% of all gambling revenues be earmarked for responsible gambling and problem gambling programs.

PUBLIC AWARENESS

Ongoing awareness campaigns are needed for the prevention of gambling problems, especially in the demographic of adults under age 35.

Prevention efforts should promote a unified message and should include the national helpline number: 1-800-GAMBLER.

TRAINING FOR GAMBLING DISORDER

Training for gambling disorder should meet the training standards set by the International Gambling Counselor Certification Board (IGCCB), and counselors should be certified by the state or by the IGCCB.

Due to the high risk of suicide among those with a gambling disorder, training should include enhanced suicide prevention response.

ACCESS TO TREATMENT

An organized provider list of problem gambling certified counselors should be available online.

LEGISLATION

All operators should be required to implement a responsible gambling program that includes participation in a statewide self-exclusion program. Any future legislation should establish a consistent minimum age of 21 for all types of gambling.

TRAINED WORKFORCE

Employees should receive training on how to recognize the signs of problem gambling and how to effectively share resources and information, and each casino and each shift should include at least one trained person who is dedicated to helping those that express a need to address a gambling problem.

RESEARCH

Regular prevalence studies should be conducted to monitor gambling disorder. The efficacy of awareness campaigns, treatment modalities, and changes in policy should also be regularly evaluated.

2022 MISSOURI GAMBLING DISORDER PREVALENCE STUDY

Gambling is a prominent activity in the U.S., which means individuals are willing to place something of value at risk on the chance of winning something of greater value. In the U.S., 73% of adult individuals gamble annually; in Missouri 63.9% of adult individuals reported participating in some form of gambling in the past year (Spare et al., 2022).

4.1% of adults in Missouri likely have a gambling disorder, while 20.8% are considered at-risk. In other words, over 200,000 adults in Missouri qualify for a gambling disorder and over 900,000 adults self-reported as being “at-risk” for gambling disorder (Spare et al., 2022).

ADDRESSING GAMBLING DISORDER AT THE STATE LEVEL

There are many conclusions that can be drawn from the 2022 prevalence study, which are reflected in this white paper. Missouri needs:

more funding for problem gambling treatment

organized provider list of problem gambling certified counselors

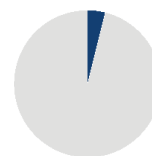
promotion and advertising for the problem gambling helpline

ongoing awareness campaigns for the prevention of gambling problems

PREPARING FOR INCREASES IN GAMBLING DISORDER WITH THE LEGALIZATION OF SPORTS BETTING

When sports betting legislation passes in Missouri, all of the prevalence data and the need for treatment will dramatically increase as it has in the 36 other states that have already passed sports betting legislation.

PREVALENCE OF GAMBLING DISORDER AT A GLANCE



1 in 25 (4%) Missouri adults meet the DSM-5 criteria for gambling disorder.



1 in 5 (21%) of the adult population in Missouri is at-risk for a gambling disorder.

ACCESS THE FULL PREVALENCE STUDY



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SPOTLIGHT ON GAMBLING DISORDER PREVALENCE

GAMBLING MAY BE HARMFUL TO YOUR HEALTH

60% of citizens in Missouri gambled in the previous year. On its own, this statistic does not sound alarm bells and is merely good news for the gambling industry and those who benefit from the taxes accrued. For many Missourians who gamble, it is a recreational activity and results in no significant harm beyond the money and time spent. For others, the consequences may range from harmful to disastrous.

4.1% of Missouri citizens met the clinical criteria for gambling disorder. Of severe consequence is that gambling disorder criteria include unsuccessful attempts and the inability to restrict or control one's gambling, increasing negative impacts on work, family, social relationships, and finances. These concerns are compounded by the negative impacts experienced by family, friends, neighbors, and coworkers. Further, while the impact may be felt, gambling disorder can be difficult to identify due to both denial and low awareness of the signs.

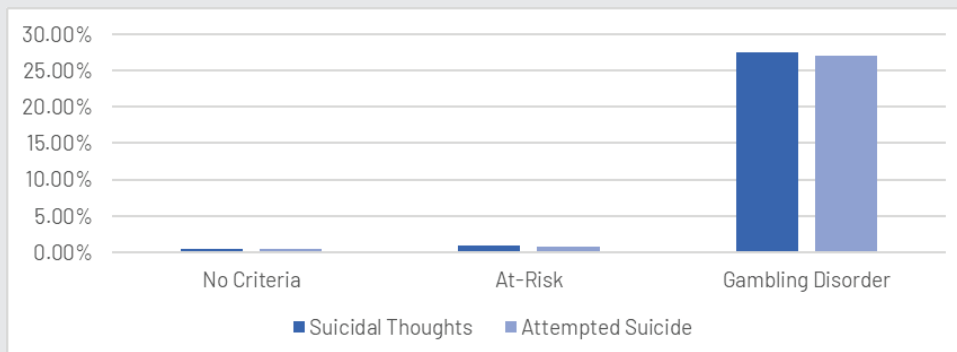
20.8% of Missouri citizens meet 1 to 3 of the criteria, indicating they are at-risk for gambling disorder.

25% (1 million) Missouri citizens are either currently suffering from or at-risk of progressing toward gambling disorder.

INCREASED RISK FOR SUICIDE

Among disordered gamblers in Missouri, 27.5% reported thoughts of suicide due to their gambling consequences, and 27% reported having attempted suicide.

Overall, 54,000 Missouri gamblers had suicidal thoughts and reported having attempted suicide. This number represents 1.5% of Missouri gamblers. The actual number of gamblers who died by suicide has not been measured, however the CDC estimates that 10 to 15% of those contemplating suicide eventually die by suicide. Applying this estimate, somewhere between 5,400 and 8,100 Missouri citizens may take their own lives due to their gambling activities.



SUICIDAL THOUGHTS OR ATTEMPTS DUE TO GAMBLING

2022 MISSOURI PREVALENCE STUDY

UNDERSTANDING THE GAMBLING BRAIN

Cutting-edge research into the neurobiology of gambling disorder is leading to the development of novel circuit-based treatments and allowing clinicians to predict client responses and determine longterm prognosis.

Neuro-cognition in gambling combines impulsive and compulsive qualities. Individuals are both predisposed to react rapidly (impulsively) and have a tendency to perform repetitive behavior despite negative consequences (compulsively). Continuous behavior identified as gambling disorder causes lesser activity in the medial prefrontal cortex of the brain and heightened neurotransmitters in the middle of the brain. At the same time, there is a reduced activation of the amygdala which reflects impaired probabilistic learning and impairs in cost-benefit analysis with a goal to avoid losses.

By understanding the neurobiology of gambling disorder, more effective treatment modalities can be selected. Evidence shows that imaginative desensitization, cognitive behavioral therapy, contingency management, and psycho-pharmacology with medications like Naltrexone are all effective in treating gambling disorder.

Circuit-based treatments address the dysregulation of neurocircuits. For example, addressing neurocircuitry connected to impulsivity or motivation would have a positive effect on recovery from gambling disorder.

Medications such as Naltrexone target the specific neuro-transmitters involved in gambling disorder. Naltrexone is an opioid agonist currently FDA-approved for alcohol and opioid use disorders.

APPLYING THE NEUROBIOLOGY OF GAMBLING TO RELATED ACTIVITIES

Awareness of neurobiology can also show the connections between gambling disorder and other activities, such as gaming. If an individual participates in video gaming and develops impulsivity and risk-taking propensity, they are more likely to develop a gambling problem.

With current high rates of video game play among younger age groups and gambling features within video games, there is the potential for an increase in the prevalence of gambling disorder.

Jon E. Grant (MD, JD, MPH) is Professor of Psychiatry & Behavioral Neuroscience at the University of Chicago where he directs a clinic and research lab on addictive, compulsive and impulsive disorders. Dr. Grant's research has been funded by the NIMH, NIDA, and private foundations. Dr. Grant is the author of over 400 peer-reviewed scientific articles, 15 books, is on the editorial board of 8 journals, and is the editor in chief of the *Journal of Gambling Studies*.



THE CHANGING LANDSCAPE OF ADDICTION

USING TECHNOLOGY TO ADDRESS GAMBLING DISORDER

While the ease of access to gambling through smart phone technology can increase the risk that a problem develops, the same technology can be used to support recovery.

In a post-pandemic world, online peer support and counseling has become particularly popular and available.

- Online support groups, including Gamblers Anonymous and GamAnon
- Online anonymous groups
- Telehealth with participating therapists
- Podcasts by individuals in recovery as well as therapists
- Gambling blocking service such as GamBan

This era of family life is deeply affected by the growth and dominance of electronic technology. At the same time, gambling activities have followed the same trajectory with online versions of casino games, gaming activity with gambling embedded in the games, esports as a competitive team sport in high schools and colleges, and sports betting in 37 states and in the District of Columbia, with mobile sports betting in most of those same jurisdictions.

“The electronic information age is a barrage of often irrelevant and distracting information on the fly, which leads to the current generation of children and adolescents having a shortened attention Not only is information found with an ease of access, fast, and designed to maintain involvement, so has electronic gambling offered the same qualities.”

We are in an era of not only treating individuals for substance use and behavioral addictions but with other issues such as anxiety, debt, loneliness, depression, suicidality, stress-related health issues, and homelessness.

At the same time, technology has increased the availability of information and access to care with podcasts, online support groups, online anonymous groups, and online counseling.

The need for consideration is whether the helpful side of technology can help with technology in general.



Heather Chapman (PhD, ICGC-II, BACC, CGT) is a clinical psychologist, a member of the Motivational Interviewing Network of Trainers, and serves on the Board of Directors for the National Council on Problem Gambling. She is an Associate Professor of Psychiatry at Case Western Reserve University, Deputy Director of the Veterans Addiction Recovery Center and the Director of the Gambling Treatment Program at the Louis Stokes Cleveland VA Medical Center.

GROWING UP GAMERS IN A DIGITAL WORLD

All adults and children under 35 years of age have grown up in a digital world. This also means many people in this demographic grew up playing video games on a daily basis.

SIGNS AND SYMPTOMS OF EXCESSIVE VIDEO GAMING

According to the World Health Organization, which recognizes gaming disorder as a diagnosable mental health disorder, the signs and symptoms of excessive video gaming are preoccupation, withdrawal, tolerance, loss of interest in other activities, continued use despite negative consequences, lying about the amount of time spent on gaming, gaming to escape dysphoric mood, or jeopardizing school, work, or relationships.

IMPACTS OF EXCESSIVE VIDEO GAMING

The deficits of excessive gaming are many. One effect is the loss of social skills from in-person contacts, more loneliness, increased anxiety or depression, increase of ADD and ADHD diagnosis, lowered metabolism, and deficits in overall health measures.

SOLUTIONS TO EXCESSIVE VIDEO GAMING

It is essential that individuals with problems using electronic devices recognize that gaming is causing issues in their lives and is not just due to conflicts with parents or significant partners that don't like their excessive gaming. With recognition of a problem, the individual can then seek a more balanced life of activities and relationships. This will mean a limited time in gaming while strengthening other skills for a healthy and balanced life. This would include other activities that meet a need for competition, more exercise, healthy diet, more sleep, and an overall structure in daily life and productivity.

If the gaming problem is with children or adolescents there are several things that can be helpful: (1) agreements to amount of time for gaming; (2) more contact with friends and family that is face to face; (3) explore other activities with friends a family.

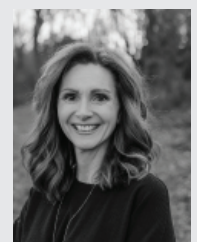
EXCESSIVE VIDEO GAMING AND GAMBLING DISORDER HAVE MANY OF THE SAME SYMPTOMS

Video gaming disorder is recognized by the World Health Organization and is a issue for future study by the American Psychological Association. Video games increasingly include gambling components (such as loot boxes), and gambling is increasingly done in a digital space like video games. Not only do the activities share similarities, but the signs of a problem are also similar and include:

- preoccupation, withdrawal, and tolerance
- lying about the amount of time spent on gaming
- gaming to escape dysphoric mood
- jeopardizing school, work, or relationships

Jeremy Eberle (MA, LIMHP, CDGC, LADC) is a therapist and researcher. He is currently the president of the Nebraska Counseling Association.

Janet L. Johnson (MA, LIMHP, CDGC, LADC, LPC) focuses on mental health, addiction, and gambling disorders. Janet has been the recipient of "Counselor of the Year" by the Nebraska Counseling Association in both 2019 and 2022.



SERENITY MODEL

BRAIN PAIN IN THE SERENITY MODEL

“Every feeling, thought, place, person, situation, image, smell, or sound that is intermittently reinforced becomes a trigger for the person that has an addiction.”

Brain pain is stored in the limbic system, the one of the oldest parts of the brain, and is related to behavior and emotions that humans need for survival, including the fight or flight response. Within the limbic system, the basal ganglia playing a role in reward processing and habit formation, and the amygdala playing a role in emotions and learning.

By addressing the underlying brain pain in gambling disorder or any addiction, a client can move from a state of high anxiety to a state of serenity.

The serenity model offers a new perspective on an old topic in the addictions field. Relapse prevention is a major section in addiction treatment. In the serenity model, the counselor is challenged to consider triggers which may be considered “brain pain” as a key factor.

There are three stages to help clients deal with triggers: desensitization, detox, and dealing with brain pain.

STAGE 1: DESENSITIZATION

Desensitization is a part of treatment that diminishes emotional responsiveness to a negative, aversive, or positive stimulus often through repeated exposure to it. Treatment options help the client identify the trigger and their previous automatic reaction. By avoiding an automatic reaction, the trigger is not rewarded, and the body learns to release less dopamine the next time a trigger is experienced. Eventually, desensitization occurs, and the trigger no longer has the same effect.

STAGE 2: DETOX

Detox is based on the increased tolerance of older triggers versus a different response. In time, the brain reacts differently to old triggers, so the brain has changed.

STAGE 3: DEALING WITH BRAIN PAIN

One of the older parts of the brain, the limbic system, stores our old pains, fears, trauma, etc. Stage 3 has to address the causes of brain pain from a bio-psycho-social-spiritual perspective. It applies to stages 1 and 2 to promote healing and change the manner in which the brain deals with internal triggers. Brain pain is related to the typical fight or flight response, so the client is able to deal with triggers that lead to relapse from multiple dimensions.



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ABOUT THE MIDWEST CONFERENCE ON PROBLEM GAMBLING AND SUBSTANCE ABUSE

The mission of the Midwest Consortium on Problem Gambling and Substance Abuse is to promote and unify education, science and services to improve the quality and availability of community-based problem gambling and substance abuse treatment services for individuals and families who need them.

The Midwest Consortium was created in 2003 with a focus on development and implementation of the Midwest Conference on Problem Gambling and Substance Abuse. For over twenty years, the MCPGSA has met for an annual conference including counselors and mental health administrators from Iowa, Missouri, Nebraska, Kansas, and Oklahoma.

The annual conference offers participants an opportunity to interact with a diverse community committed to making a difference and to learn from nationally recognized experts in the field. In addition, participants network with national and international educators and researchers to discover resources that enhance quality services for persons with problem gambling and substance abuse behaviors.

ORGANIZATIONS

Your Life Iowa, Iowa Department of Public Health

Kansas Association of Addiction Professionals

Kansas City Port Authority Problem Gambling Fund Advisory Committee

Kansas Coalition on Problem Gambling

Kansas Department for Aging and Disability Services

Missouri Department of Mental Health

Nebraska Commission on Problem Gambling

Oklahoma Association on Problem Gambling and Gaming

Oklahoma Department of Mental Health and Substance Abuse Services

Oklahoma Drug and Alcohol Professional Counselor Association