



MIDWEST CONFERENCE ON
PROBLEM GAMBLING AND SUBSTANCE ABUSE

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Gambling Disorder Awareness and Policy

**A Summary of the Presentations from the 2024
Midwest Conference on Problem Gambling and
Substance Abuse**

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EXECUTIVE SUMMARY

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 in 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 long-term 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, the 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 twenty-first 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 2024 conference presentations are provided to give a depth of understanding on issues such as evidence-based counseling for individuals and families, therapeutic justice, and sports betting.

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 develop 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 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.

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.

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.

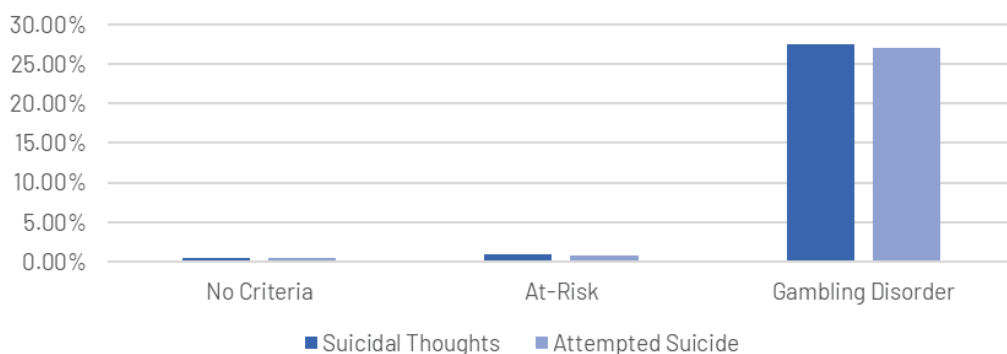
20.8% of Missouri citizens meet 1 to 3 of the criteria, indicating they are at-risk for gambling disorder. Someone who is at-risk is already experiencing gambling-related harms. Due to misinformation and social stigma, a person who is at-risk may be unaware that their problems are treatable and preventable, or that help is available.

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.



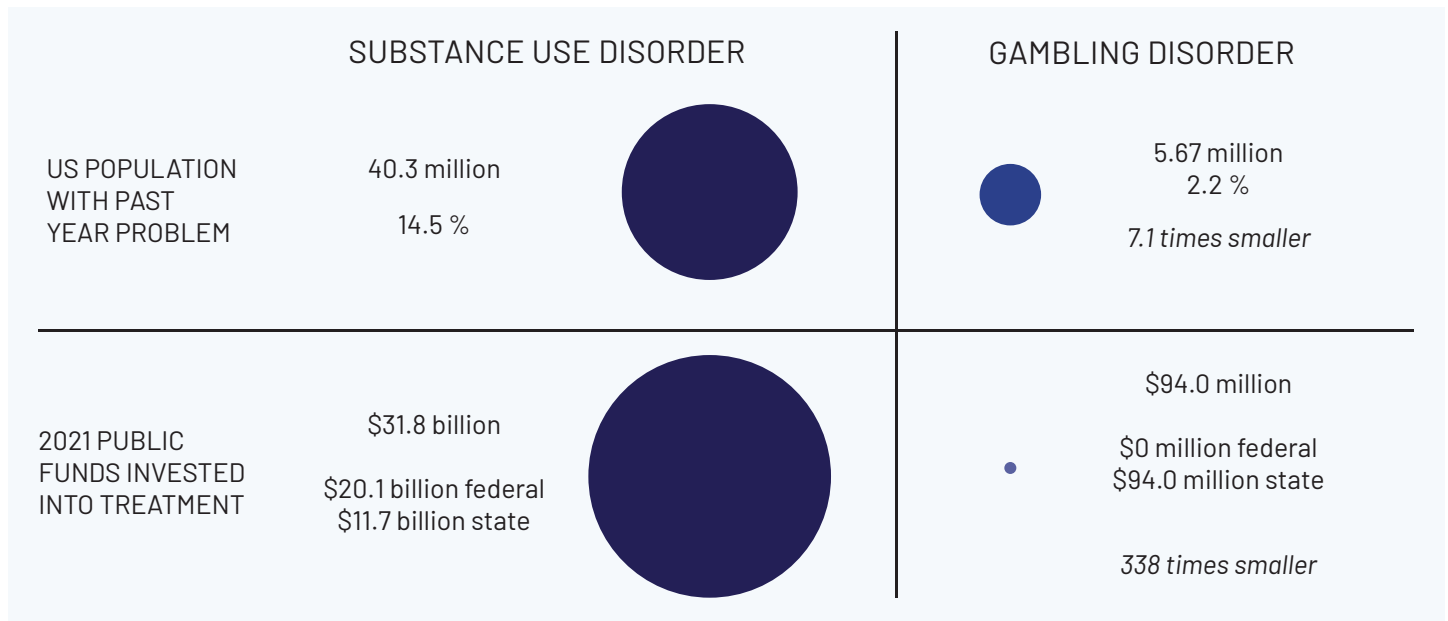
SUICIDAL THOUGHTS
OR ATTEMPTS DUE
TO GAMBLING

2022 MISSOURI
PREVALENCE STUDY

THE PROBLEM

INCREASED PREVALENCE COMBINED WITH A LACK OF FUNDING

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). The U.S. government receives 8 billion dollars per year from taxation of gambling winnings. The proposed Gambling Addiction Recovery, Investment, and Treatment (GRIT) Act would set aside 50% of the federal sports excise tax revenue for gambling addiction treatment and research.



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 increase 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.

CONNECTING THE DOTS: WHY GAMBLING RESEARCHERS DO WHAT THEY DO, AND HOW CAN THEY INFORM PRACTICE?

The gap between research and treatment for problem gambling must be bridged by identifying important areas of research, applying research findings to enhance evidence-based gambling treatment, and understanding how researchers and clinicians may work together. Four important areas of research are listed in the left sidebar; this summary will focus on the first two areas.

DELAY DISCOUNTING AND IMPULSIVITY

Delay discounting in children may be a predictive factor of their ability to delay gratification as an adult. Higher impulsivity among those with a gambling disorder is associated with poorer treatment outcomes, higher treatment drop out, and difficulty in developing long-term goals. The implication for treatment is to understand impulsivity and immediate reward even when it is not certain, as in gambling.

PATHWAYS MODEL

There are many research papers on the pathways model by Lia Nower and Alex Blaszczynski. To date this is still the concept taught in all training programs for problem gambling counselors. The three types described in the pathways model are behaviorally conditioned, emotionally vulnerable, and the antisocial-impulsive type.

Funding for research is needed so that counselors can better understand how and why gambling activity elevates to the level of a behavioral addiction.

CURRENT AREAS OF INTEREST FOR GAMBLING DISORDER RESEARCH

- impulsivity and delay discounting
- pathways model
- Parkinson's disease as a risk factor for gambling disorder
- assessment of gambling disorder

DELAY DISCOUNTING

Delay discounting can be understood as the tendency to discount or lower the value of a reward when it is delayed into the future. The marshmallow test is a classic example: children who choose to eat one marshmallow immediately rather than wait for a second marshmallow in five minutes exhibit delay discounting.

David Ledgerwood (PhD) is Associate Professor and a clinical psychologist within the Substance Abuse Research Division in the Department of Psychiatry and Behavioral Neurosciences at Wayne State University. His work focuses on the treatment and etiology of substance use and behavioral addiction disorders. He is also internationally recognized as an expert in the study of gambling disorder.



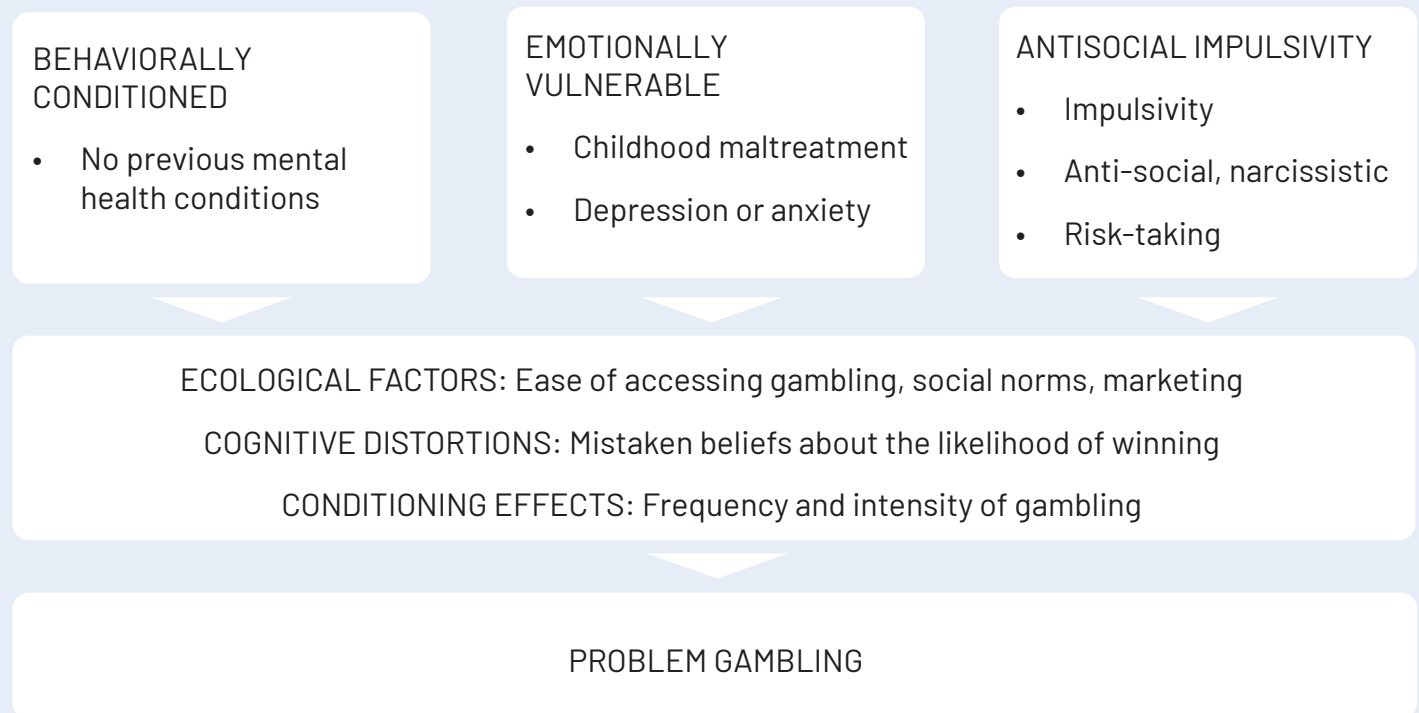
SPOTLIGHT ON THE PATHWAYS MODEL

(NOWER, BLASZCZYNSKI, & ANTHONY, 2021)

REPLACING AN ANECDOTAL FRAMEWORK

Before the pathways model, counselors referred anecdotally to three subtypes of people with a gambling disorder: people who gambled to escape a problem (escape gamblers), people who gambled for the action and excitement (action gamblers), and people who gambled to avoid social interaction (anti-social gamblers). This framework did not fully explain how a gambling problem began nor did it provide evidence for the treatment needed.

THREE PATHWAYS



The pathways model highlights important areas for addressing problem gambling as a public health concern:

- Those who treat problem gambling need gambling-specific, evidence-based training. While similar to substance use disorders, gambling disorder follows unique pathways.
- Marketing should not support cognitive distortions about the likelihood of winning.
- Customers should have the option to self-exclude and place limits their gambling so that they are able to limit ecological factors and conditioning effects.

CONFERENCE PROCEEDINGS

COUPLE CONNECTION, THE MISSING PIECE IN RECOVERY

A RELATIONAL APPROACH IN TREATMENT PROBLEM GAMBLING AND USE DISORDER

One of the most needed subjects in the field of gambling disorder treatment is couple's counseling. Funding for gambling disorder is often limited, so the funding is used to pay for individual treatment, and the spouse and the marriage receives only limited attention.

Couples counseling should be included from the beginning, as both partners are in the process of recovery.

COMPONENTS OF SUCCESSFUL RECOVERY

A key co-occurring disorder with gambling disorder is trauma, both prior to the gambling disorder and due to the gambling disorder. The relationship has become destabilized, fearful, and uncertain, and these dynamics will continue well into the months and years of the recovery process.

DIFFERENTIATING INTERDEPENDENCY FROM CODEPENDENCY

Codependency is classically understood as manipulation, and taking responsibility for another's problem by minimizing, avoiding, and discounting the impact the other's behavior is having on the family. The treatment process creates a sense of interdependence, so couples agree to express to one another their thoughts, feelings, ideas, and needs.

RECOVERY MAPS

The counselor now is addressing: the recovery map of the partner with the gambling disorder, the recovery map of the spouse/partner, the recovery map of the relationship, as well as healing emotions from the disorder and trauma.

DIVORCE RATE

The divorce rate for those with a gambling disorder is 40-50%, which emphasizes the importance of treating the gambling disorder client and their partner.

STRENGTHENING COUPLES IN RECOVERY

A couple recovery approach includes:

- moving from an individual approach to focus on the couple in recovery
- intergenerational work to explore the families of origin
- attending to or working on self-care and relational care

Robert Navarra, PsyD, LMFT, is a Certified Gottman Therapist and Master Trainer and holds National Certification as a Master Addiction Counselor. He is a popular presenter at national conferences, podcasts, and webinars. He has trained counselors and therapists nationally and internationally. He also teaches graduate classes on addictive disorders at Santa Clara University.



FROM PRISON TO PURPOSE

Voices of Recovery is a national movement to highlight the lived experience of those recovering from addictions. Jimmy McGill shared his story of 23 years of drug addiction and incarceration as well as his process of recovery and journey in becoming a leader in the field of peer support specialists.

“The more we can do to humanize this disease, the more we will be able to kill the stigma of addiction.”

Jimmy’s personal story includes an early life of poverty, addiction, abandonment, and eventually prison. His journey included gang activity and crime fueled by the addiction to drugs and alcohol. His path to recovery began when he met others in recovery and saw that it was possible. Now, he shares his story to encourage others to pursue recovery.

Since 2015, Jimmy has helped develop and implement jail programs for recovery from drugs and alcohol, and he has helped develop alternatives to traditional incarceration to include treatment and recovery programs for positive change within the correctional systems.

Jimmy has been instrumental in developing the Arkansas model of peer recovery including drug court peers, recovery housing, and reentry peers among other and similar programs. Currently Jimmy is the recovery coordinator with the Arkansas Drug Directors office for the state of Arkansas.

Correctional systems should include recovery and peer support programs from drugs, alcohol, and gambling disorder.

Although Jimmy did not discuss gambling, programs for gambling disorder are being implemented using a similar framework. For example, the Gambling Treatment Diversion Court (GTDC) in Clark County, Nevada, and Amherst Gambling Court both offer sentences that include monitored gambling recovery.

Jimmy McGill is the Director of the National Peer Recovery Alliance. Seventeen-time convicted felon and a victim of addiction for 37 years, McGill’s early life was a relentless cycle of incarceration and battles with substance abuse. Today, Jimmy McGill stands as a testament to the transformative power of recovery. He is the author of *From Prison to Purpose*, which is both a tale of personal triumph and a road map for anyone grappling with their own demons.

RECOVERY OUT LOUD

“When I met people in recovery, I saw everything clearly. I had a path forward, and I saw that someone just like me had made the journey successfully. And they were accepting me and hugging me. An addict in recovery did in two minutes what people had been trying to do for 20 years.

“I made a decision that I was going to pursue recovery the same way I had pursued drugs. I actually listened to people. And I began recovering “out loud.” Before I knew it, my life was filled with completely different people, places, and things. And everywhere I’ve wreaked havoc, I’ve tried to go back there and make up for it.

“I now realize my past had a purpose. So if sharing my story helps someone get on the road to recovery, I’ll go anywhere I can and tell it as many times as I am asked. It’s the least I can do.”



THE IMPACT OF SPORTS BETTING ON MIND, BODY, AND BRAIN

Sports betting has impacted public health, so it is important to develop strategies and techniques for screening and assessment, identify treatment strategies, and develop advocacy and community engagement.

Imagine an individual who participates in sports betting for a sense of excitement, which increases dopamine and enhances the entertainment experience. (Note that even when sports betting is not legal in a state, individuals have access to placing bets with friends, bookies, and online betting.) The individual is goal oriented to make money, is competitive in nature and wants to show off his knowledge, and chases losses to regain money. What are his vulnerabilities, such as attention deficit disorder or his environment? What could have been done to prevent the problem? Could he have sought help earlier? Will tried and true treatment strategies work? And what needs to be done differently? Treatment considerations for sports bettors include: identify triggers such as enticements and advertising, use tools for harm reduction like Gamban to block gambling sites, identify and manage sources of gambling money like online payday loans, addressing the fear of missing out (FOMO) with sports bettors, find replacement for activities that include sports but not betting, healthy ways to feel excitement (dopamine), challenge views on finances and the meany of money, and resiliency training to maintain motivation of recovery.

Moving from an individual to a public health perspective, it is important to ask questions such as: what are the social costs and benefits associated with sports betting? What happens to the quality of life of the sports betting individual, and how does this affect families and communities? Which forms of sports betting are more harmful?

Problem gambling related to sports betting affects both individual and public health.

Timothy Fong (MD) is a Clinical Professor of Psychiatry at the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA. He is the co-director of the UCLA Gambling Studies Program (UGSP). The purpose of this program is to examine the underlying causes and clinical characteristics of gambling disorder in order to develop effective, evidence-based treatment strategies.

EMERGING TRENDS IN SPORTS BETTING

- Same game parlay (betting on multiple outcomes from a single game or contest)
- Partnerships in gambling activity and advertising between sports leagues, universities, and social media coverage.
- Promoting help before gambling becomes a disorder
- Betting scandals affecting education or occupational opportunities
- Artificial intelligence and the betting market
- Unregulated enticements and advertising



NAVIGATING AND ADAPTING TO A RAPIDLY CHANGING GAMBLING LANDSCAPE

Today, there are more forms and ways to gamble than ever before. Games in the casino and sports betting can take place in brick-and-mortar buildings or online. New advances in technology has allowed gambling to become a 24-hour-a-day opportunity. Not only is gambling more widespread and available, advertising has become a constant presence in the media outlets, as well as gift cards from betting operators such as Draft Kings and FanDuel.

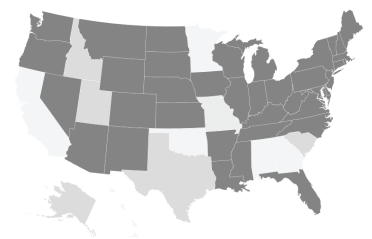
Recent prevalence studies show that each generation experiences problems due to gambling and that younger age groups experience problems at an increasing rate, compared to older age groups. Other trends have shown a dramatic shift to online forms of gambling as well as forms of gambling activity in video gaming, cryptocurrency, or e-commerce. The greatest increase in gambling in the past five years is sports betting, with sports betting available in 39 states including Puerto Rico and Washington, D. C. The 2023 NCAA Sports Betting Activities Report showed that 27.5% of college students placed bets on sports, and college athletes are more likely to place sports bets than any other form of gambling.

The expansion of gambling, availability of gambling, and the expanding technology that makes gambling more accessible are contributing to a rise in gambling disorder. The challenge for the future is finding the delivery of effective care for the many forms of gambling activity and form multiple generations.

We can no longer assume all forms of gambling are the same, or that there is a single modality of treatment that is appropriate to everyone.

LEGALIZED SPORTS BETTING IN THE US

(American Gaming Association, 2024)



SIGNS OF VULNERABILITY TO PROBLEM GAMBLING

(Valenciano-Mendoza et al., 2023)

- Single young males
- Having a friend who gambles
- Higher impulsivity and low self-directedness
- Cognitive distortions

Alyssa N. Wilson (PhD, BCBA-D, LBA) is an Associate Professor of Psychology at California State University, Fresno. She received her PhD in Rehabilitation with an emphasis in Behavior Analysis and Therapy from Southern Illinois University, Carbondale. She is a Board-Certified Behavior Analyst-Doctoral (BCBA-D) and is a Licensed Behavior Analyst in the states of Missouri and Nevada.



GUILT AND SHAME IN THE CONTEXT OF GAMBLING DISORDER TREATMENT

A common dynamic for gambling disorder clients is guilt and shame. One criterion for gambling disorder is the inability to stop or cut back on gambling or the repeated failure to do so. This tends to create a sense of shame, especially as the gambling disorder becomes more severe.

Whereas guilt can serve as a deterrent for further gambling, shame can make the gambling more severe as the client concludes they are bad or unable to change.

One aspect of shame is an adaptive component of outwardly directed anger at the casino industry or others for the gambling problem. Such maladaptive tendencies will in time affect supportive relationships and lead to a sense of isolation. Another gambling episode can help the individual escape from their own thoughts and feelings of shame because when they are in a gambling mindset, they are not aware of negative experiences. This dynamic meets another criterion, which is using gambling activity to escape or regulate a dysphoric mood. The paradox is that gambling can create a feeling of shame, and gambling also helps escape from the same dynamic, creating a vicious cycle.

Therapeutic intervention can help people identify the feelings of shame related to the gambling and its possible origin earlier in life. Then, treatment can help identify ways of regulating the shame and eventually find ways and levels of acceptance to alleviate the shame and its causes. Therapy on establishing new relationships and repairing old relationships can help the client reclaim a sense of connection. The process of change, as Dr. Weinstock quotes from Greenberg (2024) is to recognize the shame, find the full emotional expressions of the shame, and find means to own one's emotions that creates a sense of self-understanding and compassion. Without a process of addressing the gambling behavior and its relationship to shame, if the client continues to gamble, the sense of shame continues producing a sense of lifelessness and resignation.

Jeremiah Weinstock (PhD) is a professor in the psychology department at Saint Louis University, focusing on addictive behaviors with an emphasis on gambling disorder and exercise as an intervention. He frequently conducts clinical trainings on gambling disorder treatment and on the development and implementation of contingency management for the treatment of substance use disorders.

GUILT

Guilt can be understood as remorse for transgressions or events. It is regret over a specific behavior.

SHAME

Shame can be understood as an internalized feeling that one is not good. It is a fear of inherent inadequacy.

CYCLE OF SHAME

Gambling can both cause shame and serve as an escape from shame, particularly if a person has become isolated from supportive relationships.



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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

Iowa Department of Public Health

Iowa Gambling Treatment Program

Iowa Gaming Association

Kansas City Port Authority Problem Gambling Fund Advisory Committee

Kansas Coalition on Problem Gambling

Kansas Department for Aging and Disability Services

Mid-America Addiction Technology Transfer Center (MATTC)

Missouri Department of Mental Health

Missouri Department of Mental Health

Missouri Lottery

Missouri Gaming Commission

Missouri Gaming Association

Nebraska Commission on Problem Gambling

Nebraska Health and Human Services System

Oklahoma Association on Problem Gambling and Gaming

Oklahoma Department of Mental Health and Substance Abuse Services