A Post-Pandemic Response to Substance-Related and Addictive Disorders

INSIGHTS FROM THE 2021 MIDWEST CONFERENCE ON PROBLEM GAMBLING AND SUBSTANCE ABUSE

From the Midwest Conference on Problem Gambling and Substance Abuse Board

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Funded by PORT KC Problem Gambling Fund Advisory Committee

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ABOUT THE MIDWEST CONFERENCE FOR 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 Midwest Consortium was created in 2003 with a focus on development and implementation of the Midwest Conference on Problem Gambling and Substance Abuse.

Now an annual event, the 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.

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.

EXECUTIVE SUMMARY

The purpose of this paper is to advocate for awareness and funding for substance use disorder, gambling disorder, and gaming disorder. The hope of this paper is that state decision makers can see the scope of the problems that are described and be inspired to join our professional grassroots effort.

SUBSTANCE USE DISORDER

- Fentanyl is currently causing the third wave of the opioid crisis. Fifty times stronger than heroine, it is lethal at a dosage the size of two grains of rice. Harm reduction centers that focus on holistic help have the most success in the treatment for opioid addiction.
- During the pandemic and as of August 2020, there has been a 26.8% increase in stimulant use over the same twelve-month period. Treatment for methamphetamine should combine contingency management (positive reinforcement) and community reinforcement.

GAMBLING AND GAMING DISORDER

- In 2020, $14 billion was gambled on esports—a 67% increase in the money gambled and a 58% increase in the number of users. Gaming addiction prevention includes delaying the use of electronics until age 10, talking to children about healthy gaming, and encouraging other hobbies.
- Approximately 23 million Americans are in debt because of gambling, and the average loss is $55,000.
- The rate of problem gambling is at least twice as high for sports bettors as for gamblers in general. Sports betting policy should allow bettors to set daily, weekly, or monthly spending limits; block themselves or self-exclude; and access a helpline and care.
- Gambling is a public health issue that disproportionately affects the least economically and socially advantaged populations within a community. To address the higher rates of substance use and gambling disorder among minority populations we also must address the health inequities in the same communities and/or populations.

OVERVIEW OF SUBSTANCE AND BEHAVIORAL DISORDERS

Substance use and gambling disorder follow the same neurological pathway, and research is beginning to suggest that gaming disorder does as well. For example, those with a gambling problem demonstrate frontal lobe impairment consistent with that of methamphetamine-dependent individuals.

SIMILARITIES BETWEEN SUBSTANCE USE DISORDER AND GAMBLING DISORDER

- *loss of control*
- *preoccupation*
- *negative impact on major life areas*
- *tolerance*
- *cravings/urges*
- *withdrawal symptoms*

FENTANYL AND THE THIRD WAVE OF THE OPIOID CRISIS

Fentanyl is 50 times stronger than heroine.

When mixed with drugs such as LSD or ecstasy, it can be lethal.

HARM REDUCTION
Encourages abstinence but accepts alternatives that reduce harm and risk

HARM REDUCTION CENTERS FOCUS ON:

- *Holistic help*
- *Treatment for co-occurring disorders*
- *Decreasing spread of other diseases from the use of dirty needles*
- *Improving client's lives in whatever manner is needed*

The third wave of the opioid crisis is primarily due to the influx of fentanyl, which is being widely mixed with other white powered drugs such as heroin, LSD, and ecstasy. Fentanyl is fifty times stronger than heroine—a dose the size of two grains of rice can be lethal. The poor mixing methods of distributors could mean that high quantities of fentanyl could be in one tablet or injection and none in another dose. Some organizations have distributed testing kits to detect the presence of fentanyl in illegal substances, but at one music festival in Michigan the group was asked to leave for handing them out.

Westhoff has traveled to China to see the labs which are producing derivatives of fentanyl and tracked the sell to markets in Mexico, Australia, and even directly to the United States. When fentanyl is cut with other drugs the user has no idea what is mixed in the substance. It is believed that the recent rise in death due to opioid use is due to the infusion of fentanyl.

Harm reduction is the most effective treatment of opioid and other drug use. Harm reduction comes from a public health model which encourages abstinence but accepts alternatives that reduce harm and risk. Spain, Portugal, and Switzerland are leaders in harm reduction for the opioid crisis. In these countries, the drug user is encouraged to use at a center where they will be given holistic help and treatment for co-occurring disorders, including trauma, which may be the underlying source of the drug use disorder. The countries that have adopted this harm reduction approach have shown positive results by eliminating the illegal selling of drugs, decreasing spread of other diseases from the use of dirty needles, and improving client's lives in whatever manner is needed.

Ben Westhoff is an award-winning investigative journalist who writes about culture, drugs, and poverty. Following the publication of his book *Fentanyl, Inc.: How Rogue Chemists Are Creating the Deadliest Wave of the Opioid Epidemic*, he has advised top government officials on the fentanyl crisis.

METHAMPHETAMINE

During the pandemic and as of August 2020, there has been a 26.8% increase in stimulant use over the same twelve-month period.

Similarly, during the years of 2012 through 2018, overdose deaths involving cocaine more than tripled, while the rates of death involving psychostimulants (including methamphetamine) increased by fivefold. Part of this problem is the infusion and mixing of fentanyl, with only 2 milligrams being potentially lethal.

Amphetamine use is associated with a twofold increase in the odds of hostility or violence, and 33.7% of violent crimes during 2012 through 2018 were due to the use of methamphetamine.

Compared to 82% of opioid users who expressed a desire to stop, only 46% of methamphetamine users desired to stop. There are many challenges to treating methamphetamine use disorder: a high rate of overdose death, limited understanding of stimulant addiction, ambivalence about the need to stop use, impairment and poor memory, impulsivity and poor judgment, violence and psychosis, the craving response, and poor retention in outpatient treatment.

A study of 50 clinical studies reported that the combination of ***contingency management*** (the systematic delivery of positive reinforcement for desired behaviors) and ***community reinforced approaches to treatment*** (helping individuals find healthier, more adaptive ways to meet their social and emotional needs than using substances) was the most efficacious and most acceptable for the short and long term. Priorities in treatment of stimulant disorder clients include developing a positive, compassionate, non-judgmental relationship; providing incentives for participation in treatment, and providing respectful evidence-based guidance, information, and support.

FIVEFOLD
increase in deaths due to stimulants (2012–2018)

BEST TREATMENT COMBINES:

- CONTINGENCY MANAGEMENT
  the systematic delivery of positive reinforcement for desired behaviors
- COMMUNITY REINFORCEMENT
  helping individuals find healthier, more adaptive ways to meet their social and emotional needs instead of using substances

Richard A. Rawson, PhD, is the retired Co-Director of UCLA Integrated Substance Abuse Programs and now Professor Emeritus at the UCLA Department of Psychiatry. He has led addiction research and training projects for the United Nations, the World Health Organization, the Drosos Foundation, and the U.S. State Department.

A PATH TO RECOVERY: THE STORY OF A PEER SUPPORT SPECIALIST

SOBRIETY
On average, it takes someone 5 serious attempts at sobriety to be successful.

SOME BARRIERS TO TREATMENT:

- *Stigma and shame*
- *Cost of treatment*
- *Belief that the disease can be overcome without treatment*
- *Thought that treatment won't help*
- *Not knowing where treatment is available*

NALOXONE
A drug that counteracts decreased breathing due opioid overdose that can either be injected or sprayed nasally

From an introduction to prescription drugs for pain, many individuals, like Jennifer Wolfe, progress to mixing drugs and alcohol to purchasing illegal drugs. The drugs that are used in pain management cause an elevation to key neurotransmitters, especially dopamine, creating a dependence to reach this new threshold. One of the key problems is the drop in the neurotransmitters when the effect of the drug wears off and then the pattern or cycle for the next use continues. Withdrawal symptoms (anxiety, agitation, flu like symptoms, and insomnia) become one of the greatest drives to alleviate the ill effects and to regain the perceived positive effects of the substance.

On average, it takes someone 5 serious attempts at sobriety for it to stay. Often, the using client has a negative attitude about seeking help, and this can happen for many reasons. For Jennifer, the stigma associated with drug use created a negative attitude toward seeking help and the loss of life opportunities began to grow.

Stigma can be institutional, public, and from the self. The self-stigma can be a feeling of being unworthy of help or treatment, a feeling of having lost the privilege of getting help, and the thoughts that drugs are the only thing there is at the end of the day.

There are many barriers to treatment: the inability to afford the cost, the belief that the disorder can be overcome without treatment, not knowing where treatment is provided, the thought that treatment won't help, the shame of what others will think, concern about how the disorder will affect career opportunities, and the fear of being committed.

At one point, Jennifer overdosed, and Naloxone was needed to reverse the effects of the overdose. Jennifer's story shows that Naloxone is effective, help is available, and many can find a new life and begin to help others.

Jennifer Wolfe is a peer support specialist. She began using prescription drugs for pain management but progressed to buying illegal drugs. Eventually, Jennifer committed to the path of recovery and discovered her desire to help others in their recovery as well. Jennifer co-presented with Erika Holliday and Bree Sherry from the Mid-America Addiction Technology Transfer Center Network.

THE EFFECT OF SCREENS ON HEALTH

Technology dumbs down the brain by outsourcing human skills like memory, math abilities, spelling, and cognitive functioning. The overuse of screen time has created the "indoor child" and even *nomophobia*, the fear of being without a phone. We are connected (electronically) more than ever, yet there is a higher rate of depression, feelings of isolation, and higher rates of inactivity and obesity.

ELECTRONIC SCREEN SYNDROME
Can look like ADHD, moodiness, and aggressive behavior

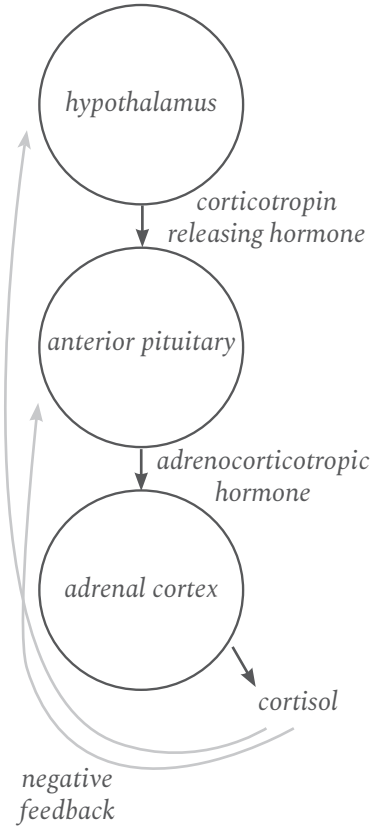
"We were never designed for the sedentary indoor, sleep-deprived, socially isolated, fast-food-laden, frenetic pace of life."

—Stephen Ilardi, PhD

Research has shown that screen time is hyper-arousing and affects the H-P-A axis (Hypothalamus-Pituitary-Adrenal axis). The stress response cascades from the hypothalamus within the brain to the anterior pituitary to the adrenal glands of the kidneys. This process leads to a fight-or-flight response: blood pressure goes up, pupils dilate, and palms get sweaty. This phenomenon is known as the *electronic screen syndrome*, which can look like ADHD, moodiness, and aggressive behavior.

We need to help individuals find ways to reduce ruminating thinking and instill the positive traits of a healthy diet, exercise, sunlight, social support, and sleep hygiene.

THE H-P-A AXIS

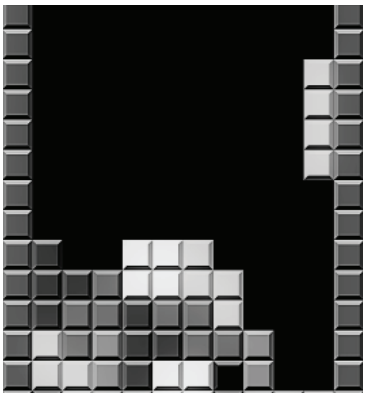


Dr. Nicholas Kardaras is an Ivy League educated psychologist, best-selling author, internationally renowned speaker, and an expert on mental health, addiction, and the impacts of our digital age. He has developed clinical treatment programs across the United States and has appeared on numerous national television shows.

VIDEO GAMES

GAME TRANSFER PHENOMENA

Sensory perceptions, spontaneous mental processes, and behaviors that occur in response to video gaming, as in the Tetris effect



TO PREVENT GAMING DISORDER:

- *Delay electronics until after age 10*
- *Fast from screens one day per week*
- *Educate children about healthy video gaming*
- *Encourage healthy activities*

The habituated use of video games produces a 100% increase in dopamine levels while cocaine increases dopamine by 350%. According to Dr. Wang of Indiana University, excessive screen time with video gaming produced less activation in certain frontal brain regions—the regions that are important for controlling emotions, aggressive behavior, and executive functioning.

Excessive screen time, especially with video gaming, can comprise sensory perceptions, spontaneous mental processes, and behaviors in direct relation to video game content in a response known as ***game transfer phenomena***. One example is the Tetris effect, in which individuals think about how shapes fit together in real life or dream about colored, moving shapes.

The symptoms of a gaming disorder can include screen time causing adverse effects on the person's life, screen time being longer than intended, sleep deprivation, lack of personal hygiene, lack of enjoyment in other activities, and aggression or mood dysregulation.

Treatment should be built on assessing the readiness or motivation for change, finding the client's goals as related to the problem, explore the barriers to treatment, reducing client ambivalence to change, and explore alternative activities.

The treatment provider will need to be somewhat familiar with gaming and the dynamics of the disorder to build client rapport and encourage the client to reduce gaming by taking time outs, set limits and boundaries, and to build personal relationships. In some cases, the client may have to take a time out to detox from screens, and learn to play and have fun with others in person-to-person contact.

To prevent gaming disorder, delay introduction of electronics until after age 10, limit screen time, no screens at the dinner table, fast from screens one day a week, talk about healthy video gaming frequently with children, and nurture healthy activities and hobbies such as sports, art, music, or nature.

Dr. Nicholas Kardaras is an Ivy League educated psychologist, best-selling author, internationally renowned speaker and an expert on mental health, addiction, and the impacts of our digital age. He has developed clinical treatment programs across the United States and has appeared on numerous national television shows.

GAMING AND GAMBLING DURING A PANDEMIC

In 2020, gaming was a $179.7 billion industry worldwide.

Remember that most of the games being played are free, so in-game purchases are the primary way these companies make money. In-game purchases are also known as *micro-transactions*; these transactions allow players to purchase virtual items, textures/skins, currency, or levels.

MICRO-TRANSACTIONS
A low-cost feature of free games that allows players to gain virtual items, textures/skins, currency, or levels

Some micro-transactions, such as *loot boxes*, include an element of uncertainty. Some say loot boxes are gambling because you do not know what is in the box so you are spending money to take a chance that the box contains something you will need. Those with a gambling problem spend more on loot boxes than those with no problem or low or moderate risk.

In 2020, $14 billion was gambled on esports—a 67% increase in the money gambled and a 58% increase in the number of users.

At the same period, with a decrease in college and pro sports being played, betting was down 58% while esports gambling was up 1050%. (Esports is defined as competitive tournaments of video games but has also become a popular term to describe multi-player competitive gaming. Esports and other video gaming can cross over with gambling.)

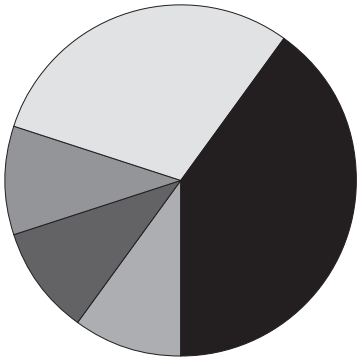
ESPORTS
The competitive play of video games, especially in tournaments.

This pandemic period and moving forward it will be important to address the needs of those who qualify for the gaming disorder diagnosis and those who are simply spending too much time with their screens.

Jeremy Eberle is a therapist and researcher. His current area of interest is the intersection between gambling use disorder and gaming use disorder. Janet L. Johnson is a counselor who focuses on mental health, addiction, and gambling disorders. She received the Nebraska Counseling Association Counselor of the Year award in 2019.

BREAKING SILOS AND BUILDING EQUITY IN PROBLEM GAMBLING TREATMENT

COMPONENTS OF HEALTH



- *social and economic factors (40%)*
- *health behaviors (30%)*
- *health care (10%)*
- *genes and biology (10%)*
- *physical environment (10%)*

SILOS

When isolated disciplines of treatment, community outreach, prevention, and program directors are behind walls and do not actively interact or collaborate for a common purpose

Many have called gambling disorder a public health issue. Public health is concerned with protecting the health of the entire population. However, there are social determinants to health and conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. To address the needs of the individual we must look at the larger picture and environment.

To address the higher rates of substance use and gambling disorder among minority populations we also must address the health inequities in the same communities and/or populations.

This means that community outreach must be grassroots in reaching the community members and interfacing with service providers to build communication and community of inclusion. To address the treatment needs of minority communities we need a model that addresses the public health perspective *and* the needs of the individual caught in addiction.

Silos are created when isolated disciplines of treatment, community outreach, prevention, and program directors are behind walls and do not actively interact or collaborate for a common purpose. The simple solution is for each specialty to see themselves as a cross-section of a larger model of the continuum of care. There are many ways that a team approach can help. Clinical providers can include educational topics in clinical sessions and include community outreach workers, and each could attend the others' team meetings. All providers can support holistic and healthy activities across the dimensions of a client's life. Preventionists can work with clinical programs and directors and learn the treatment services that are provided, know the dynamics of the gambling disorder and in turn teach the clinicians about prevention and how it can interface with treatment.

Victor Ortiz is a social worker with over 25 years of experience in the development of programs and services in the areas of addiction, youth development, child welfare, and behavioral health. A nationally recognized speaker, trainer, and educator, Victor is currently the Director of the Office of Problem Gambling Services at the Massachusetts Department of Public Health.

PROBLEM GAMBLING POLICY

Policy for responsible gambling is done state by state, with some having quality programs and others having no guidelines and no funding. Currently there are eight states that have no funding for problem gambling. Among states that do fund problem gambling awareness and treatment, $74 million is allocated. There is no federal funding for the gambling disorder.

Substance use disorder is publicly funded at 334 times more than gambling disorder.

Twenty-eight states have passed bills for sports betting. Some have limited sports gambling to physical buildings, some allow online gambling on sports, and some have done both. There are four states that have passed bills to allow for some sports betting but are yet to open. Since every state sets their own parameters for sports betting, it is uncertain whether adequate consideration is being given to awareness, prevention, and treatment.

The rate of gambling problems among sports bettors is at least twice as high as among gamblers in general. When sports gambling is conducted online, the rate of problems is even higher, with one study of online sports gamblers indicating that 16% met clinical criteria for gambling disorder.

All stakeholders should advocate for and allocate a percentage of gambling revenue for responsible and problem gambling services (prevention, research, treatment, and recovery services). Such dollars should be dedicated funds, so they are protected for the use and needs of gambling disorder.

Each state should provide the means for treatment of gambling disorder by legislative or compact agreements. Such guidelines should allow the gambler to set limits on spending on a daily, weekly, or monthly basis. Players should have the right to block their own ability to place a bet, and each state should have a self-exclusion program. Each state should have a policy of how those with a gambling disorder can reach out for help and provide a helpline number for their state. Ideally, there should be a singular national helpline number instead of the dozens of numbers that currently exist.

PROBLEM GAMBLING AMONG SPORTS BETTORS

The rate of problem gambling is at least twice as high for sports bettors as for gamblers in general.

STATES WITH SPORTS BETTING

SPORTS BETTING POLICY SHOULD ALLOW BETTORS TO

- *Set daily, weekly, or monthly spending limits*
- *Block themselves or self-exclude*
- *Access a helpline and care*

Brianne Doura-Schawohl serves as Vice President of U.S. Policy and Strategic Development for EPIC Risk Management. Doura-Schawohl works with Congress and many state legislatures and regulators to provide expert advice on gambling policy. Additionally, she has been featured in numerous local, state, national, and international media, including CBC, ESPN, and CNBC.

SPORTS GAMBLING

IN-PLAY BETTING
Placing a bet (or multiple bets) once the sport event has begun

DYNAMICS OF SPORTS BETTING:

- ILLUSION OF CONTROL
  Belief in skill vs. luck
- INTERMITTENT REINFORCEMENT
- SOCIAL PROOFING
  Belief that if others are engaging in an activity, then the activity must be acceptable
- SCARCITY PRINCIPLE
  Belief that time is running out and an action must occur immediately
- NEAR MISS HOOK
  Belief that a near miss indicates that a win will occur soon

In a very short number of years the dimensions of sports gambling has grown and is no longer just a matter of placing a bet with the local bookie or among friends or traveling to Las Vegas. We have fantasy sports leagues, daily fantasy sports wagering, esports betting, and traditional sports betting.

At the same time, sports wagering has many new features. It is possible to place a bet from almost anywhere in the world and bet on any sporting event taking place around the world, all from your mobile device.

There are also "in-play" sports betting opportunities which require rapid decision making and provide constant reinforcement to continue to place bets. Newer and faster ways of placing a bet lead to micro-bursts of dopamine which drives further play.

In-play betting doesn't give the gambler time to reflect and clearly think about their wager.

There is a constant and continuous action state of mind that is open to marketing from those providing the wagering opportunity.

The consequences of continuous action and play is a sense of pre-occupation with the gambling activity, a sense of isolation while engaging in a total immersive experience, and a sense of emotional connection with the players and teams on which one is betting.

Other dynamics of the new forms of sports betting are the illusion of control or a belief in skill vs. luck, intermittent reinforcement as you can only win every so often, a sense of social proofing as others are doing it so it becomes socially acceptable, the scarcity principle which tells you to act now, time is running out, and the near miss hook which causes you to think "I was really close so I should do it again."

Daniel Trolaro, MS, is the Assistant Executive Director for the Council on Compulsive Gambling of New Jersey. He has spoken at dozens of events around the state and country about the "Dis"Ease of Addiction, emerging trends in video gaming, and the convergence and connection with disordered gambling.

DIMENSIONS OF TREATMENT FOR GAMBLING

The importance of the ASAM (American Society of Addiction Medicine) criteria cannot be overstated. It can be used for determining the level of placement for treatment and care, and the six dimensions of substance use disorder can also be applied to gambling disorder clients. The six dimensions are areas of assessment ranging from acute intoxication and/or withdrawal symptoms to the final dimension of recovery and new living environment.

The use of the six dimensions gives the clinician a panoramic view of the gambling disorder client. The clinician can use the six dimensions to see the actual gambling experience of the client and the effects on the physical, mental, and emotional levels.

The use of ASAM criteria will give a biomedical view of the client and the effects of gambling on the whole person.

The other and more in-depth assessment is made of each of the dynamics described above, such as the effects on the person emotionally and cognitively due to gambling. An assessment using the dimensions also helps the therapist assess the readiness for change and the motivation of the client and then to assess and catalogue the incidents of relapse or the potential of relapse or simply continued gambling without a break. The final assessment is the path of recovery including the cessation of gambling, the maintenance phase of recovery, and a new way of living with alternative activities and lifestyle choices.

AMERICAN SOCIETY OF ADDICTION MEDICINE SIX ASSESSMENT DIMENSIONS

1. *Acute intoxication/ withdrawal potential*
2. *Biomedical conditions and complications*
3. *Emotional, behavioral or cognitive conditions and complications*
4. *Readiness to change*
5. *Recurrence, continued use, or continued problem potential*
6. *Recovery/ living environment*

Nicolas Foss is the Associate Director for Treatment Services at Alcohol and Drug Dependency Services of Southeast Iowa. Mr. Foss has specialized in treating problem gamblers for the past 11 years and is now focused on developing broader evidence-based addictions treatment programming. Nicolas is an adjunct faculty member at Iowa Wesleyan University and doctoral student at Grand Canyon University in behavioral health leadership.

FINANCIAL LOSSES

FINANCIAL LOSS AND BANKRUPTCY

Approximately 23 million Americans are in debt because of gambling, and the average loss is $55,000.

Twenty percent of compulsive gamblers file bankruptcy.

WHEN THE CLIENT IS READY, THEY CAN CALCULATE THE COST OF

1. *The average gambling or drug use*
2. *The consequences of use or play*
3. *Legal help, treatment, and other services*
4. *Time spent in the activity and losses incurred*

Financial problems frequently become a primary problem due to the cost of gambling and substance use—it is not just the cost of the gambling or the substance but also the cost of the consequences of the use and the time it takes to partake of either.

The learning objective for the client is to move beyond the losses they have encountered and create a new life without the problem behavior. For a client to benefit from this phase of treatment, they need to be in the "action" stage of change, i.e., they need to be motivated to address this difficult issue. First, they must "buy-in" and clearly be aware of what they are doing that is creating the problems in their life. Secondly, the client must be willing to let go of the things they are doing that keep them stuck in the problem. And thirdly, they must consciously develop to own and manage the personal creative capacity daily.

When the client is motivated, they can do the following: 1) with objective help, calculate the cost of the gambling or drug use and come up with an average of each event; 2) calculate the cost of the consequences related to the use or play; 3) calculate the cost of legal help, treatment, and other services that may be needed; 4) calculate the cost of time spent in the activity and the losses that were incurred. Clients seldom have anyone who can do this with them, so it is important that counselors have adequate training to help.

An in-depth dive into the financial cost of gambling and substance use disorders can increase the client's awareness of the problem and serve as a further motivation to change.

The client needs hope that there is a path leading to financial responsibility. Only by addressing all of the dynamics of the cost of these disorders will the client be able to buy in and hopefully bring their family to a new way of living, moving toward financial responsibility.

Esther Maddux is a Resource Management Consultant. She specializes in financial planning, alcohol, drug, and gambling counseling. She has been a Certified Financial Planner (CFP) certificant since the late 1980s and a certified addiction counselor since 2007. She taught personal financial management at the University of Georgia and Kansas State University where she is professor emeritus.

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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 Addiction Counselors' Association

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

MIDWEST CONFERENCE FOR PROBLEM GAMBLING AND SUBSTANCE ABUSE

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