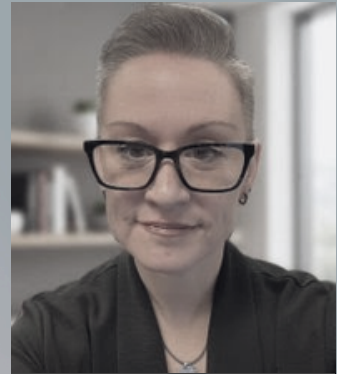


Disordered Gambling,
Criminal Risk Factors,
& Screening



IPCSA Roll Call 9/29/2026

Meet Your Presenter:



Nina Naus

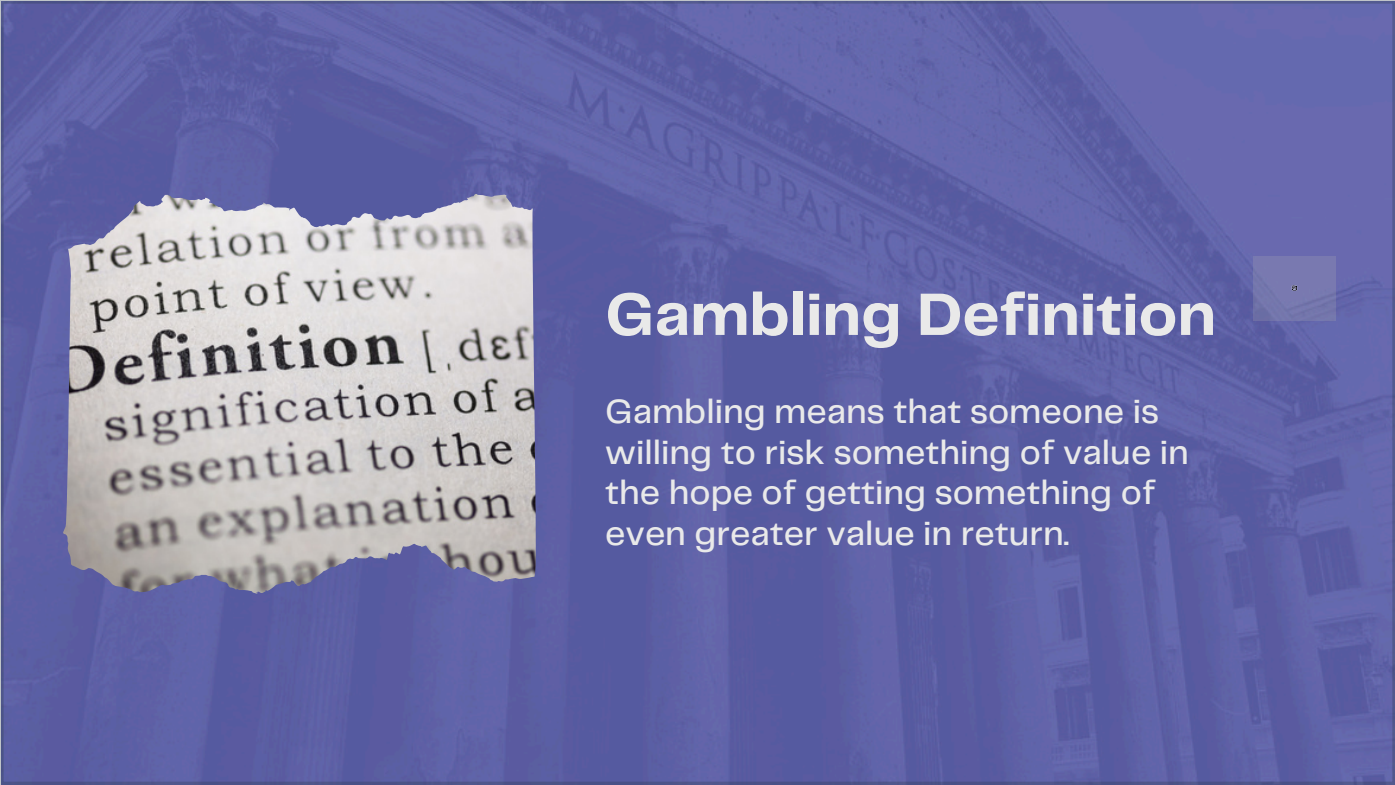
LSW, CADAC

Nicasa Behavioral Health Services

But First:

- **This is a safe time to ask**
- **Gambling imagery will be shown**
- **The reality of our culture will be discussed**
- **We're all human**
- **Use self-care**

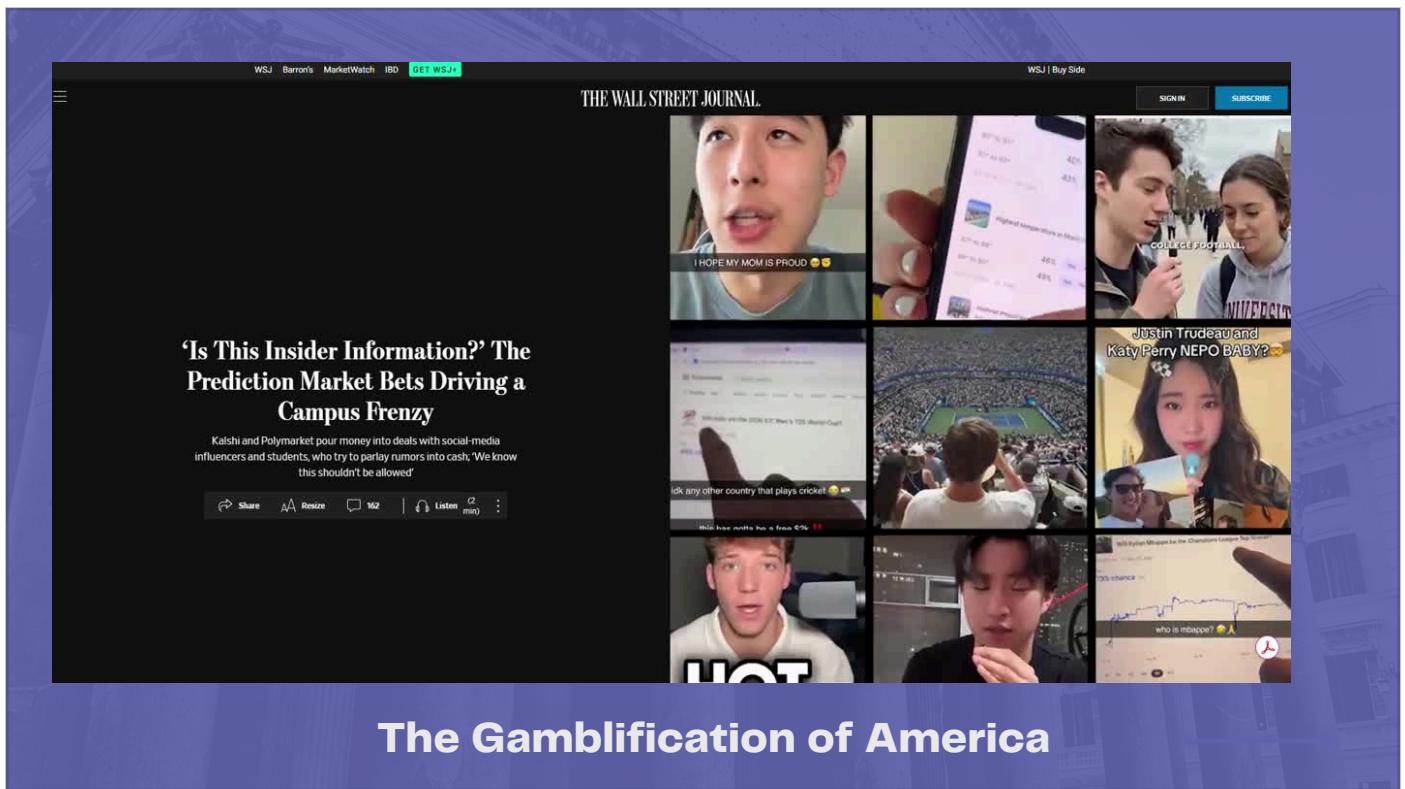
We are not judging or saying gambling is "bad", but we will connect how it pertains to your job.



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Gambling Definition

Gambling means that someone is willing to risk something of value in the hope of getting something of even greater value in return.



The Gamblification of America

1. The Hidden Epidemic

Underdiscussed: Gambling disorder receives far less attention than it warrants despite widespread impacts.

Widespread Reach: Deeply affects individuals, families, and entire communities—including everyday clients.

2. Target Demographics & Cultural Shifts

Vulnerable Targets: Modern gambling and gambling-like platforms heavily target youth, young adults, and vulnerable populations.

Loss of Safe Spaces: Cultural shift toward constant entertainment and instant gratification.

The "Easy Money" Myth: Pervasive messaging sells the illusion of effortless profit and fun.

3. Economic & Social Impact

High Social Cost: Every \$1 in gambling revenue generates \$3 in social costs.

Adult Prevalence: 7.5–10 million U.S. adults are affected.

Mobile Dominance: 90% of gambling now occurs directly on smartphones.

4. Youth Vulnerability & Risk

Peak Vulnerability Age: 16–22 years old (due to ongoing brain development).

Higher Male Risk: Males show significantly higher rates of addictive gambling behaviors.

Overall Rate: Youth are 2–3x more likely to be diagnosed with gambling disorder than adults.

5. Common Sense Media Survey Data (Teen Boys):

36% reported gambling in the last year.

64% engaged in gaming-related online betting.

34% participated in sports betting.

27% experienced direct negative effects.

6. Early Gateway Behaviors & Red Flags

Entry-Level Gateway: Loot boxes, microtransactions, and prediction markets.

Root Cause: Early exposure is the primary driver of rising youth addiction rates.

Warning Sign: Casual normalization—frequent asking or talking about betting and online wagering .

Why are we talking about this?



35 Minute YouTube on the gamblification of America:

Exposing the Gambling Epidemic:

<https://youtu.be/9li1ROzeSwU?si=c2SwSvv9WB56h1Yh>

Gambling in Illinois Updates:

[← Back to all articles](#)

Introducing Before the Bet: A New Podcast Exploring Modern Gambling

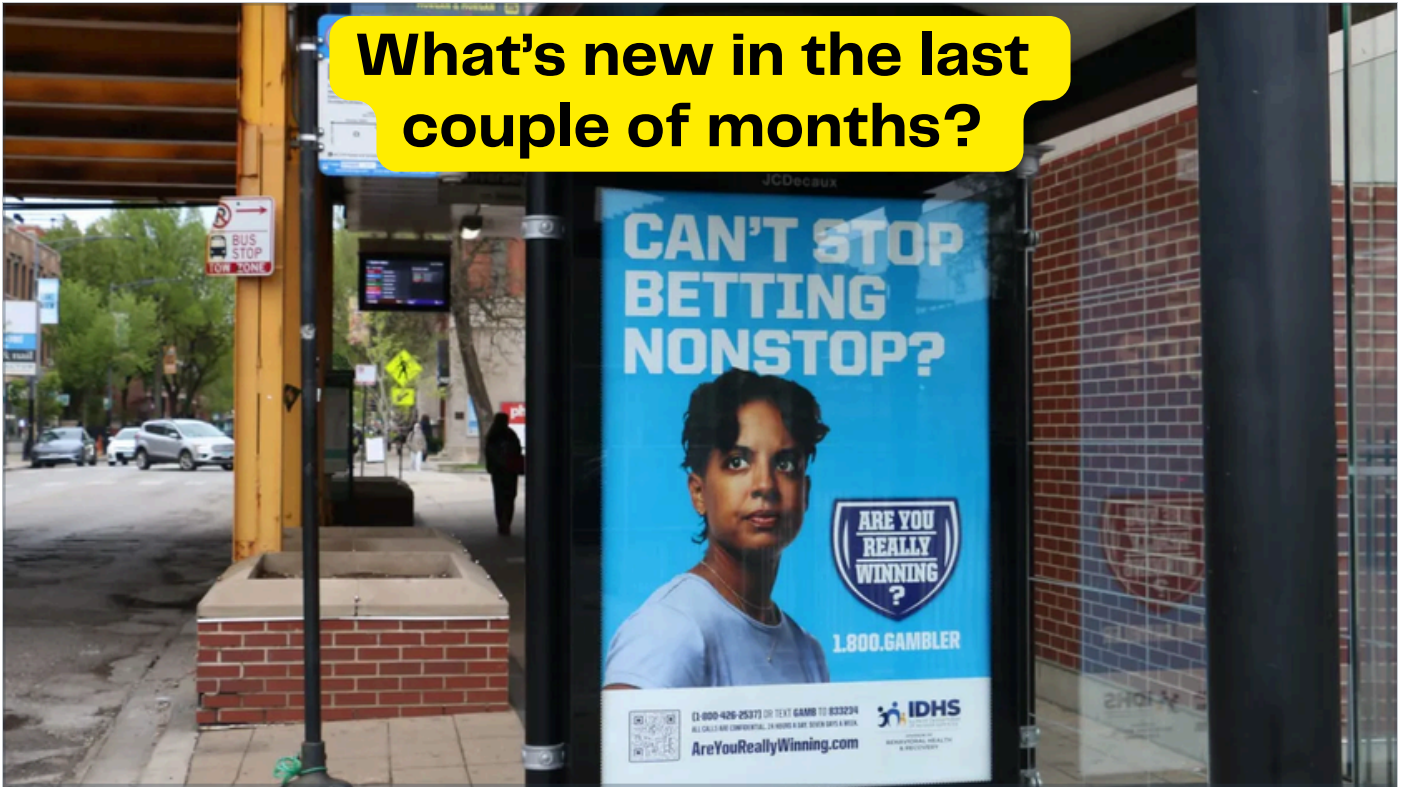
September 16, 2026

Categories: Gambling, Podcast 2.2 min read



Check out this and the coming episodes where you would normally find podcasts.

What's new in the last couple of months?



With the Voluntary Self-Exclusion Program (VSEP), awareness, prevention, and treatment ramping up, it's still not enough to cover the needs.

A new article from earlier this month on the VSEP program noted that there will be improvements to the program, allowing individuals to self-exclude from video gaming terminals.

We will need your help to advocate for more awareness and intervention if some of these things are put into place.

Check out the article:

<https://capitolnewsillinois.com/news/illinois-regulators-propose-expansion-to-self-exclusion-program-for-compulsive-gamblers/>

Gambling and Disordered Gambling are not the same thing:

relation or from a
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for what is hou

Persistent and recurrent problematic behavior leading to clinically significant impairment or distress, as indicated by the individual **exhibiting four or more symptoms** in a 12 month period.

Here is where we determine if someone is "disordered" or not.

We previously called disordered gambling, problem gambling, compulsive gambling, pathological gambling...

Types of Gamblers



Casual Social

Recreational play with friends; infrequent entertainment with zero life interference.

Risk Level: Minimal



Serious Social

Major source of relaxation; maintains full control over time and budgets.

Risk Level: Low / Controlled



Professional

Primary income career; relies on mathematical skill, strategy, and extreme discipline.

Risk Level: Low (Non-Addictive)



Relief & Escape

Emotional coping mechanism to numb anxiety, loneliness, or life stress.

Risk Level: High Risk



Disordered

Compulsive addiction; complete loss of control causing severe relationship & financial harm.

Risk Level: Severe (Clinical)

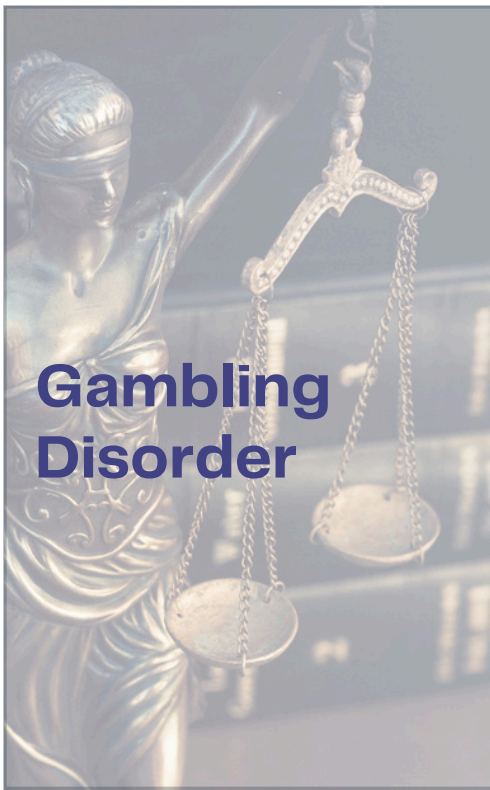
Casual Social Gambler: Gambling is one of many forms of entertainment; gambles frequently.

Serious Social Gambler: Gambles as a major source of entertainment; plays regularly at one or more types of gambling, and does so with great absorption and intensity.

Professional Gambler: Gambling is the individual's primary source of income; makes a living gambling.

Relief-and-Escape Gambler: Major activity in persons life of equal importance with family and business; but rest of life goes on without integrity being seriously impaired; more than a pastime.

Disordered Gambler: Gambling is only thing in life; ignores family and business, and often turns to crime to support the habit.



Gambling Disorder

Symptoms:

1. **Tolerance (Chasing Higher Stakes)**
2. **Withdrawal (Restlessness)**
3. **Loss of Control**
4. **Preoccupation**
5. **Relief Seeking**
6. **Chasing Losses**
7. **Lying / Concealment**
8. **Jeopardized Relationships or Opportunities**
9. **Financial Bailouts**

Severity Scale:

- **Mild:** 4–5 criteria met
- **Moderate:** 6–7 criteria met
- **Severe:** 8–9 criteria met

DSM-5-TR (American Psychiatric Association)

Minimum of 4 symptoms must be present to be considered disordered

1. **Tolerance (Chasing Higher Stakes):** Needs to gamble with increasing amounts of money to achieve the desired excitement.
2. **Withdrawal (Restlessness):** Becomes restless or irritable when trying to cut down or stop gambling.
3. **Loss of Control:** Repeated failed efforts to control, cut back, or stop gambling.
4. **Preoccupation:** Frequent thoughts about gambling (e.g., past experiences, planning next outings, or ways to get money).
5. **Relief Seeking:** Gambles when feeling distressed, anxious, guilty, or depressed.
6. **Chasing Losses:** Returns another day to get even after losing money.
7. **Lying / Concealment:** Lies to family members, therapists, or others to hide the extent of involvement with gambling.
8. **Jeopardized Relationships or Opportunities:** Endangered or lost a significant relationship, job, educational, or career opportunity because of gambling.

9. Financial Bailouts: Relies on others to provide money to relieve desperate financial situations caused by gambling.

Severity Scale:

Mild: 4–5 criteria met

Moderate: 6–7 criteria met

Severe: 8–9 criteria met

Similarities & Differences

Are we talking about
substance use disorder
or disordered gambling?

YOU BE THE JUDGE!!!

They both have:

- Genetic heretibility
- early exposure increases risk
- brain reward center activation
- impairment in judgment/future planning areas of the brain
- trauma history increases risk for development of the disorder
- accessibility and acceptability affect use
- follows a predictable path
- responds to CBT, MI, DBT, and medications



There are many similarities between gambling disorder and substance use disorders, including etiology, clinical presentation, consequences, and treatment.

financial problems
divorce, estrangement
problems at work, home, or school
legal problems/incarceration
health problems
substance use/mental health problems
housing problems/homelessness
suicide (7-10x higher)

Similarities & Differences



Differences:

- **Hidden addiction** – could go on for years before seen as a problem
- **Cannot overdose**, no saturation point
- Tremendous **financial problems** which require immediate attention
- Can appear to **function more** in life
- **Cannot be tested** for, like drug testing
- No **visible** chemical hooks
- **Fewer resources** available for gamblers who seek help
- Level of **awareness** ↓
- **Stigma/Shame/Misunderstanding** ↑

It's not a problem until IT IS!

As 4% of problem gamblers reported having been diagnosed with anxiety or depression, compared to 14.8% of recreational gamblers.

60% of problem gamblers reported an alcohol problem, compared to 11.6% of recreational gamblers.

32.3% of problem gamblers self-reported a drug problem, compared to 4.3% of recreational gamblers.

Workaholism and exercise addiction were the most commonly reported behavioral conditions among problem gamblers in the IL study.

A faint, artistic image of a statue, possibly representing justice or a blindfolded figure, is visible in the background on the left side of the slide.

Differences for legally involved individuals:

- **Little to no screening** for gambling as an underlying factor
- Fewer opportunities for **diversion**
- No treatment or support in **correctional settings**
- **Financial harm is often greater** for gambling-related crimes, with an inability to make restitution (due to debt)

With gambling and gambling-like behaviors being acceptable or overlooked in correctional facilities, clinicians are few and far between.

How does gambling relate to crime?



Non-violent Crimes



Escalation



Money is the Drug

Gambling may not appear to be directly connected, but it can be something that can stand alone or be one of many problems in an individual's life.

Non-Violent Crimes:

Non-violent (white collar)

theft

retail theft

forgery

fraud

low level drug dealing

More serious charges:

embezzlement

assault

arson

murder

The hook being the money and how "easy" or often individuals are chasing losses.

One Example



Check out the information discussed by Dr. Michelle Malkin here:

<https://youtu.be/vHh93Fg-jE4>



What can we do about it then?

Need for Screening:

1. You don't know if you don't ask
2. just asking tells offenders this is important
3. procedures should be in place for positive screenings

Access to Treatment:

1. State-contracted treatment providers
2. capacity is expanding in response to DHS SUPR efforts
3. Sliding scale -income not necessarily a factor
4. are behavioral health providers working with offenders screening and making referrals?
5. need to support referrals, when made

Recidivism:

1. we know the importance of addressing underlying factors of criminal behavior
2. court-mandated treatment works
3. untreated gambling disorders are not likely to just "go away"
4. more likely to escalate

Gambling Courts

Malkin Gambling-Motivated Crime Diversion Checklist

Malkin
Gambling-Motivated Crime
Diversion Checklist

What are Gambling Motivated Crime?

(Individual should meet at least two criteria)

Crime committed is acquisitional (financial) in nature: Most common crimes will be embezzlement, check kiting and/or writing bad checks, stolen checks, fraud (bank, wire, etc.), larceny, robbery/theft, counterfeiting, using a credit card without permission and/or taking out a credit card in someone else's name). This does not exclude crimes that include taking of items of value. Some individuals who are problem gamblers will commit crimes unrelated to finances that are motivated by their gambling. However this checklist is focused on those crimes that are intended in order to keep gambling and/or pay off gambling-related debts. Individuals accused of violent/sexual crimes and/or crimes against a child should not be eligible for gambling treatment diversion programs in most circumstances.

☐ No

Uses the stolen funds to gamble and/or pay off gambling debts: This includes debts that are not paid due to gambling away funds such as mortgage/rent, car payments, utilities, etc. The individual may finance a vacation/trip with the funds (where the trip includes access to gambling). There is a small percentage of people who commit these types of crimes who are not problem gamblers and/or would not score as problem gamblers on an assessment.

☐ No

Crime is against someone they know: This may be a family member, friend, employer, neighbor, community, etc.

☐ No

What are Likely Characteristics of the Individual?

(Individual should meet at least three of these criteria)

An evaluation of the court was conducted by researcher Michelle Malkin. Stemming from this, Dr. Malkin has developed a number of “gold standards” for Gambling Diversion Courts.

Dr. Michelle Malkin has a gambling motivated crime checklist that may be helpful for initial screening for crimes that may appear to be gambling motivated.

This tool is available here:

<https://www2.ecu.edu/digitalmarket/digitalmarket/free/gs/index.html>

Different Types of Screeners

BBGs

Brief Biosocial Gambling Screen

A "yes" answer to any of the questions means the person is at risk for developing a gambling problem.

DID YOU KNOW?

PEOPLE CAN BE ADDICTED TO GAMBLING

ABOUT 3 OUT OF 100 PEOPLE HAVE GAMBLING PROBLEMS

GAMBLING PROBLEMS OFTEN GO UNDETECTED

RECOVERY FROM GAMBLING PROBLEMS IS POSSIBLE

1. During the past 12 months, have you become restless, irritable or anxious when trying to stop/put down on gambling? ☐ YES ☐ NO

2. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled? ☐ YES ☐ NO

3. During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare? ☐ YES ☐ NO

<https://www.divisiononaddiction.org/outreach-resources/gdsd/toolkit/bbgs/>

EDGE-SBIRT

The Eisenberg Disordered Gambling Emphasized SBIRT Pre-screen and Screen*

For the purpose of these questions, "gambling" means buying lottery tickets, gambling at a casino, playing cards or dice for money, betting on sports games, playing slot machines, video poker or other video gambling, gambling on the internet, betting on horses or dogs, playing video games with gambling activities or loot box purchases, trading stocks or other speculative investments, playing bingo or keno.

During the past 12 months have you gambled 5 or more times? ☐ Yes ☐ No

If the answer is yes, then proceed to the first three questions:

During the past 12 months:

1. Have you ever felt restless, on edge or irritable when trying to stop or cut down on gambling?	Yes	No
2. Have you had to ask other people for money to help deal with financial problems that had been caused by gambling?	Yes	No
3. Have you tried to hide how much you have gambled from your family or friends?	Yes	No

If there is a "yes" answer to any of these questions, then ask the next 6 questions:

During the past 12 months:

4. Have you tried to cut down or stop your gambling?	Yes	No
5. Have you increased your bet or how much you would spend, in order to feel the same kind of excitement as before?	Yes	No
6. Did you think about gambling even when you were not doing it? (Remembering past gambling experiences, or planning future gambling?)	Yes	No
7. Did you go to gamble when you were feeling down, stressed, angry or bored?	Yes	No
8. Did you ever try to win back the money that you had recently lost?	Yes	No
9. Has your gambling caused problems in your relationship or with work?	Yes	No

Total "Yes" Responses

* A "yes" response to the pre-screen question results in asking questions 1-3.
 * A "yes" response to any of questions 1, 2, or 3 results in asking all the questions 4-9.
 * See back/second page for responses.

<https://illinoisproblemgambling.org/resources/providers/edge-sbirt/>

EAGS-4

Emerging Adult Gambling Screen Short Form (EAGS-4)

The Emerging Adult Gambling Screen Short Form (EAGS-4) is a brief, four-item measure of gambling-related harm among emerging adults (aged 18-24). For best results, please answer the following four yes/no questions honestly.

** Indicates required fields

QUESTION 1 OF 4

1. In the past 12 months, have you lied or hid from others the amount of money you won or lost betting &/or gambling?

<https://www.ncpgambling.org/help-treatment/problem-gambling-self-assessments/problem-gambling-self-assessment-eags-4/>

These may be the easiest screening tools to utilize.

If you need support to be trained on these, please reach out to a local agency specializing in disordered gambling.

Brief Biosocial Gambling Screen (BBGS): <https://www.divisiononaddiction.org/outreach-resources/gdsd/toolkit/bbgs/>

Edge-SBIRT (training and downloadable screener): <https://illinoisproblemgambling.org/resources/providers/edge-sbirt/>

Self-assessment EAGS: <https://www.ncpgambling.org/help-treatment/problem-gambling-self-assessments/problem-gambling-self-assessment-eags-4/>

Why Gambling S-BIRT?



Start the conversation: Trying to avoid asking "do you gamble?"

We want to rule out low risk or no risk gambling and identify risky behaviors, choices, gambling, and problems caused by gambling.

EDGE-SBIRT

Eisenberg Disordered Gambling Emphasized Screening, Brief Intervention, and Referral to Treatment

Problematic gambling may be a symptom of other mental health concerns your client has. It can also be the underlying cause of other mental health concerns such as depression or binge drinking. Helping your client identify at-risk or problematic gambling may help address the other reasons they are there to see you.



Virtual EDGE-SBIRT Training

[View Now](#)

Download the EDGE-SBIRT

[Download Now](#)

Here is where to start to download or use the online version:

<https://illinoisproblemgambling.org/resources/providers/edge-sbirt/>

Gambling SBIRT Screening

The Eisenberg Disordered Gambling Emphasized SBIRT Pre-screen and Screen*

Client Full SBIRT ID #:	Worker Initials:	Date/Time:		
For the purpose of these questions, "gambling" means buying lottery tickets, gambling at a casino, playing cards or dice for money, betting on sports games, playing slot machines, video poker or other video gambling, gambling on the internet, betting on horses or dogs, playing video games with gambling activities or loot box purchases, trading stocks or other speculative investments, playing bingo or keno.				
During the past 12 months have you gambled 5 or more times?		<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No			

3-Step Opening Framework

1. Normalize & Universalize

Frame the question as a routine procedure that everyone undergoes, not a targeted investigation.

"As part of our standard check-in process, we ask everyone a few health and lifestyle questions—covering things like stress, alcohol, drugs, and gambling."

2. Clarify Purpose & Non-Judgmental Stance

Explain why you are asking: to support their personal stability and keep them out of legal trouble, not to catch or penalize them.

"My goal isn't to judge you, lecture you, or get you in trouble. It's to make sure we're helping you stay on track, keep your finances stable, and avoid things that create unnecessary stress or legal risk."

3. Ask Permission (Honoring Autonomy)

Asking for permission gives them control back in a system where control is often taken away.

"Is it okay if I ask you three quick questions about your experience with betting or gambling?"

Here are some ways you could phrase this without asking the dreaded "do you gamble?"

1. "Thanks for taking the time to talk with me today. We've found that unexpected financial stress or unaddressed coping habits often get in the way of people meeting their supervision goals. Because of that, we routinely ask everyone about lifestyle factors like drinking, drug use, and gambling. I'm not here to judge or report minor things—I just want to ensure you have the tools to stay successful and free. Would you mind if I asked you three quick questions about gambling?"

2. "In our work with folks navigating the court system, we see how much hidden stress things like money, debt, or high-stakes habits can cause. As part of our health check, we screen everybody for gambling the same way we do for physical health or substance use. It takes under a minute, and whatever you share stays between us to help build your success plan. Are you open to answering a few brief questions?"

"Great. When I say 'gambling,' that includes casinos, sports apps, scratch-offs, dice, cards, or casual bets with friends.

Here's the first question: In the past 12 months, have you ever felt restless, irritable, or anxious when trying to stop, cut down, or take a break from gambling?"

Gambling SBIRT Screening

<i>If the answer is yes, then proceed to the first three questions:</i>			
<u>DURING THE PAST 12 MONTHS:</u>			
1	Have you ever felt restless, on edge or irritable when trying to stop or cut down on gambling?	Yes	No
2	Have you had to ask other people for money to help deal with financial problems that had been caused by gambling?	Yes	No
3	Have you tried to hide how much you have gambled from your family or friends?	Yes	No

Ask these questions if the client indicates "yes" on the first question. If they say no then the remainder of the screener is not used (on most occasions).

Gambling SBIRT Screening

<u>DURING THE PAST 12 MONTHS:</u>			
4	Have you tried to cut down or stop your gambling?	Yes	No
5	Have you increased your bet or how much you would spend, in order to feel the same kind of excitement as before?	Yes	No
6	Did you think about gambling even when you were not doing it? (Remembering past gambling experiences, or planning future gambling?)	Yes	No
7	Did you go to gamble when you were feeling down, stressed, angry or bored?	Yes	No
8	Did you ever try to win back the money that you had recently lost?	Yes	No
9	Has your gambling caused problems in your relationships or with work?	Yes	No
Total "Yes" Responses			

- A "yes" response to the pre-screen question results in asking questions 1-3.
- A "yes" response to any of questions 1, 2, or 3 results in asking all the questions 4-9.
- See back/second page for responses.

Gambling SBIRT Scoring:

Guidelines to Determine Level of Risk and Appropriate Interventions	
RISK STRATIFICATION	TRIAGE
High Risk ☐ Answered "Yes" to pre-screen and at least one (1) additional question.	☐ Provide Brief Intervention (FRAMES) ☐ Initiate warm handoff for gambling assessment (see resources below) Or ☐ Provide Brief Intervention (FRAMES) ☐ Initiate referral for gambling assessment (see resources below) ☐ Follow-up with individual to ensure linkage to assessment
Moderate Risk ☐ Answered "Yes" to pre-screen question And/Or ☐ Multiple risk factors and unsupportive environment	☐ Provide Brief Intervention (FRAMES) ☐ Discretionary referral for gambling assessment (see resources below) ☐ Follow-up with individual to ensure linkage to assessment Or ☐ Provide Brief Intervention (FRAMES) ☐ Provide gambling information to prevent future issues or to assist family/friends.
Low Risk ☐ Answered "No" to pre-screen Or ☐ Strong supportive environment	☐ Provide gambling information to prevent future issues or to assist family/friends.

The screening scoresheet is at the bottom of these questions and includes everything you need to tie this information to their risk level, including how to handle moderate and high risk clients.

Gambling SBIRT Next Steps

Warm Handoff and Referral Resources

1.800.GAMBLER or AreYouReallyWinning.com
Local provider

FRAMES Model for Brief Intervention

Feedback: I am specifically concerned about your gambling activities because...

Responsibility: What you do with your gambling is up to you.

Advice: In my medical opinion, you can best minimize your health risks by...

Menu: What do you think would work for you if you decided to make a change?

Empathy: It is not easy to change.

Self-efficacy: I can see that you are a strong person.

1. F — Feedback (Personalized & Non-Judgmental)

Concept: Provide clear, personalized feedback about the individual's assessment scores, risks, or observed behaviors relative to norms or health guidelines.

Objective: Help the client recognize discrepancies between their current behavior and their personal goals or values.

Example Prompt:

"Based on the assessment we just completed, your score indicates you're in the high-risk range for gambling-related financial distress. How does hearing that fit with how you see things?"

2. R — Responsibility (Client Autonomy)

Concept: Explicitly state that the choice and responsibility to change belong solely to the individual.

Objective: Remove defensiveness, resistance, and feelings of coercion by reinforcing autonomy.

Example Prompt:

"Whatever you decide to do next is entirely up to you. No one can force you to stop or make changes unless you decide it's what you want."

3. A — Advice (Clear & Objective, with Permission)

Concept: Offer clear, direct guidance on the benefits of change, but always ask for permission first to avoid sounding dictatorial.

Objective: Provide clinical perspective without triggering confrontation or argument.

Example Prompt:

"May I offer a suggestion based on what has helped other people in your situation? Taking a temporary break or speaking with a specialist could significantly reduce the stress you've been feeling."

4. M — Menu of Options (Flexibility & Choice)

Concept: Present a variety of actionable paths or strategies rather than prescribing a single rigid solution.

Objective: Prevent feelings of being boxed in and empower the individual to choose what feels achievable for them.

Example Options:

Setting a daily or weekly spend limit

Utilizing self-exclusion programs or app blockers

Attending a peer support group (e.g., Gamblers Anonymous)

Working 1-on-1 with a specialized counselor

Example Prompt:

"There isn't just one way to handle this. We could look at self-exclusion tools, setting strict budgeting controls, or connecting with a counselor. Which of those sounds most practical to you?"

5. E — Empathy (Warmth & Reflective Listening)

Concept: Maintain a warm, supportive, and reflective attitude throughout the conversation. Avoid scolding, lecturing, or arguing.

Objective: Validate the individual's feelings and lived reality, making them feel heard rather than judged.

Example Prompt:

"It sounds like gambling has been a major way for you to unwind and cope with stress, but lately the financial pressure has made it feel overwhelming."

6. S — Self-Efficacy (Building Confidence)

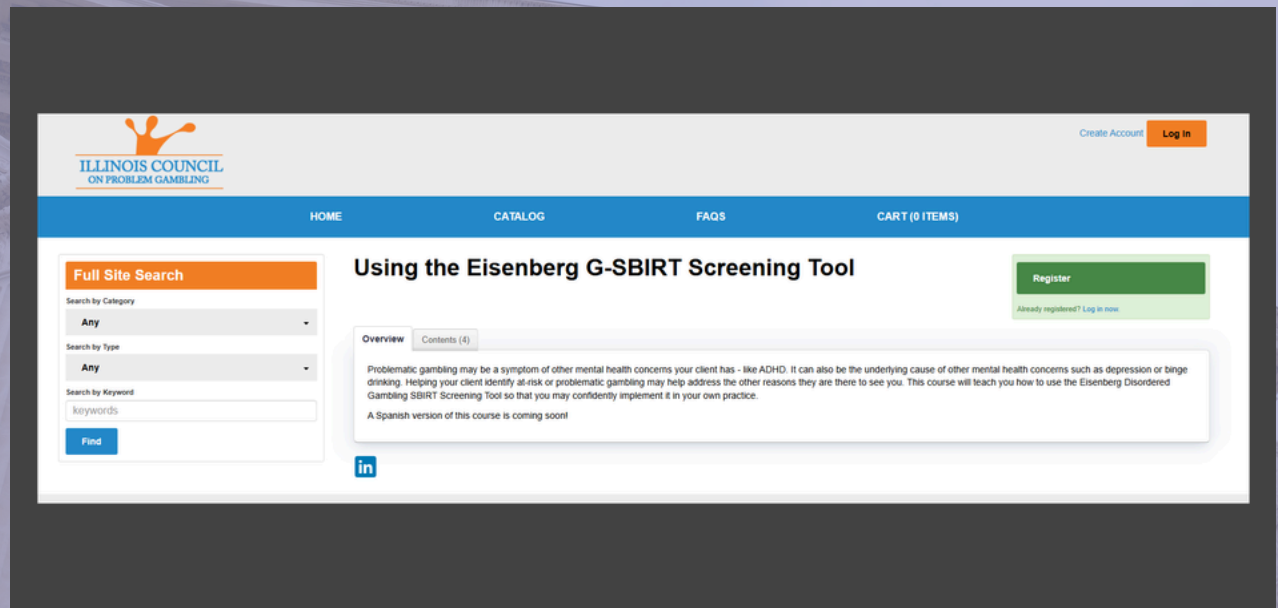
Concept: Foster the client's belief in their ability to make a positive change. Highlight past successes and strengths.

Objective: Shift focus from failure to capability and optimism.

Example Prompt:

"You mentioned that you managed to stop for three months last year when you focused on your work goals. That shows you already have the discipline and skills to take control when you choose to."

Gambling SBIRT Next Steps



This website can walk you through how to use this screener including participation and practice (like choose your adventure). Feel free to enroll for free as the Illinois Council on Problem Gambling has options for free CEUs and the basic 30 hour training.

Options for Referral/Recovery

Support

Gamblers Anonymous
GamAnon (for loved ones)
GamblersInRecovery.Com
SMART Recovery
Young People in Recovery

MAT

Medication assisted treatment (MAT) is available to help reduce cravings to gamble, similarly to what is available for alcohol and opioid use disorder.



Treatment

1-800-MY-RESET 24/7 nationwide
<https://www.ncpgambling.org/help-treatment/>

Self-Exclusion

A self-ban from specific types of gambling. Many online products have their own self-exclusion options. Products can block access to online gambling sites

Financial

Counseling

Skillful credit counseling can help gamblers repair their credit and learn how to manage multiple debt sources.

Voluntary VSEP information with the Illinois Gaming Board:

<https://igb.illinois.gov/help-for-problem-gamblers/self-exclusion-program.html>

Resources



National Council on Problem Gambling:
<https://www.ncpgambling.org/>

IDHS Are You Really Winning? Campaign:
<https://e.helplineil.org/areyoureallywinning/>



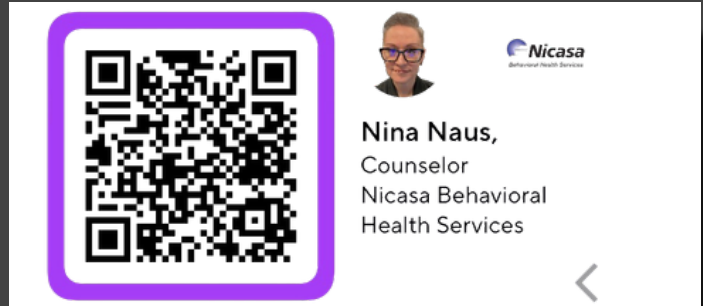
Whether you want to review the data, hear from researchers, from individuals who've experienced gambling harm, or want training on for continuing education, here is a starting point to explore this subject more. Not what you're looking for? Use the contact page to connect with the presenters and let us know so we can point you in the right direction.

ICRG: <https://www.icrg.org/>

ICPG: <https://illinoisproblemgambling.org/>

NCPG: <https://www.ncpgambling.org/>

Feel free to reach out for more information



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