

**Advisory Committee on Problem Gambling
Legislative Workgroup Work Session
Approved Minutes
Tuesday, February 9, 2021
12:00 p.m. to Adjournment**

This meeting is being held in compliance with Declaration of Emergency Directive 006.

VIA Teams Platform with Call-in access

1. Call to order/roll call – *Stephanie Goodman, Chair*

Members: Alan Feldman, Stephanie Goodman (Chair), William Theodore Hartwell, Constance Jones, Carol O'Hare, Denise Quirk, and Dr. Rory Reid
Quorum was met

Guest: Andi Dassopoulos, Lana Robards, Jeanyne Ward, Donna Meyers, Kim Garcia, Tammy Saling, Jeff Marotta, Merrill Sexton, Nann Meador.

2. Public comment – *Stephanie Goodman, Chair*

Chair Goodman opened for public comment.

Chair Goodman added public comment that Ms. Garcia sent out a memo specific to our legislative guidance. Moving forward that decision has to be made through Advisory Committee on Problem Gambling (ACPG) to choose who will be the main person who will communicate for this group at Legislature. I want this group to know this should not inhibit us from contacting our Legislators. As long as we do it independently and identify who we are specific to ACPG the State. This should not inhibit us from moving forward with our plan and communication and education.

Mr. Feldman commented that this will be an agenda item at our next meeting, and we can discuss it and take a formal vote it. To be more specific even though everything you just said is correct. If there is to be, or is to have, conversations with legislators about any sort of legislation, it is very important that you clarify that you are not speaking for the ACPG. You can say you are a member of ACPG but you are not speaking on behalf of ACPG as a representative. Until the Board takes a formal vote as to who the representative is, all of us should be representing ourselves individually. Chair Goodman agreed and asked if anyone else wants to add to public comment. No other public comment(s) was made.

3. For possible action: Approval of Meeting Minutes – December 10, 2020

Stephanie Goodman, Chair

Chair Goodman asked for a Motion to approve the Minutes. Ms. Garcia stated that this item needs to be tabled for the next meeting. The Minutes are not completed due to staff shortage. Chair Goodman stated that the December 10, 2020 Minutes are tabled until we can get those.

Ms. O'Hare stated no explanation is needed.

Mr. Feldman moved to table this Agenda item until the Minutes are available. Ms. Quirk seconded. Motion passed without abstention or opposition.

4. For possible action: Approval of Meeting Minutes – January 29, 2021

Stephanie Goodman, Chair

Chair Goodman asked for Motion to table this Agenda item.

Mr. Feldman moved to table this Agenda item. Ms. Quirk seconded. Motion passed without abstention or opposition.

5. For possible action: Discussion and Possible Recommendations for Legislative Strategies and Talking Points - *Stephanie Goodman, Chair*

Chair Goodman explained some edits to the Talking Points that have been changed based on last meetings discussion which are:

- Made it easier to read and intriguing to essentially want to read more by using what is known as a “tease advertising” and to bring more awareness and realize that gambling can be an addiction.
- Ms. O'Hare suggested some verbiage change in using the “always” as it is to absolute a statement. Mr. Feldman suggested using the work “almost” in its place
- Mr. Feldman suggested edit to “just don't go a casino” seems completely inappropriate. Chair Goodman agreed and stated it can seem insensitive. Mr. Hartwell asked that the same sensitivity be shown toward substance use disorder and not refer to it as “alcohol or drug addiction” which is outdated. Maybe try to destigmatize it. Ms. O'Hare agreed then asked if the goal is to be conversational or is it to get Legislators or policymakers attention. Chair Goodman stated the goal is to get the general public and Legislators to continue reading. Dr. Reid commented that “problem gambling or gambling problem” is a lot more inclusive. Anybody with a gambling disorder also has a gambling problem but not everybody with a gambling problem has a gambling disorder. To say that 6% of Nevadan's have a gambling disorder is scientifically not true and we cannot really say that. Chair Goodman questioned if it would be better to put the actual number of people. Dr. Reid stated that if we are addressing a scientific community or if there is a consorted effort to educate the community to generally use the terms “gambling problem” or “problem gambling” and if we want to cast the widest net we should use “problem gambling”. I propose losing the language of “gambling disorder” all together on this. Mr. Marotta commented that they spent a lot of time to look at word changes verses the other terminology that we had used on the conversations we had in the last meeting. We can reverse that, but we should be consistent with the nice visual and the supporting documentation. Some of the words got misclassified. We talked about changing ‘probable pathological gambling’ to ‘gambling disorders’. Those are the only ones that should have gotten switched. Some may have gotten switched when they shouldn't have been.

- Which messed up all the statistics. If we talk about gambling disorders at 6%, we need to decide which way we will go and recheck those statistics because apparently, they are incorrect. Chair Goodman stated that the use of ‘gambling disorder’ will be re-checked to be sure that it is correctly used. Any changes will be forwarded and ensure it is used in correct context. Ms. Quirk would prefer that the actual number be used instead of a percentage because they are larger and more inclusive of a greater range of the problem and that we use the term “problem gambling” when referring to problem gambling instead of “addiction or disorder”. We are trying to teach others. Ms. O’Hare is in general agreement; however, the issue is always the audience and making sure we don’t mistakenly lump everything together in one term. Mr. Feldman stated that there are those that are just as worthy of their treatment as someone who is worthy of a drug addiction. If they constantly hear the term drug “addiction or disorder” and not “problem” may have significant impact on funding. It is about the broader spectrum of people who are experiencing harm from gambling. There is an education level that is under-funded and that will not be captured if we keep talking about addiction. There is a concern that there will be a stigma associated if there is a constant reference to addiction. If a person is constantly told they have an addiction, they may not want to submit to a diagnosis. I urge that we continue to have that mindset to reach a broader spectrum. Mr. Hartwell one point that did NOT disappear in the infographic is that we ensure not to label a person with a gambling problem or gambling disorder and not label them as “problem gamblers”. Chair Goodman want everyone to know that the term “problem disorder” and go back to “problem gambling”. Dr Reid added that I want to tackle the language for example instead of saying that “it lives in a part of the brain” scientifically may not say that but rather say, “what are characteristics of problem gambling?” then have a few bullet points, for example; shame, loss of control. Problem gambling does not discriminate. I can help with using the correct language and keep it in layman’s terms.
- Chair Goodman moving on to the next session, we will be removing the header and leave, “why is problem gambling distinct...”. Mr. Feldman commented that this is a good example why we need to clarify the headline here. For example, “here’s what treatment looks like in Nevada” and draw attention that it is different than other programs. This is important to relate to the treatment population. O’Hare suggested, “why is it critical to provide treatment programs in Nevada?” and provided several other examples that could be used and point out historically why State funding is needed.
 - Mr. Marotta stated that this document was NOT supposed to go to this group. Three documents were created. This document was created for the Department with a whole different purpose. The only reason that document was shared was as an example we wanted and to align the Department with ACPG as a reflective piece. This was not meant for ACPG. It was something Mrs. Garcia and I asked them to share for us to work with. They come from a different place.

A Continued robust conversation transpired to clarify information within the documents that is to be kept, changed, or added. Moving forward, the first document will be an embedded email that then asked reader to open the attachment that will be more detailed and specific.

- Ms. Quirk mentioned that one interesting talking point when someone is in front of Legislature is Medicaid. It may not solve the issues but is best to have that in our pocket.
- Additional conversation occurred to clarify edits the Board would like to see in the infographic and approve. Chair Goodman stated she will make the changes mentioned to the wordsmithing as discussed herein.
- Dr. Reid stated where to go with this is characterizing someone having a gambling “problem” and recognizing that many of the criteria in the DCM-5, there is only a few disorders in the DCM-5 that indicates is a “disorder” verses a “problem” and gambling is one of them. The symptoms of the disorder are characterized by the consequences of the disorder. It is a different kind of dynamic than many of the other DCM-5 disorders. What this does is create a lot of degrees of freedom in terms of talking about gambling problem and consequences we are hitting some of the criteria. For example: shame, despair and distress are highly correlated and associated with that. Ms. O’Hare agreed and added that as consequences get worse it becomes and indicator for problem gambling. If we are trying to get away from just an assessment list, we could put together the indicators and consequences, so people don’t read the list to exclude themselves.
- Dr. Reid suggested that after the meeting to have a phone conversation and pick some of these indicators and characteristic. He will send a zoom link out for anybody who want to be included. Ms. O’Hare states that we are trying to educate people not to self-diagnose. Chair Goodman agrees that the language needs to be worked on. Ms. O’Hare added that the guideline is not to put anything out to the public about the problem that does not put out a solution and that everything must go through Department of Health and Human Services (DHHS). Mr. Garcia stated that it must go through Department of Public and Behavioral Health – not DHHS.
- Chair Goodman stated that the best course action moving forward is a call with Dr. Reid and anyone who wants to join. Afterwards, I will call Ms. O’Hare with the changes. In order to get this done, I ask that someone submit to the Board with changes disgust in this meeting. Ms. O’Hare clarified the request to move forward as stated by Chair Goodman. Dr. Reid offered to send out a ZOOM link and asked who may want to join in. Chair Goodman state that it is best it be just a call between him and her in order to not violate any Open Meeting Laws. She will then run it by Mr. Marotta and Ms. Garcia then a final conversation with Ms. O’Hare. Then the infographic will be presented at the ACPG’s next meeting.

Ms. O’Hare made a motion to move forward to edit the document as discussed today and a final draft will be sent to the ACPG for their consideration. Mr. Feldman

seconded. Motion passed without abstention or opposition.

6. For possible action: Approval of the Next Meeting, Future Meeting Agenda Items
Stephanie Goodman, Chair

Chair Goodman asked Ms. Garcia if a meeting should be set for one month from now and after the next ACPG meeting. Ms. Jones so moved and asked that Ms. Garcia send out a Doodle Poll. Ms. O'Hare seconded. Motion passed without abstention or opposition.

7. Public comment - *Stephanie Goodman, Chair*

(Action may not be taken on any matter brought up under this agenda item until scheduled on an agenda for a later meeting)

Ms. O'Hare stated how grateful and proud she is to recently celebrate 30 years of her recovery. I am very hopeful that in another decade we will look much different and I thank you for all you do. Chair Goodman commented that everything that has happened is a testament to hard work and congratulation on recovery.

8. Adjournment – *Stephanie Goodman, Chair*

Chair Goodman asked for a motion to adjourn. Mr. Hartwell so moved to adjourn. Ms. Jones seconded. Motion passed without abstention of opposition.