TO: Kate Wagoner

FROM: Kentucky Council on Problem Gambling (KYCPG)

SUBJECT: ***Problem and Addicted Gambling Needs Assessment***
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Developments over the past year continue to indicate Kentucky needs a publicly funded problem and addicted gambling education, prevention and treatment program administered through the Kentucky Department of Behavioral Health, and Developmental and Intellectual Disabilities (DBHDID).

In November 2021, the Kentucky Council on Problem Gambling presented testimony to the Kentucky General Assembly Pari-Mutuel Wagering Taxation Task Force. KYCPG's testimony helped in drafting **House Bill 609** introduced during the 2022 General Assembly session. The bill sought to establish a publicly funded problem and addicted gambling eduction, prevention and treatment program with sustained funding. The proposed legislation passed the Kentucky House of Representatives 81-14, but did not receive a vote in the Senate, although it did receive two readings on the Senate floor. Parts of the testimony summarized the need. KYCPG wrote:

Statistics indicate a percentage of Kentuckians already are at risk or have a problem or addictive gambling disorder, which is defined by the American Psychiatric Association in the ***Diagnostic and Statistical Manual of the Mental Disorders, Fifth Edition****. KYCPG's advocacy efforts focus on raising awareness of problem gambling, promoting responsible gambling, and helping the problem and addicted gambler and his or her family.*

The Council notes two of the most signifiant factors for individuals to gamble to excess are opportunity and proximity. With expanded gambling opportunity in Kentucky, more people will be closer to increased gambling opportunity. The need for a publicly funded problem and addicted gambling education, prevention and treatment program is justified more than ever before. KYCPG urges the Kentucky General Assembly to authorize such a program and establish a recurring funding mechanism from existing and projected revenue the state will receive from legally approved gambling.

Kentucky is a gambling state. A survey by the firm IPSOS for the National Council on Problem Gambling (NCPG) released this year showed 78 percent of adult Kentuckians gambled within the last year. Economic competition results in gambling's continued expansion in order to maximize its revenue. Examples are machines in bingo halls for faster play, electronic pulltabs, Keno, on-line Lottery sales and Historical Horse Racing (HHR) machines at Kentucky's pari-mutuel racetracks, which now are allowed to establish satellite operations furthering the expansion. (Legislation was introduced, but failed to pass, in the 2022 Kentucky General Assembly session to ban "gray"machines, the slot-machine type of gambling devices proliferating at convenience stores and other venues across the state. They are promoted as "skill games" to avoid Kentucky's prohibition of slot machines. Nevertheless, they meet the definition of gambling, and they are untaxed and unregulated.) *In addition, the General Assembly will consider legislation in its 2022 session to legalize sports gambling in the state. Kentucky state government received about $300 million last year in revenue from legally sanctioned gambling.*

If people gamble, some will develop a gambling problem or addiction. The Harvard Medical School Division on Addiction's meta-study remains the most-cited reference of the extent of addicted gambling. It concluded approximately 1 percent of a population suffers from a gambling addiction. That's about 30,000 adults in Kentucky. The same study pegs problem gambling at 3 percent, or some 90,000 Kentucky adults. A survey conducted (in 2008) *by the University of Kentucky Survey Research Center showed 9,000 addicted gamblers and 51,000 problem gamblers in Kentucky, as well as 190,000 individuals at risk of developing a gambling addiction. These figures align with the problem and addicted gamblers reported in the 2003 Legislative Research Commission Report #316,*

Compulsive Gambling in Kentucky. *That report supported the need for a publicly funded program to address problem and addicted gambling.*

A gambling problem is evident when someone continues to gamble in spite of recurring negative consequences resulting from or linked to the gambling activity. *An advisory from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) notes, "Gambling problems are associated with poor health, several medical disorders, and increased medical utilization -- perhaps adding to the country's healthcare costs." Additional citations KYCPG can provide include:*

- *Gambling disorder increases the chance of an individual's developing a psychological disorder, particularly antisocial personality disorder, major depression and phobias.*
- *Gambling disorder is linked to behavioral health conditions, including alcohol use disorder, drug use disorder, nicotine dependence, mood disorder, anxiety disorder, and personality disorder.*
- *Academic and medical research identifies both learned responses and normally occurring brain chemicals as contributing to a person's striving to recreate an experience through gambling. For these individuals, it's not about the money; it is about staying in the game. In the gambler's parlance, it's being "in action." They crave the need to gamble and likely need help through Gamblers' Anonymous, counseling or treatment to stop or minimize their gambling.*
- *Addicted gamblers have a higher suicide rate than any other addictive disorder. KYCPG's President and Director of Education RonSonLyn Clark, Psy.D., ICGC-II,* (formerly) *Senior Director of Prevention and Substance Abuse Treatment Services, RiverValley Behavioral Health, Owensboro, always screens for suicide thoughts or actions when treating gambling disorder. She says it is a primary duty of care for the client because the suicide rate of problem gamblers is so high, and they are so effective at keeping their addiction hidden.*
- *A study by Nancy Petry, Ph.D., indicated each addicted gambler (those suffering a gambling disorder, which previously has been known as compulsive gambling or pathological gambling) affected 8-10 other individuals.*
- *Those with a gambling problem are six times more likely to be divorced than those without a gambling problem.*
- *A study showed 25-50 percent of spouses of compulsive gamblers were abused, and intimate partner violence increased 10.5 times when the partner was a problem gambler.*
- *Negative impacts on family members can include a variety of physical, emotional, and financial problems, such as stress-related illness (e.g., headaches, high blood pressure, anxiety, depression), loss of trust, neglect, domestic violence, severe financial hardship, separation, and divorce.*
- *Research has shown that children with parents who have gambling problems are up to 10 times more likely to develop gambling problems themselves.*
- *Problem gamblers have increased involvement in criminal activity.*
- *Problem gamblers miss work, lose productivity and get fired from employment.*
- *Problem gamblers use family financial resources to gamble, frequently without a partner's knowledge, and often resulting in bankruptcy.*

Gambling's potential impact on society, and the value of increasing awareness of potential harm from excessive gambling, can be inferred from last (year's) *announcement by the National Football League that its NFL Foundation will grant $6.2 million over the next three years to NCPG, which will use the funds to increase prevention and responsible gambling messaging. The NFL, as well as the gambling industry, understands its social responsibility.*

Society pays for the criminal justice and government social services in place to address these problems. The impact is far from just the individual. Society shares in the cost. New and more comprehensive data can provide a better understanding of the scope of the problem and plan an effective public health initiative.

Academic studies indicate addicted gambling costs society between $1,200 to as much as $19,000 per addicted gambler. Using these estimates and the prevalence of gambling in Kentucky, the impact to the state could be as low as $10 million annually or as high as $313 million each year. Regardless, the benefit of addressing problem and addicted gambling will lower the social cost of the disorder in Kentucky.

Nationally, the 42 states and territories with publicly funded problem gambling services spend an average of 23-cents per person according to a report from the National Association of Administrators of Disordered Gambling Services (NAADGS). In Kentucky, that extrapolates to slightly more than $1 million. Following the release of LRC Report #316, KYCPG researched and presented a five-year plan to establish a set of fully functioning problem gambling services. The estimate indicated funding of $1.4 million in year one, increasing to $3.7 million in year five. In 2012, KYCPG researched publicly funded problem gambling services provided in similar-sized gambling states. It showed, based on 2010 census numbers, that Kentucky needed 14-24 certified gambler counselors across the state to provide adequate, competent counseling services. Currently, there are six active certified gambler counselors located in London, Louisville, Paintsville and Owensboro. All of Kentucky's border states have legal gambling, and each one provides publicly funded services for problem gamblers and their families.

There is evidence nationally that publicly funded problem gambling services mitigate gambling harm and provide needed counseling services. Even in Kentucky there is anecdotal evidence that education and awareness works. In 2006, the ***Kentucky Incentives for Prevention*** *(KIP) survey of more than 100,000 public school students across the state added questions regarding gambling behavior among youth. In that first KIP survey, almost 50 percent of high school seniors indicated they gambled within the past year. Since then, working with the Kentucky Lottery Corp., KYCPG has provided more than 200 addiction awareness curricula to middle and high schools across the state. The latest KIP survey reported 26.6 percent of high school seniors gambled in the past year, a percentage almost half of the first-year figure. But a prevention, mitigation and counseling program cannot function without professionals.to deliver the services, and currently Kentucky has no program nor appropriated any funding for a program.*

According to the NCPG, problem gambling prevention and treatment programs save money by decreasing the severity and prevalence of gambling addiction, which in turn reduces suicidal behavior, cuts criminal justice and other social costs, lowers usage of other public health services and improves quality of life, family relationships, financial and mental health, housing and other key indicators of health and welfare. Research indicates every $1 spent on treatment saved more than $2 dollars in social costs.

The state now receives around $300 million in receipts from legislatively sanctioned gambling. A projection cited in a recent Pari-Mutuel Wagering Taxation Task Force meeting estimated increased revenue from HHR at more than $50 million per year without any changes to the tax on pari-mutuel wagering. Even 5 percent of the projected annual increase in state revenue from legal gambling would fund a credible program in Kentucky.

In June 2022, KYCPG Board member Gerrimy Keiffer, who works at RiverValley Behavioral Health in Owensboro, Ky., analyzed data from calls to the 1-800-GAMBLER helpline. Past year reports show an increase in call volume. He wrote:

It appears that a major cause for the call volume increase is casinos have reduced their precautions from COVID-19. Because of this, patronage to these areas has increased, with the end result of some of these individuals developing problem gambling behaviors. With the signage and publicity provided in these areas, we have received calls requesting information on areas such as: payment or financial assistance, self-exclusion, self-restriction, and general venting or information.

A further guess on my part would be that because last month (May) *was the first month that these restrictions were eased, and in some areas removed, many of those individuals that had gambling problem behaviors that were unable to engage in the behavior or were unable to attend alternatives to in-person Gamblers Anonymous (GA) or Gam-Anon meetings, may be having difficulty in their recovery, also.*

Due for release in 2022, the National Association of Administrators of Disordered Gambling Services (NAADGS) will release state-by-state reports of gambling activity and problem gambling. It notes Kentucky is one of only eight U.S. states without publicly funded services for problem gambling. It will report 38,428 addicted gamblers in Kentucky. About $5 billion was spent on legalized gambling in Kentucky in 2021 according to NAADGS.

I -- What We Know

The impacts of problem gambling are more than monetary and include:

- physical and mental health;
- links to alcoholism, substance use and tobacco addiction;
- domestic abuse;
- suicide;
- crime;
- debt;
- bankruptcy; and
- workplace issues of attendance, lost productivity, distraction, dismissal, Unemployment Insurance and training expense.

[Citations may be found in ***Addendum B***, a 2013 National Conference on Problem Gambling presentation by H. Westley Clark, M.D., Director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMSHA), U.S. Department of Health and Human Services; and ***Addendum C***, *SAMSHA Advisory, "Gambling Problems: An Introduction for Behavioral Health Services Providers,"* (Summer 2014, Volume 13, Issue 1).]

The June 2022 issue of the *Mayo Clinic Health Letter* addressed disordered gambling, the extent of the problem, and addictions to address the behavior. The article is included in this needs assessment as ***Addendum D***.

The *Kentucky Incentives for Prevention (KIP) survey* is conducted in even-numbered years by REACH of Louisville, Inc. It asks questions of sixth and eighth grade students, and high school sophomores and seniors. In 2018, 128,759 public school students were surveyed in more than 100 of Kentucky's 120 counties. It included four gambling questions. The 2018 data showed:

- Lifetime gambling -- Grade 6: 13.2 percent indicated they had gambled for money or possessions during their lives; Grade 8: 23.9 percent; Grade 10: 26 percent; Grade 12: 26.6 percent.
- Past-year gambling -- Grade 6: 7.5 percent indicated they had gambled for money or possessions within the past year; Grade 8: 15.7 percent; Grade 10: 17.7 percent; Grade 12: 18.2 percent.
- 30-day gambling -- Grade 6: 4.2 percent indicated they had gambled for money or possessions within the past 30 days; Grade 8: 8.7 percent; Grade 10: 10.2 percent; Grade 12: 10.8 percent.
- Financial or personal problems -- Grade 6: 1.4 percent indicated money or time spent gambling led to financial problems or problems with family, work, school or personal life; Grade 8: 1.8 percent; Grade 10: 2.1 percent; Grade 12: 1.9 percent.

The financial or personal problems question on the KIP Survey reflects criteria used in the *DSM-5* to assess for gambling disorder. The results equate to more than 2,000 Kentucky youth admitting to a possible gambling problem.

Gambling is when individuals place something of value (money, possession, etc.) at risk with the permanent result determined in part or wholly by chance. There is no single form of gambling more addictive than another. Any form preferred by the individual can be addictive.

Some researchers have attempted to quantify in dollars the negative, societal impacts of gambling disorder. The numbers vary widely, with one U.S. study indicating each addicted gambler costs society $1,200, compared to an Australian study showing social costs as much as $19,000 per addicted gambler. Using these estimates and the prevalence of gambling in Kentucky, the impact to the state could be as low as $10 million or as high as $313 million each year.

- The 9,000 addicted gamblers in the 2008 prevalence study would cost the state $10.8 million annually using the $1,200 per addicted gambler costs; or
- The 16,500 adults with a gambling disorder (one-half of one percent per SAMHSA Advisory) could cost the state $313 million each year using the $19,000 estimate.

The $313 million cost estimate exceeds the more than $300 million the Commonwealth of Kentucky receives each year from taxes, fees and transfer payments on the approximately $5 billion legally gambled in the state each year according to NAADGS on lottery (including Keno), charitable gaming (bingo, pulltabs, raffles and card games), and horse racing parimutuel wagering (including HHR and simulcasting). With the 2021 legalization of HHR and expansion of HHR venues, the revenue accruing to the state is likely to increase substantially. Not counted in this amount is revenue from the expanding placement of slot-machine type "gray" machines, which are being promoted as "skill" games to avoid Kentucky's prohibition of slot machines. An effort to ban the machines in the state failed in the 2022 General Assembly session. Currently, gray machines are neither taxed nor regulated.

The Kentucky General Assembly never has included awareness or treatment of gambling disorder funding in the state budget as exists in 42 other states.

In Kentucky, help for gambling problems is available by calling or texting 1-800-GAMBLER (1-800-426-2537). A trained telephone counselor will answer the call or text 24/7 and confidentially will provide referral information to a Gamblers Anonymous meeting or a certified gambler counselor. They also can receive informational resources on problem gambling and gambling disorder. In 2016, during Responsible Gaming Education Week, texting and chat services supported by the Kentucky Lottery Corporation were added to the helpline. Chat services are available by clicking on a link provided on the KYCPG website, www.kygamblinghelp.org.

In 2022, the 1-800-GAMBLER helpline number will become the nationwide gambling helpline number and appear in gambling awareness advertising for sports leagues and sports gambling websites. This publicity could have a profound impact on gambler helpline call volume.

A public health perspective addresses the societal and human costs of gambling disorders. It's not just a gambling problem; it's a public health concern.

And raising similar concerns is the World Health Organization (WHO) classification of gaming addiction. Individuals can play electronic or video games without consequence, but WHO has cited some individuals becoming addicted to gaming. They exhibit many of the same traits that lead to a designation as addicted gambling: preoccupation, loss of control, etc. Many video games permit, some encourage, players to enhance their gaming experience by purchasing "loot boxes." The unknown contents of the loot box may or may not help the player. This introduces an element of chance, further creating similarities with gambling. Transference from video games for entertainment to video games for gambling is easy. The development of video game addiction should be monitored. Awareness messaging is appropriate as it is with gambling sites.

II -- Data Gaps That Are Known

A current prevalence study would aid in developing a plan to address problem and addicted gambling behavior in Kentucky. The prevalence study also could be constructed to identify both the demographic and geographic extent of gambling activity and gambling problems in the state. The major gap in providing service to problem and addicted gamblers and their families is not demographic, although more study on the impact of gambling behavior on all demographics is needed. **The major gap in providing service to problem and addicted gamblers and their families is geographic.** Both access to certified gambler counselors and Gamblers Anonymous meetings is limited to a few, more-populous areas of the state; however, legal gambling exists in every county in Kentucky.

There are more than 30 Gamblers Anonymous meetings in Kentucky, or near Kentucky's borders each week, and in response to the COVID-19 pandemic GA meeting now are available via the internet. It is difficult to provide an exact number of GA meetings because the meetings organize and disband frequently based on local need. Prior to the pandemic, there were active meetings in Louisville (daily), Lexington (two per week), Northern Kentucky (daily if including Cincinnati), Owensboro (one), Paducah (one in Metropolis, IL) and Pikeville (one). It is evident there is little geographic availability of self-help meetings across the state.

Similarly, there are 11 certified gambler counselors in the state; however, five are retired and see clients on a limited basis. The counselors are located in Louisville, Murray, Owensboro, Paintsville and Somerset. Kentucky Council on Problem Gambling research of existing gambler counselor programs in Connecticut, Iowa and Oregon indicated that based on Kentucky's population there should be 14-24 certified gambler counselors in the state. The need is across the state, not just in five locations.

Because legal gambling is a capitalist venture, it must constantly evolve its business model to remain competitive for the entertainment dollar. That has resulted in the recent additions of Keno, Historical Horse Racing (HHR) machines, and electronic pulltabs. The expansion is most evident at the new Red Mile facility in Lexington, Derby City Gaming in Louisville, Newport Racing and Gaming in Northern Kentucky, The Mint in Bowling Green, and Oak Grove Gaming and Racing in Western Kentucky near Ft. Campbell. Additional gambling venues are planned for Corbin, Williamsburg, Owensboro and downtown Louisville. They not only serve as the site for simulcasting, but also house a Las Vegas-style HHR venue. More is coming, as the Lottery continually introduces new games to keep and attract customers and charitable gaming seeks to link bingo halls to stimulate bigger payouts. This increases the risk factors of availability and proximity.

Most of the impacts of problem and addicted gambling are difficult to quantify in dollars, particularly regarding physical and mental health, domestic abuse, and social services. Although some national data exists, data specific to Kentucky can be developed. **Further research could identify specific Kentucky recommendations to address problem gambling and its impact in the following areas.**

Physical and Mental Health

The SAMSHA Advisory notes, "Gambling problems are associated with poor health, several medical disorders, and increased medical utilization -- perhaps adding to the country's healthcare costs." The advisory continues that those who gamble more consider themselves more unhealthy than those who gamble less, and those with gambling problems are more likely to use expensive medical services such as emergency room care. A Canadian study indicated that as problem gambling risk goes up the individual's health deteriorates.

As gambling problems move toward gambling disorder, research found there is a greater chance of the individual developing a psychological disorder, particularly antisocial personality disorder, major depression and phobias.

Gambling disorder is linked to behavioral health conditions. The *SAMSHA Advisory* cites: "According to the National Epidemiologic Survey on Alcohol and Related Conditions, of people diagnosed with pathological gambling (now called gambling disorder), 73.2 percent had an alcohol use disorder, 38.1 percent had a drug use disorder, 60.4 percent had nicotine dependence, 49.6 percent had a mood disorder, 41.3 percent had an anxiety disorder, and 60.8 percent had a personality disorder."

According to the National Council on Problem Gambling (NCPG), 20 percent of those with a gambling problem attempt suicide, a higher rate than any other addictive disorder. KYCPG's President and Director of Education RonSonLyn Clark, Psy.D., ICGC-II, (formerly) Senior Director of Prevention and Substance Abuse Treatment Services, RiverValley Behavioral Health, Owensboro, always screens for suicide thoughts or actions when treating gambling disorder. She says it is a primary duty of care for the client because the suicide rate of problem gamblers is so high, and they are so effective at keeping their addiction hidden.

Consideration must be given to the development of gaming disorder in Kentucky. The widespread use of electronic gaming devices and applications, especially among youth, and its link to transition to electronic gambling raises concerns. The World Health Organization (WHO) has included Gaming Disorder in its *International Classification of Diseases*. The link to other areas of psychological harm is summarized in the *Frontiers of Psychology* editorial included in this needs assessment as ***Addendum E.***

Domestic Problems

2008 research reported those with a gambling problem are six times more likely to be divorced than those without a gambling problem.

A study from the National Research Council showed 25-50 percent of spouses of compulsive gamblers (now called disordered gamblers) were abused. A survey of spouses of compulsive gamblers found 50 percent were physically and verbally abused by the spouse and 12 percent had attempted suicide. A study of hospital emergency rooms showed intimate partner violence increased 10.5 times when the partner was a problem gambler.

A 2013 report from the Responsible Gambling Council (RGC) of Ontario, Canada, included several citations of U.S. and world studies of problematic gambling behavior. "Negative impacts on family members can include a variety of physical, emotional, and financial problems, such as stress-related illness (e.g., headaches, high blood pressure, anxiety, depression), loss of trust, neglect, domestic violence, severe financial hardship, separation, and . . . divorce."

The RGC report pointed out gambling problems often affect generations. "Research has shown that children with parents who have gambling problems are up to 10 times more likely to develop gambling problems themselves than children with no-gambling parents. They are also more likely to use tobacco, alcohol and drugs; be neglected and abused; and have psychosocial problems, educational challenges, and emotional disorders."

Society pays for the government social services in place to address these problems.

Problem Gambling and Crime

"Problem Gambling and Criminal Behavior" was the subject of an honors thesis written by Zachary Lamb at Eastern Kentucky University in 2013. His research included interviews with identified gamblers in recovery in the state. He wrote: "The suggestions are that problem gamblers have an increased likelihood of being involved in criminal activity. Studies have consistently found that this relationship does seem to exist.

"Out of 14 interviews conducted, only two individuals had not engaged in some form of illegal activity in direct association with their gambling. Activities included drug use, selling drugs, involvement with organized crime, check kiting, bank robbery and embezzlement. The majority of illegal activities were directly related to obtaining money to gamble with or committed during the gambling itself. Of the 12 individuals that had committed crimes only three individuals were incarcerated for their crimes. . .

"A number of participants indicated that they had stolen to gain money with which to gamble. Some participants indicated they had stolen from their work or businesses, and one individual stole from organized crime. . . Eleven of the participants committed illegal acts to gain money with which to gamble. The most common activity was check kiting or writing cold checks."

Lamb noted in his literature search on gambling and crime there is an assumption that problem gamblers are at an increased risk for criminal activity, and some research supports that assumption. "Early research by (Henry) Lesieur (1987) found that up to 97 percent of problem gamblers had been involved in some sort of illegal activity in connection with gambling. Helpline callers also frequently report criminal activity in connection with their gambling (Potenza, Steinberg, McLaughlin, Wu, Rounsaville, & O'Malley 2000)."

Research released in 2021 by a University of Buffalo (NY) professor reported socioeconomic status, prior substance use, and involvement with delinquent peers early in life are part of a set of variables associated with both criminal behavior and problem gambling.

Society pays for the cost of criminal justice proceedings and incarceration associated with gambling disorders.

Gambling at the Workplace

While criminal activity such as embezzlement can impact employers and the workplace, there are other workplace costs. The National Opinion Research Center reported that among those with a gambling disorder 61 percent missed work to gamble, 59 percent were preoccupied with gambling while at work, 50 percent almost lost their jobs, and 36 percent did lose their employment. Some who lost their jobs were entitled to Unemployment Insurance, which is partially paid for by the employer, and the employer pays the cost of training the new employee who takes the dismissed gambler's place.

In 2010, Responsible Gaming Education Week focused on gambling in the workplace. Research by KYCPG cited in a distributed brochure indicated 79 percent of workplaces surveyed by the Society for Human Resources Management had betting pools or games of chance organized among employees. Bensinger-Dupont, an employee assistance provider and operator of a problem gambling telephone helpline, reported 66 percent of callers to an employee assistance program admitted gambling in the workplace, and 48 percent of the callers admitted gambling negatively affects their workplace productivity.

The economics of business means society eventually pays for these problem gambling impacts on the workplace through increased prices for goods and services as employers seek to recoup costs and maintain profits.

Debt and Bankruptcy

Debt becomes an obstacle for disordered gamblers. The National Opinion Research Center indicated that 90 percent of those with a gambling disorder used their paychecks or family savings to gamble, more than 60 percent borrowed money from friends and relatives, 60-70 percent accumulated indebtedness to financial institutions, and 30 percent report high amounts of debt. Frequently, those with a gambling disorder hold multiple credit cards, several of which may be at the maximum, and many have secured second and third mortgages on their homes. Spouses of problem gamblers testify they are shocked to discover retirement plans have been used; some completely.

Given the preponderance of debt, it is not surprising that those with a gambling disorder frequently file for bankruptcy to escape creditors. Several studies confirm a link between gambling disorder and bankruptcy. Although the gambler may file for personal bankruptcy, others are impacted and have to deal with the results, including loss of investment, delayed return or outright forgiveness of debt.

The impact is far from just the individual. Society shares in the cost. New and more comprehensive data can provide a better understanding of the scope of the problem and plan an effective public health initiative.

III -- Plan for Filling Gaps

The Gambling Research Exchange Ontario (GREO), an independent, non-profit organization funded by the Ontario, Canada, Ministry of Health and Long-Term Care, advocates a public-health approach to responsible gambling. As reported by Lori Rugle, Ph.D., in *Insights Magazine*, January/February 2019, "GREO's proactive public health framework emphasizes the need for interventions and public policies that cover all levels of intervention to prevent or mitigate gambling-related harm, promote healthy lifestyle choices, protect vulnerable or high-risk groups, and reduce population health inequities and broader societal determinants of gambling-related harm. Additionally, a public-health perspective needs to consider a broader, evidence-based scope of gambling-related harms."

Treatment works. NCPG wrote in *Problem Gambling in the 21st Century Healthcare Systems*: "State-funded treatment in Oregon, Arizona and Nevada have all shown significant improvements among problem gamblers that complete treatment. . . Oregon's treatment program reported a 40 percent drop in suicide ideation, a 75 percent decrease in illegal acts, a 73.6 percent rate of abstinence from gambling one year after treatment, and statistically significant improvements on numerous quality of life indicators, including physical health and emotional well being."

A paper published in *Addiction Science Clinical Practice* in 2021 concluded: "Health, care and support services offer potentially important contexts in which to identify and offer support to people who are at risk of gambling related harm. Screening interventions appear feasible and acceptable in a range of community healthcare settings for those at risk of gambling harm."

For several years, KYCPG has promoted a responsible gambling message to raise awareness and support prevention. KYCPG's "Whether, When, How Much?" messaging is substantiated in a 2021 publication by the Canadian Centre on Subtance Use and Addiction outlining lower-risk gambling guidelines (LRGG). The LRGG is based on current and reviewed scientific evidence. The Executive Summary and accompanying poster is included in this needs assessment as ***Addendum F***. This best practice can be foundational in developing a disordered gambling prevention model in Kentucky,

A *Journal of Gambling Studies* article reported the feasibility of using gambling-specific SBIRT interventions with disordered gamblers. The results of a pilot study were positive, and this adds to the counseling techniques that may be used to assist in recovery. The study abstract is included in this needs assessment as ***Addendum G***.

As with adults, making youth aware of the realities of gambling can lessen or prevent the development of gambling problems. An organized, systemic program to bring gambling awareness to youth is warranted, similar to programs for substance use, alcohol, smoking and risky behaviors.

Evidence from the KIP survey indicates this approach does work. Since gambling questions were placed on the KIP survey in 2006, the prevalence rates have dropped by one-third to one-half across all grades, and that corresponds with awareness efforts presented during Responsible Gaming Education Week and continuing programs from the Kentucky Council on Problem Gambling (KYCPG) and the Kentucky Lottery Corporation. The second Responsible Gaming Education Week in Kentucky in 2003 focused on teen gambling, and awareness posters and other materials were distributed through 2016 for display at Family Resource and Youth Service Centers, public libraries, and through the Kentucky High School Athletic Association. The 2021 KYCPG Educational and Awareness Conference was dedicated to expanded understanding of video gaming addiction and its links to problem and addicted gambling.

In 2004, the Kentucky Council on Problem Gambling partnered with the Kentucky Lottery Corporation to distribute *Beat Addiction,* a middle and high school addiction awareness curriculum that included a problem gambling segment. The curriculum was updated in 2008 and now is called *Choices -- There Always Is a Right One!* More than 300 curricula have been distributed across the state to schools, youth counselors and support staff. In 2022, KYCPG will consult with the Missouri Lottery to update the *Choices* curriculum.

As detailed in Section II, a prevalence study is needed to identify:

- the extent of gambling behavior in Kentucky;
- the types of gambling participation in Kentucky;
- the amount of addicted, problem and at-risk gambling in Kentucky;
- the demographics of whom gambles in Kentucky; and
- the geographic location of gamblers in Kentucky.

The data obtained from a prevalence study can be used to develop programs to efficiently and effectively address a public-health approach to problem and addicted gambling.

The state's system of Community Mental Health Centers (CMHCs) is the location for much of the substance use and mental health counseling available to Kentuckians. Only one CMHC has a certified gambler counselor on staff. **A survey of CMHCs to determine the level of knowledge and expertise to treat problem and addicted gambling that exists in each can form the basis to develop an education and training program leading to the location of a certified gambler counselor in each CMHC, which would result in complete geographic availability of a certified gambler counselor.**

Identification of legal gambling opportunities in each county would definitively establish the extent and availability of gambling opportunity in the state. Academic studies indicate one of the strongest at-risk indicators of problem

gambling behavior is availability of gambling opportunity. Knowing the areas of highest gambling opportunity can help in identifying the need for both counselors and self-help meetings and contribute to development of a comprehensive plan to address problem and addicted gambling in Kentucky.

From the perspective of professional development that can be supported by the Department of Behavioral Health, Developmental and Intellectual Disabilities, regional training programs for prevention specialists and counselors are needed. Prevention specialists provided with expert instruction on best practices could integrate gambling awareness into community outreach and organizing activities. Counselor training based on the requirements of the International Gambler Counselor Certification Board would lead to more availability of certified gambler counselors in the state.

IV -- Outcomes

From the beginning, KYCPG recognized the importance of helpline services to provide crisis support and referral information to problem and addicted gamblers, their families, employers and co-workers, and friends. KYCPG contracted with the Council on Compulsive Gambling of New Jersey for permission to use 1-800-GAMBLER (1-800-426-2537) in Kentucky. KYCPG also accepted calls to the National Council on Problem Gambling helpline, 1-800-522-4700, placed from the state's five area codes: 270, 364, 502, 606 and 859.

For more than 20 years, these two gambler helplines created confusion, which only was exacerbated by local numbers in some states. In June 2022, the National Council on Problem Gambling (NCPG) concluded an agreement with the Council on Compulsive Gambling of New Jersey to direct operations of the 1-800-GAMBLER helpline and make it the sole national gambling helpline. Spurred by agreements with sports leagues and sports gambling websites, the single helpline number will be promoted on television, radio and print media advertising as well as multiple websites and apps. For Kentucky, this increased publicity and promotion could result in significant increases in callers seeking problem gambling services.

Helpline calls are answered by trained telephone counselors at RiverValley Behavioral Health in Owensboro. KYCPG conducts an annual training seminar for the helpline staff on problem and addicted gambling. Beginning in 2016, the helpline service also can respond to texts sent to either number, and chat services are available at www.kygamblinghelp.org. Communication to the two helpline numbers total more than 300 per month. Historically, approximately 30 calls per month are provided with referrals or information on problem gambling; however, in 2021 helpline staff report an increase in calls and services provided. The amount of communications with the helpline via text is nearing half of all contacts. The monthly call totals increased markedly in the first third of 2022.

Calls from Kentuckians to the 1-800-GAMBLER helpline (and 1-800-522-4700) over the past 23 years show that people from all walks of life suffer from disordered gambling. The helpline receives calls from all areas of the state, racial/ethnic backgrounds, and socio-economic circumstances. Also, the calls are about equally divided between men and women. About 2-3 percent of the monthly calls have come from persons under 21 years of age.

Often, callers to the helpline are calling on someone else's behalf or are looking for general information on disordered gambling. About a third of the callers to the helpline are provided specific referrals to counsellors, Gamblers Anonymous, or other treatment options.

Since 1998, the Kentucky Council on Problem Gambling has provided education and training that can lead counselors to achieve certified gambler counselor status. More than 1,000 individuals have attended the conferences, but the number that have achieved certification is very low. One of the reasons for this has been the lack of insurance reimbursement for problem and addicted gambling counseling. This is changing somewhat with the inclusion of gambling disorder as an addictive behavior in the *DSM-5*.

At the 12th Annual Educational and Awareness Conference on Problem Gambling Issues held in Lexington, Ky., Jan. 29-30, 2009, the Kentucky Council on Problem Gambling conducted a facilitated discussion among its current certified gambler counselors and other attendees to obtain answers to two questions:

1. What can we do to advocate for quality care for addicted and problem gamblers?
2. What is needed to set up a program to serve addicted and problem gamblers?

The observations and recommendations in five areas -- outreach, helpline, intake, treatment/counseling, and certification/training -- were recorded and summarized. The summary for each topic area captures the insight of certified gambler counselors who currently are treating addicted and problem gamblers and those affected by their actions. A comprehensive prevention, education, awareness, and treatment program for addicted and problem gambling should include these measures:

- Reduced morbidity -- decrease in abuse of gambling, increase in understanding of risk behaviors, decrease in symptomology of problem gambling.
- Employment/Education -- increased, or stability in, employment or education among addicted gamblers, workplace policies and procedures regarding gambling, school policies and procedures regarding gambling, increased employee education on symptomology of problem/addicted gambling.
- Crime/Criminal Justice -- decrease in criminal incarcerations and gambling related crimes, decrease in criminal activity among addicted gamblers in recovery, increase in educational programs targeting the criminal justice system.
- Stability in Housing -- increase in stability in housing and recovering addicted gamblers, better family communication about gambling, increase in social support and social connectedness in the area of problem gambling.
- Access/Capacity -- increased access to services, increased service capacity, increased public awareness to access points.
- Retention -- increased retention in treatment programs, increased positive outcomes of the treatment experience, access to prevention messages, reduced utilization of ancillary human services.
- Perception of Care -- client's positive treatment experience, decreased negative consequences of problem/addicted gambling, increased seamless utilization of services.
- Cost Effectiveness -- affordable services for clients, appropriate levels of care provided, effective use of resources.
- Use of Evidence-Based Practices -- quality of care givers, evidence-based counseling techniques, evidence-based levels of care, quality training of care givers.

In 2021, KYCPG was able to negotiate with the Indiana Problem Gambling Assistance Program for limited access to an on-line counselor training opportunity for Kentucky-based behavioral counselors. Completing the training is a necessary step to achieve certified gambler counselor status. KYCPG obtained donations to support the negotiated cost, and 12 Kentucky-based counselors are enrolled in the program at no cost to them. Two additional counselors enrolled in the program in 2022.

V -- Next Steps

The breadth of the impact from gambling disorder, both on the individual and those who are affected by the gambler, leads many to conclude disordered gambling is a public health issue. The referenced *SAMSHA Advisory* advises medical professionals about gambling disorder and how it can be recognized and treated. Even the International Center for Responsible Gaming, which is the foundation research arm of the American Gaming Association, the trade association for casino operators, promotes this approach. Addressing gambling problems from a public health perspective not only focuses on the health and welfare of the individual but also on the health and safety of the family, community and workplace. It argues for public policy that supports healthy behaviors and includes awareness and prevention efforts as well as direct treatment.

The institution of a publicly funded Problem and Addicted Gambler Education, Prevention and Treatment Program, established by legislation, would set aside funds flowing to the state from sanctioned behavior of a potentially addictive activity, to provide education, awareness, prevention and treatment availability, which would incentivize more counselors to obtain certification and more prevention specialists to incorporate gambling addiction awareness. At last count, 42 other states, including all seven of Kentucky's border states, provide public funding for problem gambling education and treatment.

National, evidence-based models of prevention and treatment for addicted and problem gambling behavior are emerging. Kentucky provides no state-budgeted, publicly funded services for prevention, education, awareness, or treatment for addicted or problem gamblers. Kentucky's seven border states (Illinois, Indiana, Missouri, Ohio, Tennessee, Virginia and West Virginia), each of which also is a gambling state, provide publicly funded services for addicted and problem gambling prevention, education, awareness, or treatment. Kentucky state government has not officially, through legislation or regulation, established or designated an agency of the state government to oversee or manage addicted and problem gambling prevention, education, awareness, or treatment services. Advocates for such services cite a benchmark of $1 per total population to provide a fully functioning level of services. In Kentucky, that level would be about $4 million, or just 1.5 percent of the current income the state receives from the legal gambling it sanctions.

Specific training and certification requirements are needed for professionals to deliver quality care to addicted and problem gamblers. The following skills and knowledges are needed:

- Intake assessment procedures based on the *DSM-5 (Diagnostic and Statistical Manual of the Mental Disorders, Fifth Edition)*.
- Face-to-face skills for intake, individual counseling, group counseling, treatment planning, and after care.
- Networking, outreach, and referral protocols to other mental health providers and criminal justice programs (including parole and probation officers).
- Concepts of financial restitution and financial case management.
- Case management services, family counseling and family programs.
- Public awareness outreach for employers, employee assistance professionals, and community educational presentations.
- Understanding and delivery of prevention programs.
- Retention skills.
- Knowledge of research, evidence-based counseling techniques, medications, and co-occurring disorders.

In 2022, the closing paragraph of the 2003 *LRC #316* report's Executive Summary remains true: ***"Because of the many similarities between compulsive (now addicted) gambling and alcoholism (links now are established with substance use disorder, suicide, and other risky behaviors), some mental health researchers are commending a similar public health approach to compulsive gambling. This approach involves broad prevention and awareness strategies, early identification and risk reduction, and appropriate treatment for those with a gambling disorder."***

Addendum A

Gambling Call to Action Statement

The October 1, 2017 mass shooting event in Las Vegas was perpetrated by a man, who according to media reports, exhibited behaviors suggestive of a significant gambling problem.i This tragedy raises important questions about gambling and its potential role in this particular disaster.Feelings of isolation, despondency, and suicide, mixed with (1) a perceived injustice, (2) a disregard for and violation of the rights of others, and (3) availability of lethal means to kill and injure a great number of individuals in a short amount of time, can result in disastrous events. A tragedy of this magnitude is rare, but human suffering is not. The relationship between suffering and gambling disorder is complex because suffering can lead to intemperate gambling and vice versa. We must learn more about gambling and its potential role in human suffering.

We are writing this letter as a call for action. Our society does little to help those suffering from gambling disorder. Resources for gambling-related treatments and research are sparse. The American Psychiatric Association classifies gambling disorder as an addiction and estimates that it affects about 1-3% of individuals from all walks of life. Harms include financial ruin for individuals and families, significant guilt and shame, disrupted social relationships, engagement in illegal behaviors, occupational impairment, despair, and suicide. The impact of these harms is greater than the harms associated with many well researched medical and psychiatric conditions.ii Few with the disorder seek treatment,iii and the amount spent on publicly funded outreach and gambling treatment across the nation is small ($73 million)iv compared to the billions of dollars our society spends on substance abuse treatment and prevention.

The federal government does not programmatically fund research focusing on gambling disorder nor does it monitor the impact of gambling activities on society, despite the gambling industry generating approximately $100 billion in annual tax revenue for local, state, and federal governments.v An additional $7 billion is generated from taxes on individuals' gambling winnings. Responsible gambling initiatives by the gambling industry are critical and need greater support and examination to ensure that patrons use their product safely as a form of entertainment and recreation. More could and should be done to understand, prevent and treat this condition by state and federal governments and by the gambling industry.

We call for three primary initiatives.

The federal government needs to programmatically conduct research regarding gambling and its mental and physical health consequences.

- We call upon the National Institutes of Health (NIH) to fund research surrounding the etiology, prevention, and treatment of gambling disorder. Currently, unlike other addictions such as alcohol, cocaine, and opiates use disorders (e.g., National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse), no institute at the NIH has gambling disorder within its research mandate. We ask that NIH funding dedicated to the study of gambling disorder be allocated and placed within the research mandate of an NIH institute.
- To monitor and study the impact and harms associated with gambling, we call upon the Centers for Disease Control and Prevention and other government agencies to consistently include a five-item assessment of gambling behavior and gambling disorder in their epidemiological surveys, such as the Behavioral Risk Factor Surveillance System. These items would assess gambling frequency, amount risked, and a three-item gambling disorder screen.vi

The federal and state governments and the gambling industry need to improve access to prevention, treatment and recovery services for gambling disorder. The points of contact for offering a range of services for gambling problems are underdeveloped.

- For example, fewer than 13,000 Americans sought publically (state) funded treatment for gambling problems - despite estimates of over three-to-five million people with the disorder. Approximately 10 states and the District of Columbia do not currently offer any state funded gambling treatment, despite gambling-related tax revenues being collected in 48 of the 50 iv We call for all states to offer free and easily accessible treatment for gambling disorder.
- We call for increasing the visibility and impact of resources to assess for gambling-related harms at gambling venues.
- We must increase the identification of individuals with potential gambling problems and access to treatment via gambling helplines, referral networks, and screening in settings where gambling disorder prevalence is elevated. We call on substance abuse treatment centers, community mental health clinics, and criminal justice settings to implement routine screenings for gambling disorder.
- While Gamblers Anonymous (GA) is a free self-help resource, few with gambling disorder utilize GA in a way that results in sustained recovery.vii We call for the development of alternative treatment options. Empirically-supported treatments for gambling disorder currently are underdeveloped and inadequately researched.

For the gambling industry to make greater investment in identifying and validating responsible gambling initiatives.

- Casinos and other gambling outlets must engage in greater accountability to ensure that their product is used safely, otherwise the industry may encounter exposure to legal liability like alcohol servers and cigarette manufactures. In fact, excessive gambling may be rewarded through loyalty programs and comps. We call on both the gambling industry and for public policy initiatives to design and evaluate evidence-based approaches to advance responsible gambling.viii

Signatories

- Jeremiah Weinstock, D., Saint Louis University
- Antoine Bechara, Ph.D., University of Southern California
- Donald Black, D., University of Iowa
- Tony Buchanan, D., Saint Louis University
- Michael Campos, D., University of California, Los Angeles
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- Jon Grant, D., University of Chicago
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- Lori Rugle, Ph.D., University of Maryland
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- Howard Shaffer, Ph.D., Harvard Medical School
- Randy Stinchfield, Ph.D., University of Minnesota
- Jeffrey Weatherly, Ph.D., University of North Dakota
- James Whelan, D., University of Memphis
- Alyssa Wilson, D., Saint Louis University
- Edelgard Wulfert, Ph.D., University at Albany, SUNY

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i https://www.cbsnews.com/news/las-vegas-shooter-stephen-paddock-had-lost-money-been-depressed-sheriff-says/; accessed November 9, 2017.

ii Browne, M., Langham, E., Rawat, V., Greer, N., Li, E., Rose, J.,… Best, T. (2016) Assessing gambling-related harm in Victoria: a public health perspective, Victorian Responsible Gambling Foundation, Melbourne. Retrieved from: http://www.responsiblegambling.vic.gov.au/__data/assets/pdf_file/0003/29145/Harm-study-Fact-sheet-4-Distribution-of-harm.pdf

iii Slutske, W.S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two US national surveys. American Journal of Psychiatry, 163, 297-302.

iv Marotta, J., Hynes, J., Rugle, L., Whyte, K., Scanlan, K., Shledrup, J., & Dukart, J. (2017). 2016 survey of problem gambling services in the United States. Boston, MA: Association of Problem Gambling Service Administrators.

v American Gaming Association (2014). Gaming's quarter of a trillion dollar impact on the U.S. economy.

vi Gebauer, L., LaBrie, R., & Shaffer, H. J. (2010). Optimizing DSM-IV-TR classification accuracy: A brief biosocial screen for detecting current gambling disorders among gamblers in the general household population. The Canadian Journal of Psychiatry, 55(2), 82-90.

vii Schuler, A., Ferentzy, P., Turner, N. E., Skinner, W., McIsaac, K. E., Ziegler, C. P., & Matheson, F. I. (2016). Gamblers Anonymous as a recovery pathway: A scoping review. Journal of Gambling Studies, 32(4), 1261-1278.

viii Ladouceur, R., Shaffer, P. M., Blaszcynski, A., & Shaffer, H. J. (2017). Responsible gambling: A synthesis of the empirical evidence. Addiction Research & Theory, 25(3), 225-235.

Addendum B

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7

DSM-5, Gambling, and Health Reform: Opening the Door

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
U. S. Department of Health and Human Services

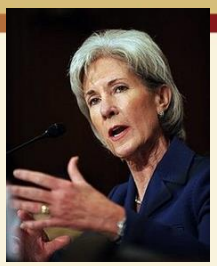
10th Annual Midwest Conference on Problem Gambling & Substance Abuse
June 26, 2013 • Kansas City, MO

President Barack Obama

"…we need to see [to] it that men and women who would never hesitate to go see a doctor if they had a broken arm or came down with the flu, that they have that same attitude when it comes to their mental health."

June 3, 2013

3



Kathleen Sebelius
Secretary
U.S. Department of Health & Human Services

"Now is the time to work together to banish those fears and bring mental health out of the shadows once and for all."

February 4, 2013

4

SAMHSA: Key Messages

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover from mental and substance use disorders

Administrator, SAMHSA

5

SAMHSA

- Mission is to reduce the impact of substance abuse and mental illness in America's communities.
- Emphasizes that behavioral health is a component of service systems that improve overall health status, and that contain health care and other costs to society.
- Promotes continuous process improvement and cost effectiveness in the delivery and financing of prevention, treatment and recovery support services
- Concerned about problem and pathological gambling given the correlations with MH/SUDs.

6

Intertwined Public Health Challenges

"I'm really in trouble with my gambling. It is out of control. I just got into a recovery program for my drinking. It seems like whenever I gamble, I have a much harder time not drinking. And when I drink, my gambling really takes off. I just wish I could stop."
– George, age 32

http://www.masscompulsivegambling.org/stuff/contentmgr/files/75736a05fb001ca0be5cf405f4759f3b/download/2011_gd_sud_factsheet.pdf

7

The Gambling Environment is Evolving

- Gambling has become more convenient and accessible.
- Gambling is coming out of gambling environments and is converging with other technologies.
- Gambling is becoming more anonymous and "asocial".
- Gambling is perceived as an ever more important source of public revenues.

Sources include: Griffiths, M. (2012) Technological trends, behavioral tracking, and implications for social responsibility tools in gambling. [PowerPoint presentation] Retrieved from http://www.responsiblegambling.org/docs/discovery-2012/technology-trends-behavioural-tracking-and-implications-for-social-responsibility-tools-in-gambling.pdf?sfvrsn=8

8

Gambling in the U.S.

- Approximately 85% of U.S. adults have gambled at least once in their lives; 60% in the past year.
- 2 million (1%) of U.S. adults are estimated to meet criteria for pathological gambling in a given year.
- Another 4-6 million (2-3%) would be considered problem gamblers.

Source: National Council on Problem Gambling , Retrieved from http://www.ncpgambling.org/i4a/pages/index.cfm?pageid=3314#widespread

9

Gambling and Co-occurring Disorders

According to the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC):

- 73.2% of pathological gamblers had an alcohol use disorder
- 38.1% had a drug use disorder
- 60.4% had nicotine dependence
- 49.6% had a mood disorder
- 41.3% had an anxiety disorder
- 60.8% had a personality disorder
- 15-20% attempt suicide

Source: Petry, NM, et al. (2005) Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: Results from the national epidemiologic survey on alcohol and related conditions. *Journal of clinical Psychiatry.* 66:564-574

10

Family and Genetics?

- Small family studies have found that first-degree relatives of those diagnosed with pathological gambling had significantly higher lifetime rates of alcohol and other substance use disorders than did control subjects.
- In a study of male twins, 64% of the co-occurrence between pathological gambling and alcohol use disorders was attributable to genes that influence both disorders – suggesting an overlap in the genetically transmitted underpinnings of both conditions.

Source: Grant, J.E. J.D. Potenza, M. MD, Weinstein, A. PhD., Gorelick, D. MD, PhD. (2010) *The American Journal of Drug and Alcohol Use,* Early Online 1-9. DOI: 10.3109/00952990.2010.491884

11

Pathological Gambling & Drug and Alcohol Disorders

Behavioral addictions – such as pathological gambling – share common features with drug and alcohol use disorders:

- Failure to resist an impulse, drive, or temptation that is harmful to the person or to others.
- Onset in adolescence and young adulthood – more men than women.
- Occurrence of an urge or craving state prior to initiating the behavior.
- Resulting "high" – need to increase the intensity of the behavior to achieve the same high.
- Financial and marital problems.
- Criminal behavior to fund addictive behavior or cope with consequences of it.

Source: Grant, J.E. J.D. Potenza, M. MD, Weinstein, A. PhD., Gorelick, D. MD, PhD. (2010) *The American Journal of Drug and Alcohol Use,* Early Online 1-9. DOI: 10.3109/00952990.2010.491884

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Gambling and Alcohol

- Problem gamblers with frequent alcohol use have greater gambling severity and more psychosocial problems resulting from gambling than those without alcohol use histories.
- Adolescents who are moderate to high frequency drinkers are more likely to gamble frequently than those who are not. *(Grant, Potenza, etal, 2010)*
- For individuals with alcoholism and gambling disorders, addressing both problems simultaneously leads to better outcomes. *(Hodgins and el-Guebaly, 2002)*

13

Gambling and Drugs

- Research indicate that cocaine-addicted individuals are nearly two times more likely to have serious gambling problems than those who are not cocaine-dependent.
- Cocaine may artificially inflate a gambler's sense of certainty of winning and skill, contributing to increased risk behaviors.
- Pathological gamblers may use cocaine to maintain energy levels and focus during gambling and sell drugs to obtain gambling money.
- Research also suggests a positive correlation between methamphetamine abuse and pathological gambling.

14

Neurological Similarities between Gambling & Drug and Alcohol Abuse

- Multiple neurotransmitter systems are implicated in the pathophysiology of behavioral addictions and substance use disorders.
- Serotonin and dopamine, in particular, may contribute to both sets of disorders.
  - Serotonin is involved with inhibition of behavior.
  - Dopamine is involved with learning, motivation, stimuli, and rewards.
- Alterations in dopaminergic pathways in the brain are thought to underlie reward-seeking (gambling, drugs, alcohol) that triggers the release of dopamine and produces feelings of pleasure.

Source: Grant, J.E. J.D. Potenza, M. MD, Weinstein, A. PhD., Gorelick, D. MD, PhD. (2010) *The American Journal of Drug and Alcohol Use*, Early Online 1-9. DOI: 10.3109/00952990.2010.491884

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Similar Treatment for Drug & Alcohol Abuse and Pathological Gambling

- Behavioral addictions and substance use disorders often respond positively to the same treatments:
  - Recovery support services – including peer recovery support and 12-step programs
  - Motivational enhancement
  - Cognitive behavioral therapies
- Naltrexone : Approved for treatment of alcohol/opioid dependence, has shown efficacy in controlled trials for the treatment of pathological gambling. (Kim, SW et al, 2001 and Grant JE et al, 2006, 2008, & 2009)
- Recent findings suggest IM naltrexone can control gambling cravings/behavior while mitigating issues with adherence and toxicity. (Yoon and Kim. 2013. Am J Psychiatry. Letters.)

Source: Grant, J.E. J.D. Potenza, M. MD, Weinstein, A. PhD., Gorelick, D. MD, PhD. (2010) *The American Journal of Drug and Alcohol Use*, Early Online 1-9. DOI: 10.3109/00952990.2010.491884

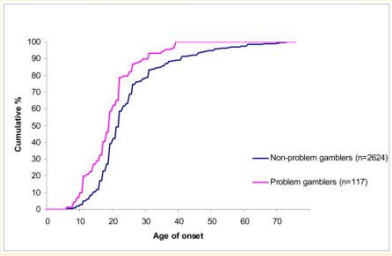
16

Gambling and Associated Medical Conditions

- Obesity
- Heart disease
- High blood pressure
- Digestive problems
- Muscular tension
- Insomnia
- Ulcers
- Migraines

17

Gambling at any Age



Source: Kessler, RC, et al. (2008) The prevalence and correlates of DSM-IV Pathological Gambling in the National Comorbidity Survey Replication. Psychol Med. 38(9):1351-1360.

18

Gambling at any Age: Adolescent Gamblers

- Approximately 4%-8% of kids between 12 and 17 years of age meet criteria for a gambling problem, and another 10%-15% are at risk of developing a problem.
- Research also shows that a majority of kids have gambled before their 18th birthday.
- Adolescent involvement in gambling is believed to be greater than their use of tobacco, hard liquor, and marijuana.

Sources: Youth Gambling, NPGAW website, 2007 & National Council on Problem Gambling

19

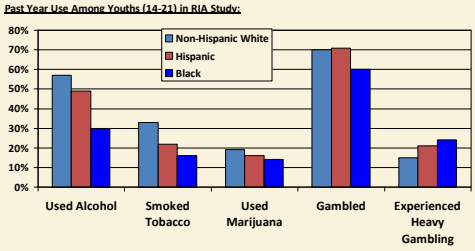
Adolescent Problem Gambling & Substance Use

- The Research Institute on Addictions at the University of Buffalo conducted a survey of gambling among 14-21 year olds in the U.S.
- 68% of the youth reported having gambled during the past year.
- 37% of the youth who were identified as heavy drinkers were also heavy gamblers compared to 11% heavy gamblers among non-drinkers.[1]
- The rate of heavy gambling was twice as great for those who reported heavy marijuana use vs. those who did not smoke marijuana.[2]

[1] Heavy drinking was defined as drinking 5 or more drinks in 1 day on at least 12 days in the past year.
[2] Heavy marijuana use was defined as using marijuana or hashish 52 times or more during the past year.
Source: Barnes, GM, Welte, JW, etal. (2009) *Gambling, alcohol, and other substance use among youth in the United States*. Research in Brief. Research Institute on Addiction. May/June 2010

20

Adolescent Gambling & Substance Use by Race/Ethnicity



Source: Barnes, GM, Welte, JW, etal. (2009) *Gambling, alcohol, and other substance use among youth in the United States*. Research in Brief. Research Institute on Addiction. May/June 2010

21

The Internet and Adolescent Gamblers

- A study of Connecticut high schoolers identified 2,006 adolescent gamblers – 20.5% of whom were Internet gamblers.
- Among the Internet gamblers:
  - 57.5% were classified as at-risk/problem gamblers (ARPGs) vs. 27.7% among non-Internet gamblers
  - 42.5% as low-risk gamblers (LRGs) vs. 72.3% among non-Internet gamblers
- ARPGs also reported higher regular use of tobacco, marijuana, moderate and heavy alcohol use, and dysphoria/depression.
  - They were also more likely to engage in serious fights and carrying a weapon.

Source: Potenza, M.N., et al (2011 February) Correlates of At-Risk/Problem Internet Gambling in Adolescents, Journal of American Academy of Child & Adolescent Psychiatry, vol. 50, No. 2, retrieved from www.jaacap.org

22

Gambling at any Age: College Students

- Research has shown that college-aged young adults are more impulsive and at higher risk for developing gambling disorders than adults.
- It has been estimated that 75% of college students gambled during the past year, whether legally or illegally.
- Meta-analysis of 15 college student studies estimates the percentage of disordered gamblers among college students at 7.89%.

Sources: http://www.ncpgambling.org/files/NPGAWcollegefactsheet.pdf and NCRG, http://www.collegegambling.org/
Blinn-Pike, L. et al. (2007) . Disordered Gambling among College Students: A Meta-Analytic Synthesis. J. Gambl Stud. 23:175-183.

23

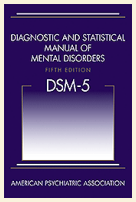
Gambling at any Age: Older Adults

- Estimates are that 39-45% of casinos' traffic is comprised of patrons 65 years or older.
- A recent study of over 10,000 older adults (age 60 or older) found that 28.7% were lifetime recreational gamblers and 0.85% were lifetime "disordered" gamblers.
- Compared with older adults without a history of regular gambling, disordered gamblers were significantly more likely to have disorders such as alcohol (53.2% vs. 12.8%) drug (4.6% vs. 0.7%), anxiety (34.5% vs. 11.6%) and personality (43% vs. 7.3%).

Sources: Wick, JY. (2012) High-stakes gambling: seniors may be the losers. http://www.ncbi/nlm.nih.gov & Pietrzak, RH et al. Gambling level & psychiatric and medical disorders in older adults: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry*, April 2007

24

DSM-5 and Health Reform for MH/SUDs



DSM-5 and Health Reform Provisions are poised to transform services for MH/SUDs and gambling disorders.

(http://www.dsm5.org/Pages/Default.aspx) (https://www.healthcare.gov/ and https://www.cuidadodesalud.gov/es/)

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Importance of DSM-5

- Handbook used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders.
- Clinicians use DSM-5 diagnoses to communicate with patients, other clinicians, and to request insurance reimbursement.
- DSM-5 diagnoses can be used by public health authorities for compiling and reporting morbidity and mortality statistics.
- Also used to establish diagnoses for research: Consistent and reliable diagnoses enable researchers to examine risk and causal factors for specific disorders, and to determine their incidence and prevalence rates.

Source: http://www.dsm5.org/Documents/FINAL%20UPDATED%20Insurance%20Implications%20of%20DSM-5--FAQ%206-11-13%20(2).pdf

26

DSM-5: Reclassification of Gambling

- Contains significant changes to "Substance-Related and Addictive Disorders".
- Places "Gambling Disorder" in "Substance-Related and Addictive Disorders", under "Non-Substance-Related Disorders"
- Change reflects research findings that indicate that GD is similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology, and treatment.

Sources: DSM-5. 2013. APA.
http://www.dsm5.org/Documents/Substance%20Use%20Disorder%20Fact%20Sheet.pdf;
Petry, NM, et al. (2013). An Overview of and Rationale for Changes Proposed for Pathological Gambling in DSM-5. *J Gambl Studies*. Published online March 23, 2013. DOI 10.1007/s10899-013-9370-0.

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DSM-5 Gambling Reclassification Implications

- Placement in "Substance-Related and Addictive Disorders" could open the door to coverage under MH/SUD-related provisions of health reform.
- Improve diagnostic accuracy and screening efforts.
- Support more appropriate treatment and services.
- Facilitate integration/bundling of services and payment processes with MH/SUDs services and primary care (e.g., SBIRT).
- Increase public health awareness, and raise visibility among health care providers, insurers, and policy makers.
- Accelerate research and development of more robust, evidence-based practices.

Sources: http://www.dsm5.org/Documents/FINAL%20UPDATED%20Insurance%20Implications%20of%20DSM-5--FAQ%206-11-13%20(2).pdf; and Petry, NM, et al. (2013). An Overview of and Rationale for Changes Proposed for Pathological Gambling in DSM-5. *J Gambl Studies*. Published online March 23, 2013. DOI 10.1007/s10899-013-9370-0.

28

DSM-5 and ICD Codes: Enhanced Comprehensive/Coordinated Care

- Contributing psychosocial and environmental factors are represented in an expanded set of ICD-9-CM V-codes (forthcoming ICD-10-CM, Z-codes).
- These codes enable clinicians to indicate other conditions or problems requiring clinical attention or that may influence the diagnosis, course, prognosis, or treatment of a mental disorder.
- Such conditions may be coded along with the patient's mental and other medical disorders if they are a focus of the current visit or if they help explain the need for a treatment or test.
- Alternatively, codes may be entered into the clinical record as useful information relative to patient care.

Source: http://www.dsm5.org/Documents/FINAL%20UPDATED%20Insurance%20Implications%20of%20DSM-5--FAQ%206-11-13%20(2).pdf

29

DSM-5 and Insurance

- DSM-5 was developed to facilitate seamless transition into immediate use by clinicians and insurers to maintain continuity of care.
- Represents a step forward in more precisely identifying and diagnosing mental disorders.
- Completely compatible with the HIPAA-approved ICD-9-CM coding (and updated ICD-10-CM in 2014).
- Can be used immediately for diagnosing mental disorders.
- Change in format from a multi-axial system may result in a brief delay while insurance companies update claim forms and reporting procedures to accommodate new format.

Sources: http://www.dsm5.org/Documents/FINAL%20UPDATED%20Insurance%20Implications%20of%20DSM-5--FAQ%206-11-13%20(2).pdf; and https://questions.cms.gov/faq.php?id=5005&faqId=1817

30

DSM-5 and Internet Gaming

- Internet Gaming Disorder (IGD) is identified in Section III as a condition requiring additional clinical research to determine if it warrants inclusion as a formal disorder.
- Recent scientific reports indicate that "gamers" using the internet play compulsively, and that their persistent and recurrent online activity results in clinically significant impairment or distress.
- Important to note that multiple studies suggest Internet gambling results in higher incidence of gambling disorders than land-based gambling.

Sources: http://www.dsm5.org/Documents/Substance%20Use%20Disorder%20Fact%20Sheet.pdf; and Gainsbury , SM, et al. (2013) Recommendations for International Gambling Harm-Minimisation Guidelines: Comparison with Effective Public Health Policy. J. Gambl Stud. Published online June 8, 2013. DOI: 10.1007/s10899-013-9389-2)

31

HHS Launches Two Complementary Web Sites: HealthCare.gov is the Web Destination for the Health Insurance Marketplace

healthcare.gov

- Consumer-focused website and a 24-hours-a-day consumer call center for the Health Insurance Marketplace.
- Helps Americans prepare for enrollment now; and to sign up for private health insurance starting October 1, 2013 for coverage in 2014.
- New tools explain choices and help identify coverage best suited for individuals, families, and small business owners.

32

HHS Launches Two Complementary Web Sites: HHS.gov/HealthCare has Additional Information on Health Reform for the Public

hhs.gov/healthcare

- Important information and resources about provisions in the Affordable Care Act law:
  - Prevention and wellness
  - Pre-existing conditions
  - Prescription discounts for seniors
  - Young adult coverage
  - Lifetime limits
  - Federal and State level information
  - And more…

33

Health Reform Goals and MH/SUDs

- Increase coverage and access, reduce disparities.
- Improve patient care *and* patient's experience with health care.
- Control and reduce cost.

34

Health Reform Provisions and MH/SUDs

- Expands coverage for at-risk, high risk, and underserved populations.
- Includes MH/SUD services in list of 10 Essential Benefits.
- Expands and extends parity measures and protections of MHPAEA.
- HHS estimates that ACA associated coverage expansion and parity provisions have the potential to provide new or expanded MH/SUD benefits for 62 million Americans.

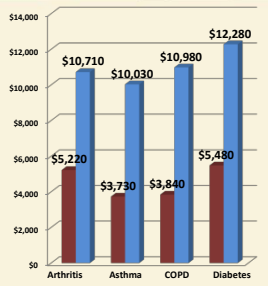
35

Health Reform Provisions and MH/SUDs

- Mandates free coverage of preventive services including alcohol misuse, tobacco use, depression, and behavioral assessments for children of all ages.
- Fosters and supports new, improved service delivery and payment models including service integration and coordination.
- Promotes and supports innovation and advances in HIT.

36

Estimated Health Care Cost Increases Associated with BH Co-Morbidity



Chronic Disease	% Cost Increase w/Mental Illness
Arthritis	105%
Asthma	169%
COPD	186%
Diabetes	124%

Annual Cost of Care [$]/Patient

Annual Cost of Care w/Mental Illness [$]/Patient

Adapted from: http://www.wyattmatas.com/mimik/mimik_uploads/pivot_point__charts/14/Pivot_Point_Dec_Chronic_Condition_BH_12.10.2012.pdf

37

Cumulative Effects of These Transformative Behavioral Health Care Drivers

- Value-based, integrated and coordinated care becoming the new norm.
- Accelerated innovation, uptake, and implementation service delivery and payment, notably in HIT.
- Imperative for strategic alliances, partnerships, collaborations, and networks.
- Increased mergers and consolidation for service providers and payers.
- Substantial gains in operational efficiencies.
- Workforce training, retraining, and cross-training.
- Additional support for research, research translation, and evidence-based practices.

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DSM-5 and Health Reform Opportunities

Are We Prepared?

- Education and public outreach programs and activities.
- Requisite operational/organizational infrastructure.
- Service delivery effectiveness and efficiency.
- Accessibility to services, service integration, and coordination.
- Professional networks for seamless and comprehensive care.
- Partnerships and collaboration with emergent health care providers.
- Ongoing dialogue with public/private insurance providers and realignment of payment streams to support value-based health care.
- HIT upgrades for patient-centric, interconnected services and records sharing, including privacy and security safeguards.

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Gambling: Elevating the Conversation

Congressional Comprehensive Problem Gambling Acts

- H.R. 2334 (2011), S.3418 (2010), and H.R. 2906 (2009) have all been bills proposing to enact comprehensive legislation that would target problem gambling as a national health priority.
- H.R. 2334 called for the establishment and implementation of programs for prevention, treatment, and research; as well as a national campaign to increase knowledge and raise awareness of problem gambling.
- None of these bills made it out of committee, and no comprehensive bill has been introduced in the current Congress to date.

Sources: http://thomas.loc.gov and http://www.govtrack.us/

40

Gambling: Elevating the Conversation

H.R. 2282 Internet Gambling Regulation, Enforcement, and Consumer Protection Act of 2013

- Internet gambling facility that offers services to persons in the United States must be authorized under this Act.
- Includes measures addressing the development of a Compulsive Gaming, Responsible Gaming, and Self-Exclusion Program that each licensee must implement as a condition of licensure.
- Regulations provide for the establishment of a program to alert the public to the existence, consequences, and availability of the self-exclusion list.
- June 6, 2013: referred to House committees

http://thomas.loc.gov/cgi-bin/bdquery/z?d113:h.r.2282:

41

The Imperative: The Cost Benefit of Gambling Intervention

- Various studies put the cost of gambling addiction from $5,000 a year to $15,000 a year per addict.
- Providing services for pathological gamblers can save the State money across other systems, reducing costs in terms of the criminal justice system, child neglect and abuse, domestic violence and other systems.

"You cannot beat a roulette table unless you steal money from it."
- Albert Einstein

Source: Pulliam, R. Like cigarettes, gambling takes toll on addicts. *Indiana Star*. 8/3/06, retrieved from http://www.aproundtable.org on 7/31/08

42

Treatment Barriers: Co-Morbidity's Impact on Recovery

Co-morbid mental health and drug and alcohol substance use disorders affect the ability of a pathological gambler to achieve abstinence. A recent study found that:

- Pathological gamblers with a drug diagnosis during their lifetime were less likely to have a minimum 3 month period of abstinence.
- A lifetime history of mood disorder also predicted a longer time to reach a minimum 3 months of continuous abstinence.
- A history of alcohol problems predicted an increase in the odds of experiencing a relapse from abstinence.

Source: Hodgins, DC, el-Guebaly, N. (2009) The influence of substance dependence and mood disorders on outcome from pathological gambling: Five-year follow-up. *J Gambl Stud*. Retrieved 7/24/09 from http://www.springerlink.com/content/j383744434148188/?p=d6d7ecebbcb4457fa93acf3159a79714&pi=10

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Treatment Barriers: Sequential Addiction Pattern

- A sequential addiction pattern is common: a person with a history of alcohol dependence – even with many years of recovery – can develop a gambling problem.

- Former drug/alcohol abusers may "switch addictions" to problem gambling.
- For some addicts in recovery, picking up a new addiction is seen as helping to manage stress or giving them some sense of control over their lives.
- Gambling can represent an attempt to self-medicate or to escape negative mood states.

Source: TIP 42: *Substance Abuse Treatment for Persons with Co-Occurring Disorders (Problem Gambling)*, SAMHSA, CSAT

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Overcoming the Barriers: The Benefits of Integrated Care

- Results from two U.S. national surveys found that only about 1 in every 10 pathological gamblers ever seeks treatment or attends a Gamblers Anonymous meeting.
- Primary care providers can learn to recognize indications of possible problem or pathological gambling and ask appropriate questions.
- "The dentist may notice it because an appointment is missed or a bill goes unpaid. The doctor may have to ask, 'Why aren't you taking that high blood pressure medication?' only to find that the money to buy it had been gambled away." *(Joanna Franklin, Program Director, U of Maryland School of Medicine Center on Problem Gambling)*

Source: Korman, C. (9/20/12) University of Maryland launches problem gambling center. Baltimoresun.com

45

Overcoming the Barriers: Screening, Brief Intervention & Referral to Treatment (SBIRT)

- Screening, Brief Intervention & Referral to Treatment (SBIRT) can also be an effective way of identifying those with problem and pathological gambling "upstream."
- Including screening for problem and pathological gambling in SBIRT within primary care settings would:
  - Identify patients who don't perceive a need for treatment,
  - Provide them with a solid strategy to reduce or eliminate substance abuse, and
  - Move them into appropriate services.

Slutske, W. S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two U.S. National Surveys. The American Journal of Psychiatry, 163(2), 297–302.

46

SBIRT: Core Clinical Components

- Screening: Very brief screening that identifies substance related problems.
- Brief Intervention: Raises awareness of risks and motivation of client toward acknowledgement of problem.
- Brief Treatment: Cognitive behavioral work with clients who acknowledge risks and are seeking help.
- Referral: Referral of those with more serious addictions.

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Overcoming the Barriers: Holistic Approach to Treatment

- Integrated care and SBIRT emphasize the importance of a holistic approach to the treatment of problem or pathological gambling.
- Because problem or pathological gambling has wide reaching effect on the person, the family, and community (Financial, Relationships, Employment, etc.).
- Treatment and recovery benefit from a holistic approach that includes a wide range of support systems.

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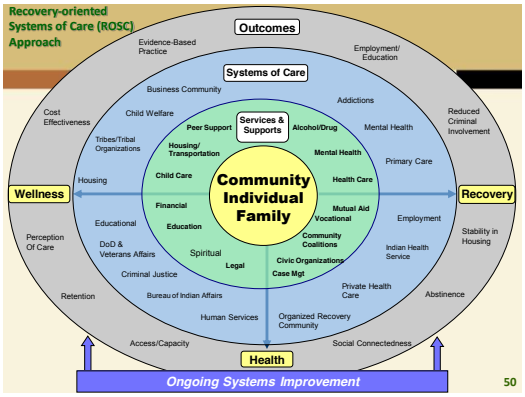
Overcoming the Barriers: Recovery-Oriented Systems of Care (ROSC)

- Recovery-Oriented Systems of Care provides a coordinated network of community-based services and supports that is person-centered.
- ROSC builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.
- ROSC is already being successfully integrated into many problem gambling treatment programs.

49



50

Values Underlying ROSC

- Person-centered
- Self-directed
- Strength-based
- Participation of family members, caregivers, significant others, friends, and the community
- Individualized and comprehensive services and supports
- Community-based services and supports

51

Operational Elements of a ROSC

- Collaborative decision-making – empower and support the individual
- Continuity of services and supports – coordination and seamless connections between services & support
- Service quality and responsiveness – evidence-based, gender-specific, culturally relevant, trauma-informed, family-focused
- Multiple stakeholder involvement – involves all segments of the community
- Outcomes-driven – performance data used to improve service delivery
- Recovery community/peer involvement – peer-to-peer recovery support services included

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Examples of Peer Recovery Support Services

- The benefit of peer-to-peer support services has long been recognized by those treating pathological and problem gambling.
- The first Gamblers Anonymous group was started approximately 60 years ago – The National Council on Problem Gambling was founded in 1972 – and Maryland opened the first state-funded treatment program in 1979.
- Other Peer Recovery Support Services include:
  - Assistance in finding housing, educational, employment opportunities
  - Life skills training – including financial management
  - Health and wellness activities
  - Assistance in managing systems (e.g., health care, criminal justice, child welfare)

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Overcoming the Barriers: Benefits of ROSC for Treating Gambling Addiction

- Addressing quality of life issues through a holistic approach decreases the risk of relapse and increases the chances for a successful recovery for pathological gamblers.
- Recovery support services in conjunction with clinical treatment help to establish a more continuous treatment response.
- The ROSC approach ultimately means that the program focuses on reducing the acute and severe relapses that pathological gambling clients often experience.

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Overcoming the Barriers: Eliminating Silos

- Adopting an integrated treatment approach like ROSC does not guarantee a truly integrated system.
- Silos can exist between the various services, systems, agencies, and organizations that are part of recovery-oriented systems of care.
- Maintaining linkages and communication between all services and systems is essential.
- Health Information Technology, when truly interoperable, can help to eliminate silos while protecting confidential data and records.

55

Overcoming the Barriers: Health IT

- Health Information Technology is an important part of providing integrated treatment by linking between programs, services, and providers.
- Health IT can help behavioral health providers:
  - Communicate and collaborate between providers and other programs
  - Track the progress of those who leave a program and monitor when and if additional services are needed
  - Reduce redundancy between programs and providers
  - Increase the quality of care
  - Increase access to services and support

56

Overcoming the Barriers: Behavioral Health IT

- Behavioral health is unique
  - More stringent privacy requirements
  - Subjective diagnoses
  - Majority Non-pharmacological treatments
  - Less emphasis on labs & imaging
  - Need for strong and continued patient engagement
  - Role of the family and social support structure

57

Overcoming the Barriers: Using HIT to Increase Patient Engagement

- HIT has tremendous potential to increase patient engagement in their own care
  - Provide the patient with health information tailored to their own risks and health literacy
  - Link to community and online resources
  - Tools to support shared decision making
  - Goal setting and tracking
  - Supporting adherence
  - Link with Mobile Health tools

58

Overcoming the Barriers: Ensuring Confidentiality and Trust

- Increased accessibility to health records raises the question of how to ensure patient confidentiality and trust.
- In order to achieve any level of systemic durability and success, electronic exchange efforts must establish trusting relationships with all participants, including patients. *(Melissa M. Goldstein, JD et al, 2010)*

59

Overcoming the Barriers: The Impact of 42 CFR Part 2

- The purpose of 42 CFR Part 2 and other regulations prohibiting disclosure of records relating to substance abuse treatment -- except with the patient's consent or a court order after good cause is shown -- is <u>to encourage patients to seek substance abuse treatment without fear that by doing so their privacy will be compromised</u>.

Source: State of Florida Center for Drug-Free Living , Inc.,842 So.2d 177 (2003) at 181.

60

Overcoming the Barriers: Using Technology in Treatment

- More providers in many areas of medical practice are beginning to encourage the use of health apps for assistance in treating conditions and promoting general wellness.
- **Health apps** are programs that offer health-related services for smart phones and tablet-PCs. They can also be internet based-tools that are accessible from a PC. Apps can be used for self-monitoring purposes or in collaboration with treatment providers.
- The desired goal of apps is to increase participation in one's own health care, increase access to information and create linkage to care.

61

Overcoming the Barriers: mHealth Apps

A number of mHealth apps have been developed for use in the prevention and treatment of problem and pathological gambling, including:

- Mobile Monitor Your Gambling & Urges (MYGU)
  - Free tool that promotes self-awareness of gambling behaviors: Educational tool can gather important information about gambling behaviors and report back to the gambler.
- Cost2Play
  - Free tool that helps people to understand the long-term costs involved in popular casino games: slots, blackjack and roulette.

Information provided for educational purpose only: Does not imply SAMHSA endorsement.

62

Advantages and Concerns for mHealth and Web-Based Apps for Gambling Disorders

- Advantages:
  - Convenience: Essentially 24/7 without geographical constraints.
  - Access: Low cost and potential to reach marginalized, difficult-to-reach populations.
  - In theory offers greater anonymity and reduced "shame" factor.
- Concerns:
  - Leakage: Potential to act as gateway to gambling, especially internet-based.
  - Hijacking: Susceptible to hacking such as introduction of pop-up ads for gambling.

Sources include: Rodda, S. et al. (2013). Web-Based Counseling for Problem Gambling: Exploring Motivations and Recommendations. J Med Internet Res. 15(5) e99.

63

Overcoming the Barriers

SAMHSA

64

Addiction Comprehensive Health Enhancement Support System (A-Chess)

- Connection with a support team (other ACHESS users)
- Photo sharing, discussion group and healthy event planning
- Use of GPS to detect when user is near a high-risk location (for example, a liquor store)
- Video chat with counselor or discussion group

http://chess.wisc.edu/chess/projects/AddictionChess.aspx

65

Integrated Treatment for Co-occurring Disorders

- SAMHSA supports integrated treatment for co-occurring disorders.
- Through grants, publications, technical assistance and support, SAMHSA promotes integration at the State, community and agency levels.

66

Integrated Treatment for Co-occurring Disorders

- In evidence-based Integrated Treatment programs, consumers receive combined treatment for co-occurring disorders from the same practitioner or treatment team.
- SAMHSA resources captures lessons learned from States administrators and community providers; and focuses on six areas: Integration; Screening & Assessment; Workforce; Training; Financing; Data.

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Dual Diagnosis Capability in Addiction Treatment

- SAMHSA's Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index is a program-level assessment used to inform addiction treatment agencies and others about a program's ability to provide co-occurring services.
- The DDCAT measures an addiction treatment program's co-occurring capability in seven domains that are rated on a continuum from Addiction Only Services to Dual Diagnosis Capable to Dual Diagnosis Enhanced. The measure can be used to plan for and track improvement over time.

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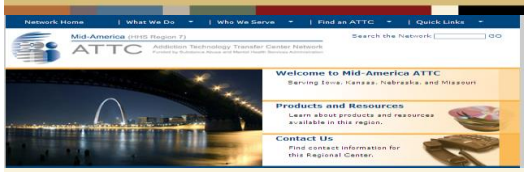
SAMHSA Grantee: Mid-America ATTC



- Collaborates with and is a member of the Midwest Consortium on Problem Gambling and Substance Abuse.
- Co-sponsors and plays a major role in the Midwest Conference on Problem Gambling and Substance Abuse.

69

SAMHSA Grantee: The Washington State Division of Behavioral Health and Recovery (DBHR)

DBHR:

- Is an integral part of a longer-range initiative to integrate behavioral health and physical healthcare.
- Provides services for substance abuse, mental health and problem gambling.
- Maintains and improves infrastructure to allow client level reporting.

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SAMHSA Collaboration: Problem Gambling Toolkit

- Collaboration of CSAT/SAMHSA, the National Council on Problem Gambling, and the Association of Problem Gambling Service Administrators.
- Toolkit includes:
  - *Substance Abuse Treatment for Persons with Co-Occurring Disorders (Problem Gambling)*
  - *Problem Gamblers and Their Finances: A Guide for Treatment Professionals*
  - *Personal Financial Strategies for the Loved Ones of Problem Gamblers*

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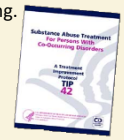
SAMHSA's Treatment Improvement Protocol: SAT for Persons with Co-Occurring Disorders

TIP 42: *Substance Abuse Treatment for Persons with Co-Occurring Disorders*–

- Provides information about the field of co-occurring substance use and mental disorders, and captures the state of the art in the treatment of people with co-occurring disorders, including problem gambling.



72

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)

- The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers.
- The NREPP website helps states, territories, community-based organizations, and others to identify service models that may address your particular regional and cultural needs, and match your specific resource capacity.
- http://www.nrepp.samhsa.gov/

NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

SAMHSA's NREPP Topics

- Substance abuse
- Post traumatic stress
- Workplace
- Violence
- Juvenile justice
- HIV/AIDS
- **Gambling**
- Co-occurring disorders
- Child welfare and substance abuse
- Tobacco use
- Physical exercise
- Cancer screening
- Nutrition
- Sun safety
- Mental health
- Adolescent substance abuse treatment

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SAMHSA's NREPP Programs Focused on Gambling

- Brief Self-Directed Gambling Treatment
  - Brief Self-Directed Gambling Treatment (BSGT) is designed for individuals who choose not to enter or are unable to access face-to-face treatment.
  - BGST uses a motivational interviewing and cognitive behavioral treatment model.
  - Participants complete a 45-minute motivational interview by telephone with a doctoral-level therapist and then receive a self-help workbook through the mail.
  - The goal of the telephone intervention is to help clients increase their motivational levels and confidence about making change, as well as to heighten interest in the contents of the workbook.

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SAMHSA's NREPP Programs Focused on Gambling (cont'd)

- Stacked Deck: A Program To Prevent Problem Gambling
  - A school-based prevention program that provides information about the myths and realities of gambling and guidance on making good choices, with the objective of modifying attitudes, beliefs, and ultimately gambling behavior.
  - The intervention is provided to students in 9th through 12th grade as part of a regularly scheduled class such as health education or career management.

76

Still to be Done: Develop the Workforce

- Support national gambling addiction professional minimum competency standards.
- Develop ongoing data collection of information about the changing characteristics of the client population and the workforce available to help them.
- Continue dissemination of research findings and evidence-based clinical and organizational practices through the ATTCs and other mechanisms.

77

Still to be Done: Develop Core Principles of Effective Treatment

- Place clients in level of care most appropriate for individual.
- Include motivational interviewing techniques.
- Develop treatment designs that are specific to the clinical needs of problem gambling clients.
- Include a family program component.

78

Still to be Done: Improve Public Perception

- ➔ Promote stigma reduction for persons in treatment and recovery:
  - Respect their rights
  - Treat recovering persons like those suffering from other illnesses
- ➔ Support educational initiatives that inform the public about the effectiveness of treatment.
- ➔ Promote the dignity of persons in treatment and recovery.

79

Emergent Challenges

- ➔ Rapidly expanding gambling gateways
- ➔ Youth gaming and gambling
- ➔ Aging baby boomers and gambling
- ➔ Internet gambling
- ➔ Government supported expansion of gambling
- ➔ Chronic feedback loops: Mental illness, Drug, Alcohol, Tobacco use and abuse, Gambling

80

Recovery Month – September 2013

Goals:

- Elevate the conversation, disseminate knowledge, and improve understanding.
- Promote the message that recovery is possible.
- Increase support for addiction treatment.
- Generate momentum for hosting state and local community-based events.
- Reduce discrimination associated with addiction.
- Encourage those in need to get treatment.
- Support those who are already in recovery.

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Get involved in *Recovery Month*

Help bring hope and healing to others

- Visit the *Recovery Month* Web site at www.recoverymonth.gov
- Use the tools to spread *Recovery Month's* message:
  Toolkits, events, presentations, giveaways, public service announcements, *Road to Recovery* television and radio series, and more
- Join thousands of individuals and organizations by hosting a *Recovery Month* event in your community
- Educate others about the effectiveness of treatment and the hope of recovery
- For more information call 1-800-662-Help

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THANK YOU.

Westley.clark@samhsa.hhs.gov

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Substance Abuse and Mental Health Services Administration
SAMHSA ADVISORY
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Behavioral Health Is Essential To Health • Prevention Works • Treatment Is Effective • People Recover

Gambling Problems: An Introduction for Behavioral Health Services Providers

Gambling problems can co-occur with other behavioral health conditions, such as substance use disorders (SUDs). Behavioral health treatment providers need to be aware that some of their clients may have gambling problems in addition to the problems for which they are seeking treatment. This *Advisory* provides a brief introduction to pathological gambling, gambling disorder, and problem gambling. The Resources section lists sources for additional information.

Gambling is defined as risking something of value, usually money, on the outcome of an event decided at least partially by chance.[1] Lottery tickets, bingo games, blackjack at a casino, the Friday night poker game, the office sports pool, gambling Web sites, horse and dog racing, animal fights, and slot machines—there are now more opportunities to gamble than ever before. More than 75 percent of Americans ages 18 and older have gambled at least once,[2] and many people view gambling as a harmless form of entertainment.

Only about 10 percent of people with a gambling problem seek treatment for the problem.[3,4] When people do seek help, financial pressures that result from their gambling problem are often the main reason they seek treatment, not a desire to abstain from gambling.[5,6] In addition, people with a gambling problem are more likely to have sought help for other behavioral health conditions than for their gambling problem.[2,3]

Behavioral health services providers need to be aware of financial and legal consequences that may indicate excessive gambling (see the section later in this *Advisory,* How Can Behavioral Health Services Providers Help Clients With Gambling Problems?). If the client assessment reveals a problem with gambling, then that disorder (and its consequences) is a major issue in the client's treatment for any behavioral health condition. Furthermore, a variety of other problems can be related to gambling, including victimization and criminalization; social problems; and health issues, including higher risk for contracting sexually transmitted diseases and HIV/AIDS.[7]

Gambling problems are associated with poor health,[8] several medical disorders, and increased medical utilization—perhaps adding to the country's healthcare costs.[9] People with pathological gambling tend to have lower self-appraisal of physical and mental health functioning than those who gamble little or not at all; people with gambling problems are significantly more likely than low-risk individuals to rate their health as poor. People with gambling problems are also more likely to have received expensive medical services during the prior year, such as treatment in an emergency department.[9]

What Are Pathological Gambling, Gambling Disorder, and Problem Gambling?

Pathological gambling was a diagnosis formerly included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published by the American Psychiatric Association. When the manual was revised in 2013 (DSM-5),[10] "Pathological Gambling" was renamed "Gambling Disorder." Exhibit 1 lists the diagnostic criteria for gambling disorder. Exhibit 2 summarizes the changes in diagnostic criteria, from pathological gambling to gambling disorder. Of note: Whereas pathological gambling was classified as an Impulse-Control Disorder Not Elsewhere Classified, gambling disorder is categorized under Substance-Related and Addictive Disorders. Reclassification may improve treatment coverage, diagnostic accuracy, and screening efforts.

Summer 2014 • Volume 13 • Issue 1

ADVISORY

Exhibit 1. DSM-5 Diagnostic Criteria for Gambling Disorder

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
2. Is restless or irritable when attempting to cut down or stop gambling.
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. The gambling behavior is not better accounted for by a manic episode.

Reprinted with permission from the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition, (Copyright 2013). American Psychiatric Association.[11]

Exhibit 2. From Pathological Gambling to Gambling Disorder: A Summary of Diagnostic Changes

- The number of diagnostic criteria that must be met as a basis for diagnosis was lowered from five to four.
- The diagnostic criteria must have occurred within a 12-month period. (Previous versions of the DSM had no established timeframe.)
- Committing illegal acts to finance gambling was removed from the list of diagnostic criteria.

Much of the research published to date used the criteria for pathological gambling from the DSM-IV[12] and DSM-IV-TR[13] as a research parameter. In addition, researchers have often used the term *problem gambling*. This term has been used to refer to gambling that causes harm; *pathological gambling* has been reserved for cases in which there is harm and lack of control over, or dependence on, gambling.[1]

Although gambling disorder has replaced pathological gambling in DSM-5,[10] this *Advisory* uses *pathological gambling* and *problem gambling* when the cited research uses those terms.

How Common Are Gambling Problems?

Estimates from large national surveys show that about 0.5 percent of Americans have had pathological gambling at some time in their lives.[2,14] Extrapolating from the survey estimates suggests that roughly 1.5 million Americans have experienced pathological gambling. The milder condition, problem gambling, is more common than pathological gambling and may affect two to four times as many Americans as pathological gambling.[2]

Who Typically Has a Gambling Problem?

Anyone can develop a gambling problem; such problems occur in all parts of society. However, men are more likely than women to have gambling problems.[2,14,15] Gambling problems show some association with adolescence and young adulthood, ethnic minority status, low income and low socioeconomic status, high school education or less, and unmarried status.[2,15,16]

Some people gamble because the activity is stimulating. These people tend to be "action gamblers" who favor forms of gambling that involve some skill or knowledge, such as playing poker or betting on sports. Most of these types of gamblers are men.

Gambling can also serve as a relief (an "escape") from stress or negative emotions. In this type of gambling (e.g., bingo, lottery, slot machines), the outcome is determined by pure chance. Most of these "escape" gamblers are women.[17]

Gambling Problems: An Introduction for Behavioral Health Services Providers
Summer 2014, Volume 13, Issue 1

What Are the Links Between Gambling Problems and Other Behavioral Health Conditions?

Gambling disorder frequently co-occurs with SUDs and other behavioral health problems. According to the National Epidemiologic Survey on Alcohol and Related Conditions, of people diagnosed with pathological gambling, 73.2 percent had an alcohol use disorder, 38.1 percent had a drug use disorder, 60.4 percent had nicotine dependence, 49.6 percent had a mood disorder, 41.3 percent had an anxiety disorder, and 60.8 percent had a personality disorder.[14] Other studies suggest that between 10 percent and 15 percent of people with an SUD may also have a gambling problem.[18,19,20] People who have both an SUD and pathological gambling have high rates of attention deficit disorder and antisocial personality disorder.[14]

Gambling disorder and SUDs are similar in many ways. Both are characterized by loss of control, cravings, withdrawal, and tolerance. In gambling, tolerance means having to gamble using increasing amounts of money to achieve the same subjective feeling.[21] The results of brain imaging studies suggest that pathological gambling and SUDs may originate in the same area of the brain.[22,23] Impulsivity in childhood has been related to the onset later in life of pathological gambling and SUDs.[24] Data also suggest that as gambling problem severity increases, so does the number of gambling precipitants, or high-risk factors for relapse to gambling. The frequency with which gambling occurs in given situations—such as when the person who gambles feels tense, nervous, or anxious; wants to celebrate; feels relaxed and confident; starts thinking about gambling debts or seeing reminders of gambling; or is out with others who are gambling—may also increase.[25]

Suicidality

Pathological gambling is associated with suicide, suicidal ideation, and suicide attempts.[26] Among the many risk factors are financial difficulties and depression. People who have pathological gambling and also have an SUD may be at greater risk of attempting suicide; some research has found substance abuse to be the only factor that distinguishes people who gamble pathologically and attempt suicide from people who gamble pathologically but only think about suicide.[27] Some people who gamble pathologically may think about making the suicide look accidental so that their families can collect life insurance to pay off gambling debts.[17] As with all clients, these individuals should be screened for suicide risk and referred appropriately.

Are There Tools for Screening, Assessing, or Diagnosing Gambling Problems?

More than 20 different tools are available for screening for gambling problems.[28] The Lie/Bet Screening Instrument consists of two questions:[29]

1. Have you ever felt the need to bet more and more money?
2. Have you ever had to lie to people important to you about how much you gambled?

A "yes" response to one of these questions warrants further investigation using a longer tool, such as the South Oaks Gambling Screen (SOGS). The SOGS consists of 16 items and differentiates between no gambling problems, some problems, and probable pathological gambling.[30] It is widely available on the Internet. Another tool is the National Opinion Research Center's Diagnostic Screen for Gambling Problems. This is a questionnaire based on DSM-IV[12] criteria; it is available at http://govinfo.library.unt.edu/ngisc/reports/attachb.pdf. In addition, several screening tools are available at http://www.problemgambling.az.gov/screeningtools.htm.

Screening for gambling problems is important because few people seek treatment for these problems and instead seek help for other complaints (e.g., insomnia, stress-related problems, depression, anxiety, interpersonal issues).[30] In addition, there are no obvious signs (e.g., needle marks) that can be detected by physical observation or examination.

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How Can Behavioral Health Services Providers Help Clients With Gambling Problems?

People who gamble pathologically are often overwhelmed by feelings of shame and anger. Conveying empathy, unconditional positive regard, and a sense of hope can help build rapport with clients. Behavioral health services providers can offer nonjudgmental feedback to the client about gambling behaviors and assess the client's motivation and readiness to address his or her gambling behaviors.[17]

Clients with gambling problems often have other problems, and they may need information on resources about the following topics:[17]

- **Financial difficulties.** Money issues are the most common reason people seek treatment; addressing financial problems should be an integral part of treatment. In the face of overwhelming debts, clients may be dealing with loss of employment or their home, depletion of college or retirement savings, or incurrence of major debts. Some may not have enough money to buy food or pay utility bills. A behavioral health services provider can assess financial problems and include financial issues in treatment. A case manager can help clients prioritize needs and help them obtain housing, shelter, and food assistance, if necessary. Debtors Anonymous can help people learn how to budget their money and rein in their spending.[17] A referral to a provider with training in how to treat people with gambling disorder can help clients address the unique financial aspects of the condition.
- **Marital and family issues.** Gambling disorder has many negative consequences on marriages, partnerships, and families. It contributes to chaos and dysfunction within the family, can contribute to separation and divorce, and is associated with child and spousal abuse. Family members may have depressive or anxiety disorders and abuse substances.[31] People often hide gambling problems from their families; disclosing the gambling secret can be devastating to relationships, leading to resentment and loss of trust. The financial difficulties created by pathological gambling can profoundly affect family members.[32] The spouse or partner needs to be included in treatment to address family issues; a referral to a family or marital therapist can help families in these situations. The provider can refer the client to Gamblers Anonymous, and family members and loved ones to Gam-Anon.
- **Legal problems.** One study found that about a quarter of people who gambled pathologically had committed at least one illegal gambling-related act, such as the writing of bad checks, stealing, and unauthorized use of credit cards.[33] Counselors can instruct clients on how to obtain legal counsel or access public defenders or other assistance.

What Are Some Treatment Strategies for These Clients?

Although a variety of approaches have been researched and found to be useful in treating gambling problems,[34] none has been clearly shown to be more effective than another.[35] Most research studies have assessed a mixture of approaches (e.g., cognitive therapy [CT], motivational interviewing [MI], relapse prevention),[36] making it difficult to determine the relative effectiveness of the different approaches.

Behavioral therapy

Behavioral therapy focuses on altering behaviors by reinforcing desired behaviors, modifying attitudes and behaviors related to gambling, and increasing clients' skills to cope with environmental cues that may trigger cravings to gamble. This approach helps clients identify their personal cues and triggers to gamble and then helps clients develop alternative activities to gambling that compete with reinforcers specific to pathological gambling.[30,37] For example, during imaginal desensitization, relaxation and other techniques are used to help the client cope with gambling stimuli and blunt the urge they create to gamble.[37]

Cognitive therapy

CT is directed at changing distorted or maladaptive thoughts[17]—in this case, about gambling and the odds of winning. CT educates clients about the randomness of gambling, increases clients' awareness of their distorted thinking, helps clients doubt their irrational cognitions, and helps them restructure their thoughts.[38,39] For example, a

treatment provider might work on altering a client's belief that two events are related when they are not. Examples of distorted beliefs are that a lucky item improves the chances of winning or that a slot machine must be due to hit the winning sequence because it has not hit the sequence in a long time.[40,41]

Cognitive–behavioral therapy

The two approaches discussed above are frequently combined in cognitive–behavioral therapy (CBT). CBT tries to modify negative or self-defeating thoughts and behaviors.[17] A meta-analysis by Gooding and Tarrier[38] found that various CBTs were effective in reducing pathological gambling. Topf et al.[34] reviewed CBT studies, several of which included relapse prevention interventions, and also found that CBT was beneficial in the treatment of pathological gambling.

CBT to treat gambling disorder usually involves identifying and changing cognitive distortions about gambling, reinforcing nongambling behaviors, and recognizing positive and negative consequences.[42] CBT helps people recognize that the short-term experiences and sensations are not worth the long-term negative consequences of debt, legal problems, and harm to one's family.[43]

CBT usually incorporates some relapse prevention techniques. Relapse prevention consists of learning to identify and avoid risky situations that can trigger or cue feelings or thoughts that can lead to relapse to gambling. The gambling risk situations clients learn to identify include places (e.g., casinos, lottery outlets), feelings (e.g., anger, depression, boredom, stress), and other difficulties (e.g., finances, problems with work or family).

In addition to techniques learned in CBT, developing a support system, attending Gamblers Anonymous meetings, and participating in continuing care may help prevent relapse.[17]

Motivational interviewing

MI, also known as motivational enhancement, seeks to help clients address their ambivalence toward behavior change.[44] It has not been as well studied as CBT as a treatment for pathological gambling, but some studies have shown promise for MI.[45,46] MI is frequently combined with CBT.

Gamblers Anonymous

Gamblers Anonymous, the structure of which is modeled on Alcoholics Anonymous, is a mutual-help group for people with gambling problems. Although mutual-help groups are not treatment or counseling, they can be an important support to people in recovery. The free meetings are available in many communities.

Researchers have reported that even very brief motivational interventions can help people with gambling problems.[47,48] Treatment that combined MI and CBT has been delivered effectively over the Internet and with brief phone calls from trained therapists.[49]

Medications

Several medications have been investigated to treat pathological gambling. However, the U.S. Food and Drug Administration has not approved any medications for treating the condition.[30]

Prevention

Once a person is diagnosed with gambling disorder, prevention of further harm to the person and his or her family is important. One such approach is having the person participate in a self-exclusion program, if available in his or her state. These voluntary programs allow a person to be banned from gambling venues for a defined period, even a lifetime. Depending on state policy, if the person violates the ban, he or she is asked to leave the venue, is required to forfeit winnings, and is potentially subject to criminal trespassing charges. The few outcome studies conducted on self-exclusion show a decrease in gambling.[50,51]

A variety of prevention approaches and models have been used to try to prevent the development of gambling problems, but these have not been well studied.[52] Because gambling issues in youth may lead to the development of gambling disorder in adulthood, many prevention programs focus on young people.[53] Although youth are barred from many gambling venues, some venues in which betting is available (such as race tracks) may restrict youth only from placing bets; it is not unusual for children to attend horse races with family members who bet.

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Other approaches can be considered, such as public awareness campaigns that seek to make the general public aware of the risks and potential consequences of problem gambling, the way gambling products work and the real probability of winning, and warning signs for problem gambling and the availability of help.[52,53]

Policy initiatives include restricting who can gamble and restricting the number of electronic gaming machines in a locality. The gaming industry has cooperated in some places by posting signage that reminds people to gamble responsibly (e.g., stay within their time and funding limits) and restricting money transfers into a casino and access to automated teller machines. Some electronic gaming machines remind players of the amount of time and money spent; others can be programmed to a slow speed or require that the player check out after prolonged periods of play.[52,53]

Who Can Treat People With Gambling Disorder?

Gambling disorder is a behavioral health condition. Treating gambling disorder is within the scope of practice of mental health counselors, licensed clinical social services providers, clinical psychologists, psychiatrists, and other professionals with licenses to treat mental disorders.

Resources

Resources for providers

Association of Problem Gambling Service Administrators
http://www.apgsa.org

National Council on Problem Gambling
http://www.ncpgambling.org

Problem Gambling Toolkit, Substance Abuse and Mental Health Services Administration. The toolkit provides background and financial information to help clients with gambling issues.
http://store.samhsa.gov/product/PGKIT-07

UCLA Gambling Studies Program
http://www.uclagamblingprogram.org

Resources for clients and families

Debtors Anonymous
http://www.debtorsanonymous.org

Gam-Anon
http://www.gam-anon.org

Gamblers Anonymous
http://www.gamblersanonymous.org

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SAMHSA Advisory

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Gambling disorder

Detection, treatment important against this bad bet

You probably know that people with common addictions such as alcohol or drug misuse disorders may lie about their substance use, put their relationships at risk to keep using or use substances as a stress reliever. But these behaviors are also common for people with gambling disorders.

More and more often, problem gambling occurs not in a casino or horse track but privately, on any electronic device with an internet connection.

This became especially true during the COVID-19 pandemic when many public gathering places closed or limited access, leaving people to navigate isolation and loneliness at home. At the same time, the ability to bet on sports from home became more widely available — more than a third of Americans can legally do so.

Gambling stimulates the brain's reward system much like drugs or alcohol can, which can lead to addiction. Compulsive gambling, also called gambling disorder, is the uncontrollable urge to keep gambling despite its toll. People with compulsive gambling may continually chase bets that lead to losses, hide their behaviors, deplete savings, accumulate debt, or even resort to theft or fraud to support their addictions.

Who's at risk

Gambling disorder is more likely to occur in younger people and in men. However, increased online gambling opportunities and the rise in loneliness can put older adults at increased risk. Other factors that increase risk include:

- *Access* — Living within 50 miles of a gambling facility, such as a casino, dramatically increases the risk of gambling disorder.
- *Mental health disorders* — People with substance use problems, personality disorders, depression and anxiety are more prone to gambling disorder.
- *Certain medications* — Dopamine agonists such as pramipexole are used to treat Parkinson's disease and restless legs syndrome. However, they have a rare side effect of increased compulsive behaviors, including gambling.
- *Certain personality characteristics* — People who are highly competitive, prone to working a lot, impulsive, restless or easily bored have an increased risk of gambling disorder.

Is it a problem?

It's important to understand the difference between entertainment betting games with friends and problematic behavior. Some studies have found that low-risk, casual gambling in older adults provides some social and cognitive benefits.

According to the American Psychiatric Association, people who've experienced at least four of the following indicators in the last year may have a gambling disorder:

- Needing to gamble with increasing amounts to achieve excitement
- Feeling restless or irritable when trying to cut down or stop gambling
- Repeatedly trying and failing to control, cut back on or stop gambling
- Thinking frequently about gambling, even when not actively doing it
- Using gambling for stress relief
- "Chasing losses" — Returning to get even after losing money gambling
- Lying to hide gambling activity
- Risking or losing a close relationship, a job, or a school or job opportunity because of gambling
- Relying on others to help with money problems caused by gambling

What can I do?

As with most people with addiction, those with a gambling disorder will often be the last to realize they have a problem. But seeking treatment can help you regain a sense of control — and perhaps help heal damaged relationships or finances.

Some approaches include:

- *Behavior therapy or cognitive behavioral therapy* — Behavior therapy uses systematic exposure to the behavior you want to unlearn and teaches you skills to reduce the urge to gamble. Cognitive behavioral therapy focuses on identifying unhealthy, irrational and negative beliefs and replacing them with healthy, positive ones.
- *Medications* — No drug has been specifically approved to treat gambling disorder. However, some antidepressants may be effective in reducing gambling behavior. Medications called narcotic antagonists, used successfully in treating substance use disorders, may help treat compulsive gambling.
- *Support groups* — Ask your health care provider for recommendations on self-help groups, such as Gamblers Anonymous and other resources. You may also connect informally and share resources with others on community chat boards such as Mayo Clinic Connect, at www.connect.MayoClinic.org.

In addition, treatment for substance use, depression, anxiety or any other mental health disorder may be part of a treatment plan for gambling disorder. ■

HELP IS A PHONE CALL AWAY

For immediate help with a gambling disorder or other mental health issue, call the Substance Abuse and Mental Health Services Administration at 1-800-662-4357. The National Council on Problem Gambling also hosts a 24-hour national helpline. Call or text 1-800-522-4700 or connect online at www.ncpgambling.org/chat. In addition, gambling disorder is associated with an increased risk of suicide. If you or someone you know is considering suicide, call the National Suicide Prevention Lifeline at 1-800-273-8255.

Addendum E

frontiers in Psychology

EDITORIAL
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Editorial: Online Psychology Beyond Addiction and Gaming: A Global Look at Mental Health and Internet-Related Technologies

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Editorial on the Research Topic

Online Psychology Beyond Addiction and Gaming: A Global Look at Mental Health and Internet-Related Technologies

The inclusion in 2018 of "Gaming Disorder" into the 11th revision of the International Classification of Diseases (World Health Organization, 2019) represented a milestone in the decades-long research investigation of the topic. It was also a stark reminder of how little attention has been paid to other highly relevant areas within online psychology. From internet-mediated impulsivity and aggression to the effects of living in a post-privacy age, important dimensions of online psychology have been relatively ignored as the field narrowly focused on gaming (Aboujaoude, 2011; Aboujaoude and Starcevic, 2016). The risk of this narrow focus is 3-fold: (i) users who may not be described as gaming "addicts" under any nosology can feel deceptively immune to online psychological harm; (ii) users can seem deceptively healthy to the mental health professionals trying to diagnose and treat them; and (iii) the limited research scope can complicate meaningful regulation of "Big Tech" by underestimating the negative impact of some of these technologies (Aboujaoude and Gega, 2021; Kuss, 2021). In this special issue, we attempt to widen the aperture beyond "traditional" gaming and the closely linked addiction framework to address crucial themes in online psychology that have received comparatively less attention.

FoMO and "phubbing" are two new additions to the popular lexicon and are the subject of studies in this special issue. FoMO refers to the social-media-fed "fear of missing out," and has been defined as the anxious feeling "that your peers are doing, in the know about, or in possession of more or something better than you" (Barker, 2016). Phubbing represents the increasingly common practice of snubbing someone in a social setting to concentrate on one's phone instead (Chotpitayasunondh and Douglas, 2016). The study by Li et al. explores how FoMO and smartphone addiction may mediate the impact of affect on sleep quality, showing that negative affect was associated with FoMO and smartphone addiction. Although still relatively new, phubbing has quickly spread, with seemingly universal consequences in terms of psychological distress, as suggested by the study by Blachnio et al. of users in 20 countries.

While many effects of internet-related technologies are cross-cultural, it is important to confirm "locally" and incorporate sociocultural specificities. This is particularly true when it comes to screening and diagnostic tools. Chen et al. do so in a population of Chinese fourth to sixth graders,

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validating the psychometric properties of three scales that target problematic gaming but also problematic social media and smartphone "app" use. Similarly, Burkauskas et al. confirm in their study the psychometric properties of the Lithuanian version of the nine-item Problematic Internet Use Questionnaire (PIUQ-9) in a sample of Lithuania-based students.

While much research into online psychology has involved young students, "digital natives" and "Generation Z," older adults have often been ignored. This seriously complicates any claims of "universality" when it comes to online harms and opportunities. Older adults are the target of the study by Liu et al., swhich compared them to college students in terms of "telepresence" and emotional responsiveness vis a vis virtual reality (VR) content. More positive attitudes toward the material were reported by older adults. This adds to the recent literature on the potential benefit from VR among older adults. Among other applications, for example, VR has been used to target mild cognitive impairment (Liao et al., 2020).

Increasingly, technology is seen as both the problem and the solution. Beyond VR being the vehicle for addictive gaming and therapeutic interventions, this is reflected in the interest in the moment-by-moment, *in situ* observation of an individual's phenotypic details via smartphone sensing tools, which promises to improve diagnostics and tailor interventions (Huckvale et al., 2019). This idea is developed in the commentary by Lewczuk et al., which focuses on ecological momentary assessment (EMA) and ecological momentary interventions (EMI). The ideal-world-outcome could be to decrease recall bias, increase validity and deliver between-session interventions in subjects' natural environments.

Other aspects of online life can also be seen as healthy or problematic, depending on the degree of engagement and control over the behavior. The internet has transformed age-old dating and sexual practices, for example, often in enriching ways. It has, however, also facilitated compulsive sexual behavior and risky "chemsex" [using drugs to enhance sex] (Giorgetti et al., 2017), in part *via* geolocalizing tools. This, according to the study by Obarska et al., has contributed to vulnerability to depression, substance use and sleep disorders among excessive users of dating apps in the group of men who have sex with men (MSM) that they studied. The results augment the literature on chemsex (Maxwell et al., 2019) by adding an important mental health dimension.

As with the healthy vs. health-compromising use of dating apps, it can be a "fine line" between the all-consuming nature of gaming in *Gaming Disorder* and among career gamers. The motivations driving professional e-sports players were examined in a study of Hungarian gamers by Banyai et al. Competition, skill development and social motivators predicted career planning for professional players.

Creative approaches are called for to help mitigate some of the negative effects of social media and other apps, including compulsive sex and disordered gaming. The current social media model rests on exploiting users' freely supplied personal data in exchange for keeping platforms free. The acceptability of a model that would protect personal information but charge for social media use was explored in the study by Sindermann et al. Only 21.43% of study participants supported such a model, however. This would support recent survey data showing that the majority of social media users do not understand the privacy risks involved (Hitlin and Rainie, 2019).

One reason for discounting the negative impact of social media may be that we don't know the full extent of the problem. In their paper, Marengo et al. contend that most social media research has focused on only one platform, which can underestimate the deleterious effects of social media overall. Their investigation of the usage of Facebook-owned platforms (Facebook, WhatsApp and Instagram) showed that WhatsApp had the widest reach and that personality traits differed by platform use. The study helps answer the call for the scientific exploration of this understudied but highly popular platform (Jailobaev et al., 2021).

Huge socio-politico-cultural transformations have been attributed to psychological processes unfolding online and on social media. The diverse set of articles in this special issue reflects the richness of the field. Collectively, they shed an important light on some understudied facets of online psychology, although much work remains to be done to fully capture the vastness of the topic and propel it beyond gaming and addiction.

AUTHOR CONTRIBUTIONS

EA summarized the main findings from the various submissions and wrote the first draft of the editorial. DK, MY, and LL reviewed, expanded, and edited the draft. All authors contributed to the article and approved the submitted version.

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Executive Summary

Gambling is a legal activity that poses potential risks to Canadians. Although only about 1% to 3% of the population struggles with a gambling disorder (Williams, Volberg, & Stevens, 2012), harms related to gambling are distributed widely across the entire population of people who gamble (Browne, 2020). Yet people are not aware of the risks of gambling-related harms and there is a lack of evidence-informed guidelines for people who gamble to help them do so in a way that reduces their risk of experiencing these harms.

The poster included at the beginning of this report presents the Lower-Risk Gambling Guidelines (LRGGs). They are the culmination of four years' work and have been produced by the first large-scale, comprehensive project in the world to develop lower-risk gambling guidelines. The guidelines provide a set of quantitative limits and a summary of information about special risk populations, contextual factors and other health messages that should be included when educating the public about how to gamble in a lower-risk manner. These guidelines are the result of:

- Collaboration with an international group of experts made up of the some of the top gambling researchers in the world;
- Risk curve analyses of over 60,000 people who gamble from eight different countries;
- Feedback from over 10,000 Canadians collected via an online gambling survey administered twice;
- A series of interviews and focus groups with over 50 people who gamble from across Canada;
- Two comprehensive literature reviews; and
- Consultation with a pan-Canadian, multi-sectoral advisory committee of over 20 members.

This report provides an overview and discussion of the guidelines and the evidence used to develop them. Its intended audience is anyone interested in learning about the methods and evidence used to develop the guidelines and about the rationale for them.

The most effective, long-term, sustainable strategy to ensure that the LRGGs reduce harms related to gambling is for organizations or teams dedicated to reducing these harms to use the guidelines and incorporate them in their products and promotional activities. It is hoped that existing initiatives and programs, public health professionals developing awareness campaigns to inform the public about lower-risk gambling, and those developing training materials and capacity-building programs aimed at identifying and preventing risky gambling will use the guidelines in their messaging and products so that they become an important component of a public health response to the issue of harms related to gambling.

See the project web site, www.gamblingguidelines.ca, for more information on adapting and using the guidelines. The LRGG main poster and accompanying products are available for download there. Detailed methods for and results of the research conducted to develop the guidelines have been published in scientific, peer reviewed journals and are available through open access. The published research is referenced throughout this report as appropriate. A full list of the scientific publications emerging from this project is available on the project website at www.gamblingguidelines.ca/science-behind-guidelines.

We sincerely hope that the LRGGs will be useful to all those dedicated to reducing the harms related to gambling.

LRGG
Lower-Risk Gambling Guidelines

These guidelines were developed using the most current and highest quality scientific evidence available.

To reduce your risk of experiencing harms from gambling, follow all three of these guidelines:

1 HOW MUCH

Gamble no more than **1%** of household income before tax per month

Yearly household income	Maximum monthly amount
$10,000	**$8**
$30,000	**$25**
$50,000	**$42**
$70,000	**$58**
$90,000	**$75**
$110,000	**$92**
$130,000	**$108**
$150,000	**$125**

and

4 HOW OFTEN

Gamble no more than **4 days** per month

WHAT YOU PLAY MATTERS

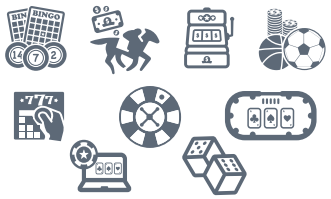
- Fast-paced games that involve quick and repeated betting can more quickly and easily lead to problems.
- For example, with many forms of online gambling, slot machines, electronic gaming machines and poker, people can spend large amounts of money in a short time.

and

2 HOW MANY

Avoid regularly gambling at more than **2 types** of games

GAMBLING TYPES INCLUDE THE FOLLOWING:



HOWEVER, these limits may not be suitable for you. You should consider gambling less than these guidelines recommend or not at all if you ...

- Experience problems from **alcohol**, **cannabis** or **other drug use**
- Experience problems with **anxiety** or **depression**
- Have a **personal** or **family history** of problems with gambling

SAFER GAMBLING TIPS

- Try to **limit your consumption of alcohol**, cannabis and other drugs while gambling. This will make it easier to stick to the guidelines.
- Try to **limit your access to money**. Consider leaving credit and debit cards at home. There are also apps that can prevent your phone from making payments.
- Try to **schedule activities** right after gambling sessions, which can set a limit on the amount of time you have to gamble.
- **Gambling with other people can affect how you gamble**. Think about how having gambling companions or gambling alone might impact you.
- **Entertainment money**. It is important to keep in mind how much money you are able to spend on entertainment when deciding how much to gamble.
- **Set limits**. If you have a big trip or special event coming up where you'll be gambling, plan ahead, remember the guidelines and set limits.

Visit www.gamblingguidelines.ca for more information.

WHAT ARE THE NEGATIVE CONSEQUENCES (HARMS) RELATED TO GAMBLING?

Losing money is the gambling harm that first comes to mind. But gambling can lead to other harms:

- Relationship conflicts, such as neglect of relationship, social isolation, arguing with your spouse
- Emotional distress, such as feelings of guilt, loneliness and isolation.
- Health problems, such as problematic use of alcohol or other drugs

Following these guidelines can help reduce your risk of gambling harms.

THINK ABOUT YOUR REASONS FOR GAMBLING

Is it for fun? If you're gambling to escape problems, you're more likely to experience harm from gambling and might find it harder to stick to the suggested limits.

These guidelines were developed for people of legal gambling age who want to make more informed choices about their gambling.

Canadian Centre on Substance Use and Addiction
Evidence. Engagement. Impact.

IF YOU THINK YOU ARE NOT IN CONTROL OR FEEL UNCOMFORTABLE WITH YOUR GAMBLING, PLEASE VISIT WWW.GAMBLINGGUIDELINES.CA/GETTING-HELP FOR A LIST OF RESOURCES IN YOUR REGION.

Addendum G

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ORIGINAL PAPER

A Within-Subject Pilot Feasibility Study of a Gambling Specific SBIRT Intervention Delivered in an Urban HIV/Primary Clinic

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Abstract

Background Although there are few interventions available to provide screening and brief intervention targeted toward problematic gambling, Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based intervention that has demonstrated effectiveness in reducing gambling behaviors.

Methods The goal of this pilot study was to evaluate the feasibility, acceptability and preliminary outcomes of a gambling specific SBIRT intervention in a medical setting. Fifteen participants were recruited from an urban HIV/Primary Care clinic to receive the gambling specific SBIRT intervention delivered by 3 clinicians. Process and gambling specific outcome measures were evaluated at baseline, immediately after the intervention and at 1-month follow-up.

Results On average, patient participants were 49 years and self-described themselves as male (60%) and Black or African American (86.7%). Three (20%) participants met 4 or more criteria of the DSM-5 gambling disorder. Compared to baseline, those who participated in the intervention decreased both the median number of days gambled (1 days vs. 0 days), as well as the median money gambled at 1-month follow-up ($7 vs. $1). Participants with 4 or more criteria of DSM-5 gambling had the greatest reduction (days gambled: (26 days vs. 21 days); money spent: (($400 vs. $65)). Participants reported that the intervention was acceptable. Clinician participants found the intervention to be easy to deliver.

Conclusions A gambling specific SBIRT intervention was feasible to deliver and acceptable to participants. Gambling specific outcome measures were reduced at 1-month follow-up. A randomized control trial to evaluate the efficacy of the intervention is a recommended next step.

Keywords Gambling disorder · HIV · Brief biosocial gambling screen · Gambling behavior

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