

Understanding the barriers to gambling treatment

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Gambling in Canada



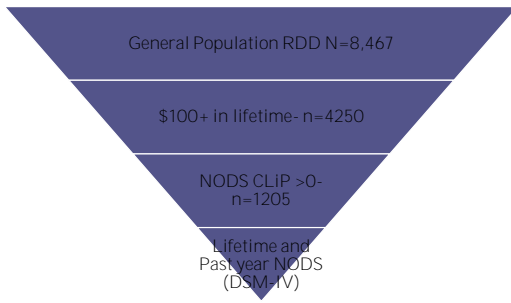
Breaking down barriers: How to reach individuals resistant to treatment

- The stats? 10%?
- Why do people seek treatment?
- **Barriers?** Why don't people seek treatment
- Solutions?

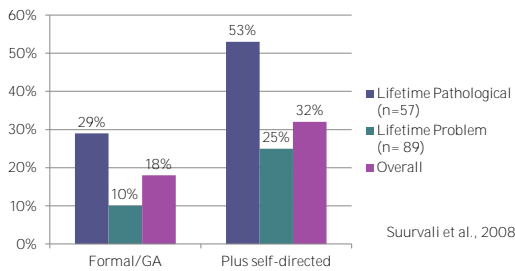
Problem gamblers don't tend to seek treatment

- Estimates range from 0 to 19%
 - US National studies
 - Slutske (2006) – 7.1%, N= 2,417; 9.9%, N = 43,093
 - Kessler (2008) – 0%, N=9,282
 - California
 - Volberg (2006), 10%, N= 7,121
 - Australia
 - Slutske (2009) – 19%, N=4,764
 - Ontario, Canada
 - Cunningham OPGRC survey (2007)

Cunningham, Hodgins & Toneatto, 2007



Proportion seeking treatment (Ontario)





Problem gamblers don't tend to seek treatment

- Yes, but estimates all based upon small numbers, plus other study limitations and therefore inexact
 - e.g.,
 - Largest sample NESARC N = 43,093
 - Lifetime PG – 0.4%, n=185
 - Treatment-seekers – 10%, n=18
- 10 to 18% depending on the jurisdiction



How does this compare to Mental Health and Addictions Treatment?

- NESARC: N = 43,093 (PG = 10%)
 - Alcohol Abuse
 - Treatment – 8%
 - Alcohol Dependence
 - Treatment – 25%
 - Ontario (PG = 18%)
 - Alcohol Problems
 - Treatment 36%
- Oleski et al., 2010
- Cunningham et al., 2003



How does this compare to Mental Health and Addictions Treatment?

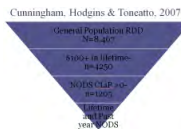
- Mental Health CCHS1.2 2006
 - Past year problem (mental health, alcohol, other drugs) - 10.9%
 - Any treatment? 39%
 - Mostly GPs
 - Rule of thumb - about 50%
- More mature field?

What we know about why people seek treatment- the 10-18%?

- Consistent cross national findings (N = 19 studies; Suurvali et al., 2010)
- 5 nations - Australia, Canada, New Zealand, Switzerland, US
- Varied in design, sample
 - 10 studies on reasons for quitting/resolving problem
 - 5 Treatment samples
 - 4 self-exclusion samples
- Open versus checklists, all retrospective
- Mostly multiple reasons

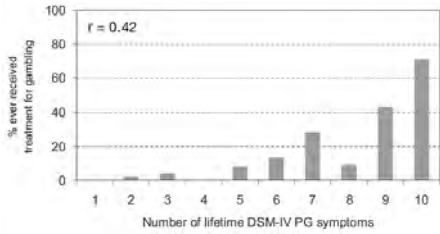
What we know about why people seek treatment? Most frequent motivators

What would it take to get you to seek help?



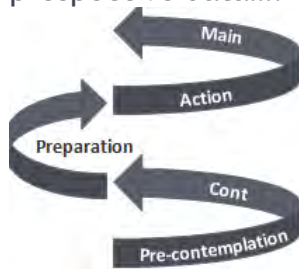
- Of the people with past years problems:
 - Money- Financial problems
 - Relationship impacts
 - Negative Life Impacts
 - Lack of control over gambling/feeling addicted

Treatment-seeking increases as problem severity increases



Australia sample: Sluske et al., 2009

Some prospective data....



Does the Transtheoretical Model predict treatment-seeking?

- N = 136 Pathological/Disordered gamblers
- Media-recruited
- Non-treatment-seeking
- Mean age 47
- 47% female
- EGMs, casinos main problem

- Followed at 6 (71%) and 12 months (67%).



Six month treatment-seeking

- Formal (22%)
- mode = 1
 - Psychologist, social worker, counselor
 - Gambling treatment program
 - Clergy
 - Support group



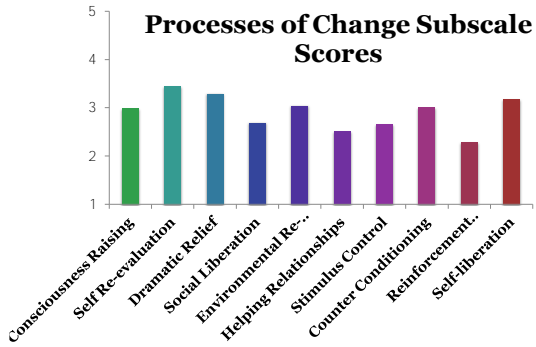
Six month treatment-seeking

- Informal (71%)
- mode = 2
 - Family, spouse, friends
 - Internet
 - Written materials
 - Mutual Support group



Potential predictors

- Problem severity (PGSI)
- Previous treatment
- Contemplation ladder (0 – 10)
- Stages of change (RTC, URICA)
- Temptations for Gambling Scale
- Gambling Abstinence Self-efficacy scale
- Processes of change



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- Temptations for Gambling
 - Negative affect
 - Social factors
 - Seeking wins or money
- Gambling Abstinence Self-efficacy
 - Negative affect
 - Positive emotions/testing urges
 - Winning/external situations
 - Social factors

Potential predictors

- Problem severity (PGSI)
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- Contemplation ladder (0 – 10)
- Stages of change (RTC, URICA)
- Temptations for Gambling Scale
- Gambling Abstinence Self-efficacy Scale (GASS)
- Processes of change



Predictors at 6 months

- 22% sought treatment
- Logistic regression – $\chi^2(10) = 39.6, p < .0001, R^2 = .52$
 - Severity of problem (PGSI) - OR = 1.3
 - Readiness to change (RTC) – OR = 1.5
 - GASS – winning subscale – OR = 1.9
 - Feeling a need to win, financial pressure
 - Process of change –social liberation = OR = 3.0
 - Paying attention to media messages about gambling



Predictors at 12 months

- 32% sought treatment
- Logistic regression – $\chi^2(11) = 28.0, p < .0001, R^2 = .33$
 - Severity of problem (PGSI) - OR = 1.2
 - Readiness to change (RTC) – OR = 1.2
 - GASS – winning subscale – OR = 2.8
 - Process of change –social liberation = OR = 2.1



Predictors of treatment

- Transtheoretical model is a useful way to think about treatment seeking
 - Media messages
 - Financial struggles, desire to win (contemplation strategy)
 - The possibilities of being gambling free (precontemplation strategy)

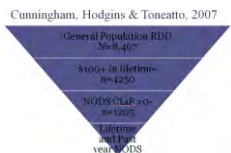
What we know about barriers. Why don't people seek treatment - the 90%?

- Consistent cross national findings (N = 19 studies; Suurvali et al., 2009)
- 6 nations - Australia, Brazil, Canada, New Zealand, Switzerland, US
- Varied in design, sample
 - 6 population studies
 - Treatment samples
 - Open ended, checklists. Etc.

Why don't people seek treatment? Major Barriers

- Wanting to handle problem on own
- Shame/stigma, embarrassment, pride
- Unwillingness to admit problem
- Lack of knowledge about treatment ✓
- Concerns with treatment effectiveness
- Practical issues concerning treatment

What about problem and treatment awareness?



- Of the 730 people with a past year problem:
 - 60% had seen an ad for gambling treatment
 - 65% could name a treatment service
 - 89% indicated they could find a service

Suurvali et al., 2011

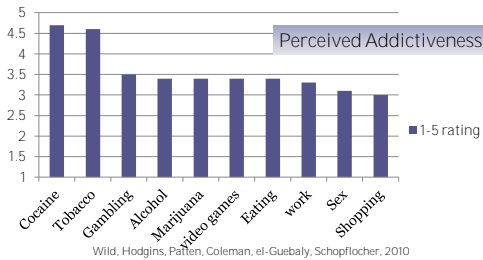
What about problem and treatment awareness?

- Better education is related to greater awareness
- Higher in Ontario than in other jurisdictions-
 - Gainsbury et al., 2013 in Australia
 - Helplines – 39%
 - Venue services- 31%
 - Counseling – 27%

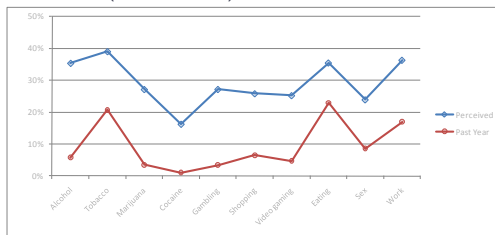
Evidence that public awareness campaigns increase treatment-seeking

- Productivity Commission Report, 2010 review
- Web-site and helpline spikes

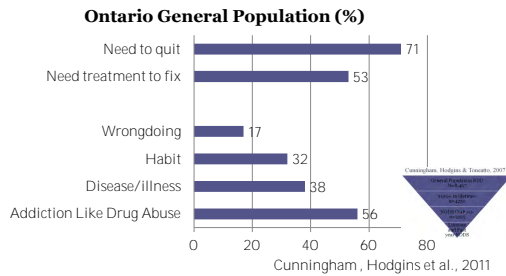
What do people in general know about gambling problems?



Perceived Problem Prevalence in Alberta (N = 6000)



Other beliefs about gambling problems

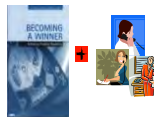


Why don't people seek treatment? Major Barriers

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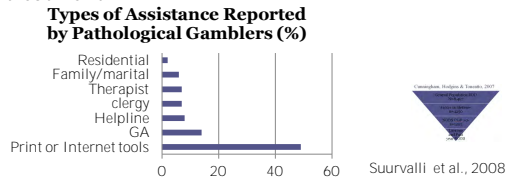
Some are just taking a different route to recovery....

- Natural recovery, self-recovery is very common
- Promoting self-recovery is an alternative to providing formal treatment...



Promote self-recovery or stepping stone to more formal treatment

- Trying it on your own is the first step (95%)
- Use of self-help materials is more frequent than treatment



Problemgambling.ca



- July-Sept. 2014 – 9,413 visits
 - Visit duration 6:30
 - 71% new, 29% returning
 - Most popular pages for return users
 - PGSI screener
 - Forum
 - Self-help Worksheets
 - Family support worksheets
 - 1762 registered for self-help tools
 - 231 mobile downloads (2013 fiscal)

Does it work? Stay tuned....

- Randomized Clinical Trial in progress....

Why don't people seek treatment? Major Barriers

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- Shame/stigma, embarrassment, pride
- Unwillingness to admit problem ✓
- Lack of knowledge about treatment
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- Practical issues concerning treatment

Admitting a problem is.....

- a prerequisite to seeking treatment
 - Why else would someone go?
- a later stage of problem evolution (e.g., only 27 of 53 last year problems acknowledged having a problem)
- different than recognizing that gambling is causing a negative consequence.
 - People will admit this earlier – more temporary, less existential
- is not a prerequisite to starting to change. People sometimes begin to change before admitting problem, in response to negative consequences
- How can we capitalize on that?

Conclusions



- The vast majority of PGs do not seek treatment
- Barriers include both attitudinal (not ready, stigma) and structural factors (convenience)
- Motivators are (fear of) negative consequences
- Some people are taking a different route to recovery
- Strategies need to focus on all these factors
 - Tweaking treatments
 - Encouraging readiness – help people imagine that their lives can be different
 - Promoting self-change, broaden options
