

Breaking the Silos: Prevention and Clinical Practitioners- Working Together to Mitigate Harms Associated with Problem Gambling

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U.S. Gambling History and Expansion



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U.S. Gambling History and Expansion

According to noted gambling law expert I. Nelson Rose, gambling has gone through three waves of expansion in the US.

- o **The first wave** of gambling, before the US was founded, was when lotteries were used to finance the settlement of the first colonies.
- o **The second wave** happened during the 1800s when gambling was often tolerated (though not always legal) as we began to "go west."
- o **And the third wave** began when Nevada legalized casinos (again) during the Great Depression in 1931.



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U.S. Gambling History and Expansion

- o 48 out of 50 states have legalized gambling (Utah, Hawaii)
- o 1996; Gambling revenues in the United States leisure economy in 1996 grossed over \$47 billion, which was greater than the combined revenues of almost \$41 billion from film box office, recorded music, cruise ships, spectator sports, and live entertainment
- o Global casinos had a projected gross gaming yield of around 115 billion U.S. dollars in 2016, and this figure was forecasted to reach 130 billion U.S. dollars in 2019.
- o There are efforts to evolve the gambling experience to reflect more of the video gaming experience.



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The Field of Gambling Disorders

- o It was not until 1972 that Dr. Robert Cluster, a physician working at the Veterans' Administration hospital in Brecksville, Ohio, first proposed a clinical entity, which he termed compulsive gambling.
- o In 1980, the American Psychiatric Association incorporated "pathological gambling" into its diagnostic and statistical manual (American Psychiatric Association, 1980) and thus legitimated this entity within the mainstream mental health field.



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Present: The 4th Wave

- o The gambling environment is evolving
- o Technologies initiatives and creations are growing
- o Fantasy sports and social games (gaming vs gambling)
- o Gambling is perceived as an ever more important source of public revenues
- o Marginalized communities and health disparities
- o Complexities and association to other related issues



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The Field of Gambling Disorders

In 1999- Korn, D. A., & Shaffer, H. J. (1999). Gambling and the health of the public: Adopting a public health perspective. *Journal of Gambling Studies*, 15(4), 289-365

In 2002 – The Annual Review of Public Health published Gambling and Related Mental Disorders: A Public Health Analysis by Drs David Korn and Howard Shaffer.

Both landmark studies were a first of its kind that analyzed gambling from a public health perspective.



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Gambling in the U.S.

o Reputable, peer-reviewed studies conducted to determine the prevalence rate of gambling disorders have concluded that this rate hovers around 1 percent of the U.S. adult population.

[Prevalence of Gambling Disorders | ICRG](#)



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What is Gambling?



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What is Gambling?

Webster's Definition: "The playing of a game of chance or stakes," "An act having an element of risk", "Something chancy". (*G. and C. Merriam Co., 1973*)

Gambler's Anonymous definition of "compulsive gambling": "Any betting or wagering for self or others, whether for money or not, no matter how slight or insignificant, where the outcome is uncertain or depends upon chance or "skill", constitutes gambling." (*Gambler's Anonymous, March 1994, Handbook*)

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What is Gambling?

"... risking something of value on the outcome of an event when the probability of winning is less than certain."
Korn, D.A. & Shaffer, H.R. (1999). Journal of Gambling Studies, 15(4), p.292.

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Games People Play

- Lottery
- Casino
- On-line gambling
- Horse/Dog Racing
- Sports Betting
- Raffles
- Charity games



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Clinical Practice



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Gambling Disorders and Substance Abuse

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National Epidemiologic Survey on Alcohol and Related Conditions

The 2008 NESARC study reported that:

- 73.2 percent of pathological gamblers had an alcohol use disorder (73.2%)
- 38.1 percent had a drug use disorder
- 60.4 percent had nicotine dependence



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Gambling and Alcohol

- Adolescents who are moderate to high frequency drinkers are more likely to gamble frequently than those who are not. *(Grant, Potenza, et al, 2010)*
- For individuals with alcoholism and gambling disorders, addressing both problems simultaneously leads to better outcomes. *(Hodgins and el-Guebaly, 2002)*



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Gambling and Mental Health



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National Epidemiologic Survey on Alcohol and Related Conditions

The 2008 NESARC study reported that:

- 49.6 percent had a mood disorder,
- 41.3 percent had an anxiety disorder,
- 60.8 percent had a personality disorder.

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What Comes First, PG or Other Disorder?

| Disorder | PG First | Other Disorder First | Onset at Same Time |
|------------------------------|----------|----------------------|--------------------|
| Any Mood Disorder* | 23% | 65% | 12% |
| Any Anxiety Disorder* | 13% | 82% | 5% |
| Any Impulse Control Disorder | 0 | 100% | 0 |
| Any SUD* | 36% | 57% | 6% |

* These disorders more common among PGs compared to rest of US population

© Source: Henry Lesieur (2014, March). Using best practices in treatment of dual diagnosis and pathological gambling. Workshop presentation to 2014 Problem Gambling Conference. "Ohio's Response to a Changing Landscape." Columbus, Ohio.

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Gambling Research

Past/Present

○ Problem gambling is often connected to mental health and other psycho-social and physical conditions; research shows that over 95% of problem gamblers have a pre-existing mental health or other substance-related disorder prior to the onset of a gambling disorder.

Present/Future

○ While we understand that problem gambling has a high level of co-morbidity to substance addiction and mental health, according to 2013, Prevalence of Recreational Gambling in MA was 57.4% Gamblers are more likely to be: **Obese, smoke heavily, use alcohol, and use prescription drugs.**

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Gambling Disorders and Suicide

The DSM-5 states that up to half of individuals in treatment for a gambling disorder have suicidal ideation and about 17% have attempted suicide.

According to the World Health Organization, factors such as **mood disorders, stressful life events or circumstances and a history of physical or sexual abuse in childhood put people at increased risk for harming themselves** (World Health Organization, 2002). All of these factors are common among those experiencing problems related to gambling.



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Continuum of Care and Services



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The Continuum of Care 1970s and 1980s

Prevention → Intervention → Treatment

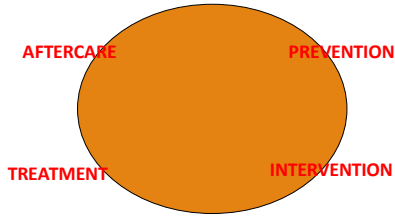


Prevention → Intervention → Treatment → Aftercare



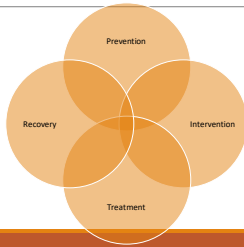
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The Continuum of Care – 1990s



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Continuum of Care – 2000s



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Prevention



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Prevention

Is an active process of **changing environmental conditions** and developing **personal skills and intentions** that support the well-being of people

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Risk Factors

Factors that increase the chances of someone developing health and behavior problems are called risk factors. Individuals, families and communities which possess these factors are considered at risk. Those that possess several are considered high risk.

Protective Factor

Factors that decrease the chances of someone developing health and behavior problems are called protective factors. Individuals, families and communities which possess these factors are considered at minimum to no risk.



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Gambling Risk Factors

- | | |
|--------------------------------------|-----------------------------------|
| Emotional difficulties | Attention deficits |
| Stress | Impulsivity |
| Distorted expectations about winning | Illusion of control over outcomes |
| Social pressure to gamble | Addiction history |
| Risky gambling behavior | Family Hx of gambling problems |

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General Protective Factors

| | |
|---------------------------------------------------------------|----------------------------------------------|
| A relationship with a caring adult role model | Self-esteem and an internal locus of control |
| Having an opportunity to contribute and be seen as a resource | Self-discipline |
| Effectiveness in work, play and relationships | Problem solving and critical thinking skills |
| Healthy expectations and a positive outlook | A sense of humor |

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Similarities of gambling disorder and substance abuse disorders

| | |
|-----------------------------|----------------------------------------------|
| Emotional difficulties | Continue usage despite negative consequences |
| Stress | Impulsivity |
| Preoccupation with activity | Significant withdrawal symptoms |
| Intense cravings | |
| Increase tolerance | |

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Differences of gambling disorder and substance abuse disorders

There is no substance
 Bail out by family or friends
 There is no obvious signs: slurred speech, blood shot eyes, or order
 Reward

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Breaking the Silos



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Our Perceptions of Each Other's Work

From a treatment professional: "We have a prevention department but I not only don't understand what they do, I don't even understand what they are talking about – it's like a different language. I believe they work hard but how do you prevent something that hasn't happened yet. It's a puzzlement to me."



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Our Perceptions of Each Other's Work

From a community outreach worker: "Why is intervention it's own part of the continuum? Don't we all do interventions? Prevention folks talk about community interventions, we have folks doing family interventions, sponsors do interventions? Isn't an intervention really just about caring and sharing and offering alternatives?"



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Our Perceptions of Each Other's Work

From a prevention professional: "I don't know too much about treatment. I know that they use specific techniques and modalities and that they are smothered in paperwork. I hear them talk about the 'revolving door' and that individual progress can be seen but the tide will never be stemmed."



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Our Perceptions of Each Other's Work

From a program director: "To me recovery is an extension of treatment. I don't see why we would need to change our mission statement to include it – it is inherent in our treatment work."



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Recommendations: Clinical Providers

- Incorporate educational topics within clinical sessions
- "Get outside of your bubble"
- Attend community events and activities
- Support clients and families in alternative and healthy activities



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Recommendations: Preventionist

Collaborate with clinical programs and offer educational and community resources

Get familiar with clinical programs and services and extend invitations for community events

Conduct "in service presentations" at clinical service programs

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Resources

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Gambling Problems: An Introduction for Behavioral Health Services Providers

www.samha.gov

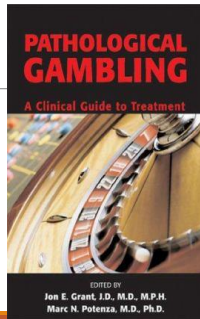
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International Centre For Youth Gambling Problems and High-Risk Behaviors

[Youth Gambling International Centre](#)

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Harvard School Division on Addiction
www.divisiononaddiction.org

International Center for Responsible Gaming
www.ICRG.org

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Thank You

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