Substance Abuse and Mental Health and Pathological Gambling
Addiction crowds out friendship, ambition, moral conviction, and reduces all the richness of life to a single destructive desire.
“We can be a nation where families embrace the power of prevention and wellness, where fewer people get sick because they take action to stay healthy.”

Michael O. Leavitt
20th Secretary of the U.S. Department of Health and Human Services
# SAMHSA Matrix of Priorities

## Programs/Issues

- Co-Occurring Disorders
- Substance Abuse Treatment Capacity
- Seclusion & Restraint
- Strategic Prevention Framework
- Children & Families
- Mental Health System Transformation
- Suicide Prevention
- Homelessness
- Older Adults
- HIV/AIDS & Hepatitis
- Criminal & Juvenile Justice
- Workforce Development

## Cross-Cutting Principles

- Science to Services/Evidence-Based Practices
- Data for Performance Measurement & Management
- Collaboration with Public, Private & International Partners
- Reducing Stigma & Discrimination & Other Barriers to Services
- Cultural Competency/Eliminating Disparities
- Community & Faith-Based Approaches
- Trauma & Violence (e.g., Physical & Sexual Abuse)
- Financing Strategies & Cost-Effectiveness
- Rural & Other Specific Settings
- Disaster Readiness & Response

## A Life In The Community For Everyone

*Building Resilience & Facilitating Recovery*
“Seneca Gaming revenues soar”

Seneca Gaming Corp., which operates gambling casinos in Niagara Falls and Salamanca, posted a 17 percentage increase in revenue for the third quarter. Its revenues of $134.3 million are $19.2 million more than the $115.1 million reported for the comparable three months in 2005.

The report said the increase was due primarily to higher net gaming revenues of $126.8 million, or 15 percent, related to last December’s opening of additional gaming space and a luxury hotel in Niagara Falls.

For the nine months, consolidated net revenues totaled $372.5 million, up $43.3 million, or 13 percent, from the same nine months in 2005. Net gaming revenues increased $39.2 million, or 13 percent.

Seneca Gaming Corp. is a tribally chartered corporation of the Seneca Nation of Indians.

Business First of Buffalo – August 14, 2006
NPR Business

Marketplace Report: Tribal Gambling Revenue

States are more addicted to gambling revenue than ever as the lure of easy new money for schools, tax relief and public services has led to an explosion of state-sanctioned casinos, slot machines at racetracks and lottery games.

Twenty-five years ago, gambling was legal in only three states. Now every state except Utah and Hawaii rely on gambling to generate revenues to help avoid raising taxes.
“48 states raking in gambling proceeds”

Pennsylvania will be the 11th state to offer slot machines at racetracks and other venues when it finishes awarding contracts to operate 61,000 slot machines – more than any state but Nevada -- to raise money for property tax relief. North Carolina in March became the 42nd state to launch a lottery and expects to raise $425 million in its first year, mostly for education.
Bets can be placed in nearly 900 casinos – 455 privately run in 11 states, 406 on Indian reservations in 29 states and 29 racetrack casinos – known as racinos -- in 11 states.

And at least nine states (Delaware, Georgia, Kentucky, Maryland, Massachusetts, Minnesota, Mississippi, Ohio and Texas) are considering opening their doors to casino or racetrack gambling.

By Kavan Peterson, Stateline.org Staff Writer

MAY 23, 2006
PATHOLOGICAL GAMBLING

CO-OCCURRING DISORDERS
Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:

- Is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
- Needs to gamble with increasing amounts of money in order to achieve the desired excitement
- Has repeated unsuccessful efforts to control, cut back, or stop gambling
- Is restless or irritable when attempting to cut down or stop gambling
- Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:

- After losing money gambling, often returns another day to get even (“chasing” one’s losses)
- Lies to family members, therapist, or others to conceal the extent of involvement with gambling
- Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
- Relies on others to provide money to relieve a desperate financial situation caused by gambling

The gambling behavior is not better accounted for by a Manic Episode
National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

- Largest comorbidity survey ever conducted
- Assessed DSM-IV substance use disorder
- Assessed 9 independent mood and anxiety disorders
- Assessed Life time pathological gambling
- Assessed 7 personality disorders
- Sample size of 43,093 adults from a nationally representative sample

Lifetime Prevalence of Pathological Gambling

• Lifetime Prevalence rate of pathological gambling was found to be 0.42%
• Rate for men was 0.64%
• Rate for women was 0.23%

NESARC SAMPLE

- Conducted in 2001-2002
- Surveyed individuals 18 years and older
- Civilian noninstitutionalized population residing in households and group quarters
- Individuals residing in all 50 states & DC
- Face-to-Face personal interviews
- Black, Hispanics and young adults (18-24) oversampled
- Response rate 81%

Demographic Characteristics of NESARC Sample (excluding pathological gamblers) and Pathological gamblers

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>NESARC SAMPLE (N=42,898)</th>
<th>Pathological Gamblers (N=195)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Male</td>
<td>47.8</td>
<td>72.2</td>
</tr>
<tr>
<td>Female</td>
<td>52.2</td>
<td>27.8</td>
</tr>
</tbody>
</table>

## Demographic Characteristics of NESARC Sample (excluding pathological gamblers) and Pathological gamblers

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>NESARC SAMPLE (N=42,898)</th>
<th>Pathological Gamblers (N=195)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race-Ethnicity</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>White</td>
<td>70.9</td>
<td>62.2</td>
</tr>
<tr>
<td>Black</td>
<td>11.0</td>
<td>22.1</td>
</tr>
<tr>
<td>Native American</td>
<td>2.1</td>
<td>1.3</td>
</tr>
<tr>
<td>Asian</td>
<td>4.4</td>
<td>7.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11.6</td>
<td>7.2</td>
</tr>
</tbody>
</table>

Demographic Characteristics of NESARC Sample (excluding pathological gamblers) and Pathological gamblers

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>NESARС SAMPLE (N=42,898)</th>
<th>Pathological Gamblers (N=195)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, in years</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>18-29</td>
<td>21.8</td>
<td>21.8</td>
</tr>
<tr>
<td>30-44</td>
<td>30.9</td>
<td>29.9</td>
</tr>
<tr>
<td>45-64</td>
<td>31.0</td>
<td>39.4</td>
</tr>
<tr>
<td>65+</td>
<td>16.3</td>
<td>8.9</td>
</tr>
</tbody>
</table>

Demographic Characteristics of NESARC Sample (excluding pathological gamblers) and Pathological gamblers

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>NESARC SAMPLE (N=42,898)</th>
<th>Pathological Gamblers (N=195)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Married/Living as Married</td>
<td>61.7</td>
<td>46.0</td>
</tr>
<tr>
<td>Widowed/Separated/Divorced</td>
<td>17.4</td>
<td>27.5</td>
</tr>
<tr>
<td>Never Married</td>
<td>20.9</td>
<td>26.5</td>
</tr>
</tbody>
</table>

Demographic Characteristics of NESARC Sample (excluding pathological gamblers) and Pathological Gamblers

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>NESARC SAMPLE (N=42,898)</th>
<th>Pathological Gamblers (N=195)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Less than High School</td>
<td>15.6</td>
<td>19.6</td>
</tr>
<tr>
<td>High School</td>
<td>29.3</td>
<td>34.3</td>
</tr>
<tr>
<td>Some College or higher</td>
<td>55.1</td>
<td>46.1</td>
</tr>
</tbody>
</table>

### Demographic Characteristics of NESARC Sample (exceeding pathological gamblers) and Pathological gamblers

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>NESARC SAMPLE (N=42,898)</th>
<th>Pathological Gamblers (N=195)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0-19,999</td>
<td>47.3</td>
<td>48.4</td>
</tr>
<tr>
<td>$20,000-34,999</td>
<td>22.6</td>
<td>23.4</td>
</tr>
<tr>
<td>$35,000-69,999</td>
<td>22.0</td>
<td>19.5</td>
</tr>
<tr>
<td>$70,000+</td>
<td>8.1</td>
<td>8.7</td>
</tr>
</tbody>
</table>

Demographic Characteristics of NESARC Sample (excluding pathological gamblers) and Pathological gamblers

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>NESARC SAMPLE (N=42,898)</th>
<th>Pathological Gamblers (N=195)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urbanicity</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Urban</td>
<td>80.3</td>
<td>85.3</td>
</tr>
<tr>
<td>Rural</td>
<td>19.7</td>
<td>14.7</td>
</tr>
</tbody>
</table>

Demographic Characteristics of NESARC Sample (excluding pathological gamblers) and Pathological gamblers

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>NESARC SAMPLE (N=42,898)</th>
<th>Pathological Gamblers (N=195)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Northeast</td>
<td>19.7</td>
<td>14.0</td>
</tr>
<tr>
<td>Midwest</td>
<td>23.1</td>
<td>25.1</td>
</tr>
<tr>
<td>South</td>
<td>35.2</td>
<td>28.8</td>
</tr>
<tr>
<td>West</td>
<td>21.9</td>
<td>32.1</td>
</tr>
</tbody>
</table>

# Lifetime Prevalence Rates of Comorbid Alcohol Use Disorders and Pathological Gambling

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence of Comorbid Disorder Among Those with Pathological Gambling</th>
<th>Prevalence of Pathological Gambling Among Those with CoMorbid Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any alcohol use disorder</td>
<td>73.22%</td>
<td>1.03%</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>25.42%</td>
<td>0.61%</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>47.79%</td>
<td>1.62%</td>
</tr>
</tbody>
</table>

# Lifetime Prevalence Rates of Comorbid Drug Use Disorders and Pathological Gambling

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence of Comorbid Disorder Among Those with Pathological Gambling</th>
<th>Prevalence of Pathological Gambling Among Those with CoMorbid Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any drug use disorder</td>
<td>38.10</td>
<td>1.56</td>
</tr>
<tr>
<td>Any drug abuse</td>
<td>26.92</td>
<td>1.48</td>
</tr>
<tr>
<td>Any Drug Dependence</td>
<td>11.18</td>
<td>1.83</td>
</tr>
</tbody>
</table>

## Lifetime Prevalence Rates of Comorbid Nicotine Use Disorders and Pathological Gambling

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence of Comorbid Disorder Among Those with Pathological Gambling</th>
<th>Prevalence of Pathological Gambling Among Those with Comorbid Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine Dependence</td>
<td>60.37</td>
<td>1.45</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence of Comorbid Disorder Among Those with Pathological Gambling</th>
<th>Prevalence of Pathological Gambling Among Those with Comorbid Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Mood Disorder</td>
<td>49.62%</td>
<td>1.08%</td>
</tr>
<tr>
<td>Major Depressive Episode</td>
<td>36.99%</td>
<td>0.95%</td>
</tr>
<tr>
<td>Dysthymic Disorder</td>
<td>13.20%</td>
<td>1.30%</td>
</tr>
<tr>
<td>Manic episode</td>
<td>22.80%</td>
<td>2.92%</td>
</tr>
<tr>
<td>Hypomaniac episode</td>
<td>4.66%</td>
<td>0.85%</td>
</tr>
</tbody>
</table>

**Lifetime Prevalence Rates of Comorbid Anxiety Disorders and Pathological Gambling**

<table>
<thead>
<tr>
<th></th>
<th>Prevalence of Comorbid Disorder Among Those with Pathological Gambling %</th>
<th>Prevalence of Pathological Gambling Among Those with CoMorbid Disorder %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Anxiety Disorder</td>
<td>41.30</td>
<td>1.02</td>
</tr>
<tr>
<td>Panic Disorder with agoraphobia</td>
<td>5.09</td>
<td>5.01</td>
</tr>
<tr>
<td>Panic Disorder w/o agoraphobia</td>
<td>13.13</td>
<td>1.39</td>
</tr>
<tr>
<td>Social Phobia</td>
<td>10.55</td>
<td>0.90</td>
</tr>
<tr>
<td>Specific Phobia</td>
<td>23.54</td>
<td>1.06</td>
</tr>
<tr>
<td>Generalized Anxiety</td>
<td>11.15</td>
<td>1.14</td>
</tr>
</tbody>
</table>

# Lifetime Prevalence Rates of Comorbid Personality Disorders and Pathological Gambling

<table>
<thead>
<tr>
<th></th>
<th>Prevalence of Comorbid Disorder Among Those with Pathological Gambling</th>
<th>Prevalence of Pathological Gambling Among Those with CoMorbid Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Personality Disor</td>
<td>60.82</td>
<td>1.74</td>
</tr>
<tr>
<td>Avoidant</td>
<td>13.96</td>
<td>2.51</td>
</tr>
<tr>
<td>Dependent</td>
<td>3.19</td>
<td>2.75</td>
</tr>
<tr>
<td>Obsessive-comp</td>
<td>28.45</td>
<td>1.53</td>
</tr>
<tr>
<td>Paranoid</td>
<td>24.08</td>
<td>2.31</td>
</tr>
<tr>
<td>Schizoid</td>
<td>14.97</td>
<td>2.03</td>
</tr>
<tr>
<td>Histrionic</td>
<td>13.10</td>
<td>3.02</td>
</tr>
<tr>
<td>Antisocial</td>
<td>23.31</td>
<td>2.72</td>
</tr>
</tbody>
</table>

Associations Between Pathological Gambling and Other Psychiatric Disorders

• In general, the associations between pathological gambling and other psychiatric disorders are quite strong.

• Adjusting for sociodemographic characteristics (race-ethnicity, age, sex, marital status, region of the country, and urban/rural dichotomy) or socioeconomic characteristics (education and income) did not change this.
  – Alcohol abuse is the only exception

Associations Between Pathological Gambling and Substance Use Disorders

- Any alcohol use disorder and alcohol dependence were significantly related to pathological gambling
- Drug use disorders were significantly related to pathological gambling
- Nicotine dependence was significantly related to pathological gambling

Associations Between Pathological Gambling and Mood Disorders

- With the exception of hypomania, all mood disorders were strongly related to pathological gambling.
  - Hypomania has a weak to modest relationship with pathological gambling
- The mood disorder mostly strongly related to pathological gambling was mania

Associations Between Pathological Gambling and Anxiety Disorders

- All anxiety disorders were strongly and consistently related to pathological gambling
- Panic disorder with agoraphobia was the anxiety disorder most strongly associated with pathological gambling

Associations Between Pathological Gambling and Personality Disorders

- All Personality Disorders assessed were strongly significantly associated with Pathological Gambling
  - Any Personality Disorder
  - Dependent
  - Obsessive-compulsive
  - Paranoid
  - Schizoid
  - Histrionic
  - Antisocial

Associations Between Pathological Gambling and Demographic Predictors

- Men are at greater risk for pathological gambling than women
- Blacks are at greater risk than whites
- Those widowed/separated/divorced are at significantly greater risk than those married or cohabitating
- Those living in the Northeast and South were at significantly lower risk than those in the West
- Those 45-64 year-olds were at significantly greater risk compared to those 65 and older, except for those associated with nicotine dependence and any personality disorder

Associations Between Pathological Gambling and Other Psychiatric Disorders by Sex

- The relationship between pathological gambling and alcohol abuse was not significant for either men or women.
- Relationships between pathological gambling and the following conditions were significantly greater in women than men:
  - Alcohol dependence
  - Any drug use disorder
  - Drug abuse
  - Nicotine dependence
  - Major depression
  - Generalized anxiety disorder

Population Estimates from NESARC

~881,751 adult Americans suffer from pathological gambling
- ~645,581 (73.2%) have a lifetime alcohol use disorder
- ~335,909 (38.1%) have a lifetime drug use disorder
- ~431,439 (48.9%) have a lifetime nicotine dependence

Population Estimates from NESARC

- ~881,751 adult Americans suffer from pathological gambling
  - ~437,494 (49.6%) have a lifetime mood disorder
  - ~364,159 (41.3%) have a lifetime anxiety disorder
  - ~536,276 (60.8%) have a lifetime personality disorder

Problem or Pathological Gambling and Perceived Need for Treatment

A major problem for those concerned about problem or pathological gambling will be the perceived need for treatment by those who are affected by the condition.
Natural Recovery & Treatment Seeking in Pathological Gambling

• Pathological Gambling may not always follow a chronic and persisting course

• A substantial portion of individuals with a history of pathological gambling eventually recover, most without formal treatment.

• The most frequent course of the Pathological Gambling is a single episode lasting a year

Wendy Slutske, Am J Psychiatry 163:2, 2006
Searching for Recovery

- Wendy Slutske, Ph.D. of the University of Missouri-Columbia looked at two U.S. national surveys
  - Gambling Impact and Behavior Survey (GIBS) 1998-1999
    - Telephone Interview of 2,417 adults
  - National Epidemiologic Survey on Alcohol Related Conditions (NESARC) 2001-2002
    - 43,093 adults interviewed face to face

Wendy Slutske, Am J Psychiatry 163:2, 2006
Gambling Impact and Behavior Study

• Of the 2,417 participants, 21 (0.80%) had a lifetime history of DSM-IV pathological gambling (PG)

• Of the 21 individuals with a lifetime history of PG, 18 (84.8%) did not meet the diagnostic criteria for PG
  – Nine (38.9%) had zero PG symptoms within the past 12 months
    • Only three reported some form of gambling in the past year
    • Only one had sought treatment for gambling problems
  – Nine had at least one PG symptom
  – Only two (7.1%) of the 21 with a history of PG reported having sought any type of treatment
Rates of Treatment-Seeking, Recovery and Natural Recovery Among Individual with a History of Pathological Gambling

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Gambling Impact and Behavior Study: Lifetime Unclustered PG (N=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Treatment Seeking</td>
<td>2</td>
</tr>
<tr>
<td>Recovery (with or w/o Treatment)</td>
<td>9</td>
</tr>
<tr>
<td>Natural Recovery (w/o Treatment)</td>
<td>8</td>
</tr>
</tbody>
</table>
NESARC & Recovery from Pathological Gambling (PG)

-Slutske looked at 185 individuals from the NESARC study who had a lifetime history of DSM-IV Pathological Gambling

-111 (63%) did not meet the diagnostic criteria for PG
  - 37% of the 111 had at least one PG symptom

-70 (36%) had zero PG symptoms within the past 12 Months

Wendy Slutske, Am J Psychiatry 163:2, 2006
NESARC, Pathological Gambling & Treatment

• Only 22 (9.9%) of those with a history of PG either received professional treatment for gambling problems (N=12, 5.5%) or had attended at least one Gamblers Anonymous meeting (N=16, 7.3%)

• There was a strong association between the number of lifetime PG symptoms experienced and the probability of seeking treatment

Wendy Slutske, Am J Psychiatry 163:2, 2006
### Association Between Lifetime Pathological Gambling Symptoms and Seeking Treatment in NESARC

<table>
<thead>
<tr>
<th>Number of Lifetime Pathological Gambling Symptoms</th>
<th>% of seeking Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>6%</td>
</tr>
<tr>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>7</td>
<td>6%</td>
</tr>
<tr>
<td>8</td>
<td>17%</td>
</tr>
<tr>
<td>9</td>
<td>31%</td>
</tr>
<tr>
<td>10</td>
<td>76%</td>
</tr>
</tbody>
</table>

Wendy Slutske, Am J Psychiatry 163:2, 2006
Slutske noted that of the 70 individuals with a history of DSM-IV PG who had zero PG symptoms in the past 12 months, only 8 sought treatment for their gambling problems.

Wendy Slutske, Am J Psychiatry 163:2, 2006
### Rates of Treatment-Seeking, Recovery and Natural Recovery Among Individual with a History of Pathological Gambling

<table>
<thead>
<tr>
<th>Outcome</th>
<th>NESARCC: Lifetime Unclustered PG (N=185)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Treatment Seeking</td>
<td>22</td>
</tr>
<tr>
<td>Recovery (with or w/o Treatment)</td>
<td>70</td>
</tr>
<tr>
<td>Natural Recovery (w/o Treatment)</td>
<td>62</td>
</tr>
</tbody>
</table>

Wendy Slutske, Am J Psychiatry 163:2, 2006
# Rates of Treatment-Seeking, Recovery and Natural Recovery Among Individual with a History of Pathological Gambling

<table>
<thead>
<tr>
<th>Outcome</th>
<th>NESARC: Prior to Past-Year Clustered Pathological Gambling (N=141)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Treatment Seeking</td>
<td>21</td>
</tr>
<tr>
<td>Recovery (with or w/o Treatment)</td>
<td>57</td>
</tr>
<tr>
<td>Natural Recovery (w/o Treatment)</td>
<td>49</td>
</tr>
</tbody>
</table>

Wendy Slutske, Am J Psychiatry 163:2, 2006
Problem Gambling

- Defined as endorsing three or four symptoms of DSM-IV pathological gambling
- 1.3% of the GIBS participants (N=30) had a lifetime history of problem gambling
  - 46.3% (N=15) had zero PG symptoms within past 12 months
  - No instances of treatment seeking
- 0.8% of the NESARC participants (N=332) had a lifetime history of problem gambling
  - 39.1% (N=129) had zero PG symptoms within past 12 months

Wendy Slutske, Am J Psychiatry 163:2, 2006
Summary of Slutske’s Views

• 36%-39% of the individuals with a lifetime history of PG did not experience any gambling related problems in the past year.

• Only 7%-12% of those with a history of PG had sought either formal treatment or attended Gamblers Anonymous Meetings.

• 33%-36% of individuals with PG were characterized as natural recovery.

• PG does not always follow a chronic or persisting course.
  – Also does not usually follow a typical relapsing or episodic course.
  – Course can be chronic, episodic, or single.

Wendy Slutske, Am J Psychiatry 163:2, 2006
Defining Recovery

- How long should an individual be symptom-free to be considered fully “recovered” from pathological gambling?
- To what extent will being PG symptom free for one year predict being symptom free over time for a stable recovery?
- Over half off those in NESARC with a past history of PG who were symptom free in the past year had been symptom free for 5 or more years.

Wendy Slutske, Am J Psychiatry 163:2, 2006
RELAPSE

• Little information exists about the relationship between gambling and substance abuse relapse, especially whether relapse to one may precipitate relapse to the other

J Weinstock et al, Am J on Addictions, 15:144-149, 2006
Needs of Special Populations

• Older adults—a prevalence study of Florida residents found that almost 2 percent of older adults could be classified as lifetime pathological gamblers (Volberg 2003)

• College students—In prevalence studies, community college students consistently demonstrate higher rates of gambling problems than adults

• Grade, Middle, and High School students—There has been a significant increase in number of children and adolescents engaging in gambling. The popularity of the game Texas Holdem has contributed to this increase
Federal Response to Problem Gambling

• Deferred to States
  – National Council of Legislators from Gaming States

• Deferred to Non-Profit Organizations
  – National Council on Problem Gambling
  – Association of Problem Gambling Service Administrators

• National Gambling Impact Study Commission
  – 1999

• Establishing the Problem
  – Not a part of our Household Survey
    • Largest National Survey of Its kind
    • Over 67,000 individuals interviewed face to face
CSAT Supports NASADADAD Study for Treatment of Pathological/Problem Gambling and the Role of State and Other Drug Agencies

- 50 States and District of Columbia responded to study
- 23 respondents asserted their SSAs have responsibility for treatment of problem/pathological gambling
- 27 States and the District of Columbia responded in the negative.
State Response to Gambling

- In 23 States, SSAs have responsibility for treatment of problem/pathological gambling.
- In 22 States, substance abuse treatment providers receiving SSA funding offer problem/pathological gambling treatment services.
- In 21 States, AOD treatment providers routinely screen for problem gambling.
- In 13 States, AOD treatment providers routinely assess problem gambling.
- In 11 States, AOD treatment providers routinely treat problem gamblers.
Who Has Jurisdiction for Providing Services to Those With Gambling Problems?

• Which State system is the most reasonable, and potentially most effective, choice to take responsibility for pathological gambling?
  – View I: Separate State Service System
  – View II: Substance Abuse Treatment System
  – View III: Mental Health Delivery System
How can gambling treatment programs be funded?

• How can programs be funded?
  – SPMI?
  Other revenues?
• Contributions from the gaming industry
• Are State legislative changes needed?
Science to Service

- Connecting Services and Research
- Identifying Evidence-based Practices for Problem and Pathological Gambling
- Providing Technical Assistance for Treatment Providers to adopt evidence-based practices
Effective evidence-based practices

• What are the most effective ways to deal with the addiction and with the profound negative consequences of pathological gambling?
  – Depression
  – Suicide
  – Child Neglect and abuse
  – Loss of jobs
  – Home foreclosure
  – Domestic violence
  – Impact on the elderly and other special populations
  – Crime
Cost Benefits of Gambling Services

• 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.

• These contentions need to be justified by solid evidence
Enhance System Effectiveness

• Facilitate consensus on quality of care and treatment outcomes
• Support implementation of evidence-based practices that guide screening, intervention, assessment, engagement, individual and group therapies, relapse prevention, and continuing care
• Develop reimbursement mechanisms that:
  – Incorporate performance requirements
  – Ensure support for system reinvestment
• Facilitate consensus on the dynamic of Recovery
  – Definition
  – Components
  – Agents
Possible Outcome Measurements

- Retention in treatment
- Abstinence
- Reduction in gambling activity
- Financial status
- Employment status
- Hospitalization
- Loss of home or business
- Bankruptcy
- Family relationships and problems
Recommendations

• Assume a neutral stance
• Recognize the State’s ethical responsibility
• Work with the gaming industry
• Learn from other states
• Be flexible in planning
Develop the Workforce

• Conduct a nationwide addiction treatment and peer to peer workforce survey and develop a comprehensive report on the state of the workforce

• Establish national gambling addiction professional minimum competency standards

• Develop ongoing data collection of information about the changing characteristics of the workforce

• Continue dissemination of research findings and evidence-based clinical and organizational practices through the ATTC’s and other mechanisms
Develop Core Principles of Effective Treatment

- Place clients in level of care most appropriate for individual
- Use cognitive behavioral therapy as the preferred therapeutic approach
- Include motivational interviewing techniques
- Develop treatment designs that are specific to the clinical needs of problem gambling clients
- Include a family program component
Reduce Stigma

• 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
Address Workforce Burnout

• As we develop strategies to recruit people into the workforce, we must develop strategies to keep people in the workforce.

• Career Ladders, Burnout Reduction, and Adequate Compensation are essential components of any comprehensive workforce strategy.
Gambling Problems in Substance Abuse Counselors

• In a convenience sample of 328 substance abuse counselors, a 11.9% lifetime prevalence rate for PG and a 6.4% lifetime prevalence rate for problem gambling was found.
• Prevalence rates for problem and PG among substance abuse counselors were higher for men, African American, and individuals with less education.
• 60% of substance abuse counselors with either PG or problem gambling expressed interest in learning more about their gambling problem.

J Weinstock et al, Am J on Addictions, 15:144-149, 2006
## Substance Abuse Counselors’ two-month gambling behavior

<table>
<thead>
<tr>
<th>Gambling Frequency</th>
<th>Non-Problem Gamblers (n=268)</th>
<th>Problem gamblers (n=21)</th>
<th>Pathological gamblers (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>158 (59.4%)</td>
<td>6 (28.6%)</td>
<td>17 (43.6%)</td>
</tr>
<tr>
<td>1-2 times</td>
<td>68 (25.6%)</td>
<td>6 (28.6%)</td>
<td>3 (7.7%)</td>
</tr>
<tr>
<td>3-5 times</td>
<td>23 (8.6%)</td>
<td>4 (19.0%)</td>
<td>4 (10.3%)</td>
</tr>
<tr>
<td>6-10 times</td>
<td>9 (3.4%)</td>
<td>1 (4.8%)</td>
<td>2 (5.1%)</td>
</tr>
<tr>
<td>&gt;10 times</td>
<td>8 (3.0%)</td>
<td>4 (19.0%)</td>
<td>13 (33.3%)</td>
</tr>
</tbody>
</table>

J Weinstock et al, Am J on Addictions, 15:144-149, 2006
Weinstock’s Conclusions

- Results suggest that PG in substance abuse counselors was associated with poorer physical health, even after controlling for demographic variables.
- PGs reported more severe and limiting bodily pain than non-problem gamblers.
- PGs reported more limits in performing physical activities due to health problems than problem gamblers.
- Only about 8% of substance abuse counselors who suffer from PG receive treatment for gambling problems.
- Substance Abuse counselors should be educated about gambling behavior, its associated consequences, and the comorbidity between gambling and substance use disorders.

J Weinstock et al, Am J on Addictions, 15:144-149, 2006
Challenges

• Screening is progressing faster than treatment capacity—clinicians often do not know what to do about a positive screen
• Need exists for culturally competent services
• Need for advocacy groups to present their point to Legislators
States with Yellow Text have NCPG Affiliate Councils
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SAMHSA/CSAT Information

- www.samhsa.gov
- SHIN 1-800-729-6686 for publication ordering or information on funding opportunities
  - 800-487-4889 – TDD line
- 1-800-662-HELP – SAMHSA’s National Helpline (average # of tx calls per mo.- 24,000)