

# Why Should I Care? Substance Use, Mental Health and Problem Gambling

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# Learning Objectives

- Introduce you to the importance of screening for gambling issues
- Review the complex range of potential co-occurring issues with gambling disorder
- Broaden perspectives and integration into your practice

# Beginner's Mind

In the beginner's mind there are many possibilities, but in the expert's there are few.

- *Shunryu Suzuki*

By age 18, >80% of people have gambled at least once, placing their first bet around age 13 on average.



# Continuum of gambling behavior

No  
gambling

Non-problem  
gambling

Disordered gambling

Subclinical  
“problem”  
gambling

Diagnosable  
pathological  
gambling

Most people either haven't gambled within the past year (20-30%) or gamble in a non-problematic, recreational way.

In the United States:

12% of adolescents

16% of college students

6% of adults

# Case of Ted

- 62 yo Caucasian male, married, 2 adult children, one deceased both from first marriage
- History of alcohol dependence and opiate dependence
- Upper middle class, successfully employed in sales
- Began gambling after recovery for SUDs

# Case of Ted

- Self referred for gambling issues
- On intake, still abstinent but meets criteria for Recurrent Major Depression and Gambling Disorder
- Referred for residential treatment out of state
- Multiple relapses, eventually including ETOH and nicotine

# Substance use exacerbates gambling

- Alcohol
  - Increases time spent gambling
  - Increases amount wagered
  - Increases consequences of gambling
- Marijuana
  - Impairs decision-making (focusing on larger immediate gains despite bigger losses)





# Risk factors for disordered gambling

- Age of first bet ( $\leq 11$  years)
- Early big win?
- Biological sex (male)
- Family history of PG or SUDs
- Negative emotionality / poor coping
- Impulsive personality
- Anti-social personality
- Obsessive-compulsive disorder (OCD)
- Alcohol use / AUDs
- Illicit drug use / SUDs



# Comorbidity versus Co-occurrence

- *Comorbidity* refers to the positive association between two disorders (i.e., one tends to go with the other)
  - *Lifetime* comorbidity = disorders occur *independently* from one another at different points in a person's life
  - *Current* comorbidity = both disorders occur at the *same time*
- *Co-occurrence* refers to the simultaneous or proximal engagement in two or more behaviors
  - e.g., drinking while gambling; consuming caffeine and alcohol at the same time.
  - The total effect of the behaviors combined may result in greater harm than either alone.

# Psychiatric Comorbidity in Pathological Gamblers

## ➤ Affect Dysregulation/Negative Affect

- Affective Disorders
- Anxiety Disorders
- Cluster C & A Personality Disorders

## ➤ Impulsivity/Disinhibition

- Attention Deficit Hyperactivity Disorder
- Cluster B Personality Disorders

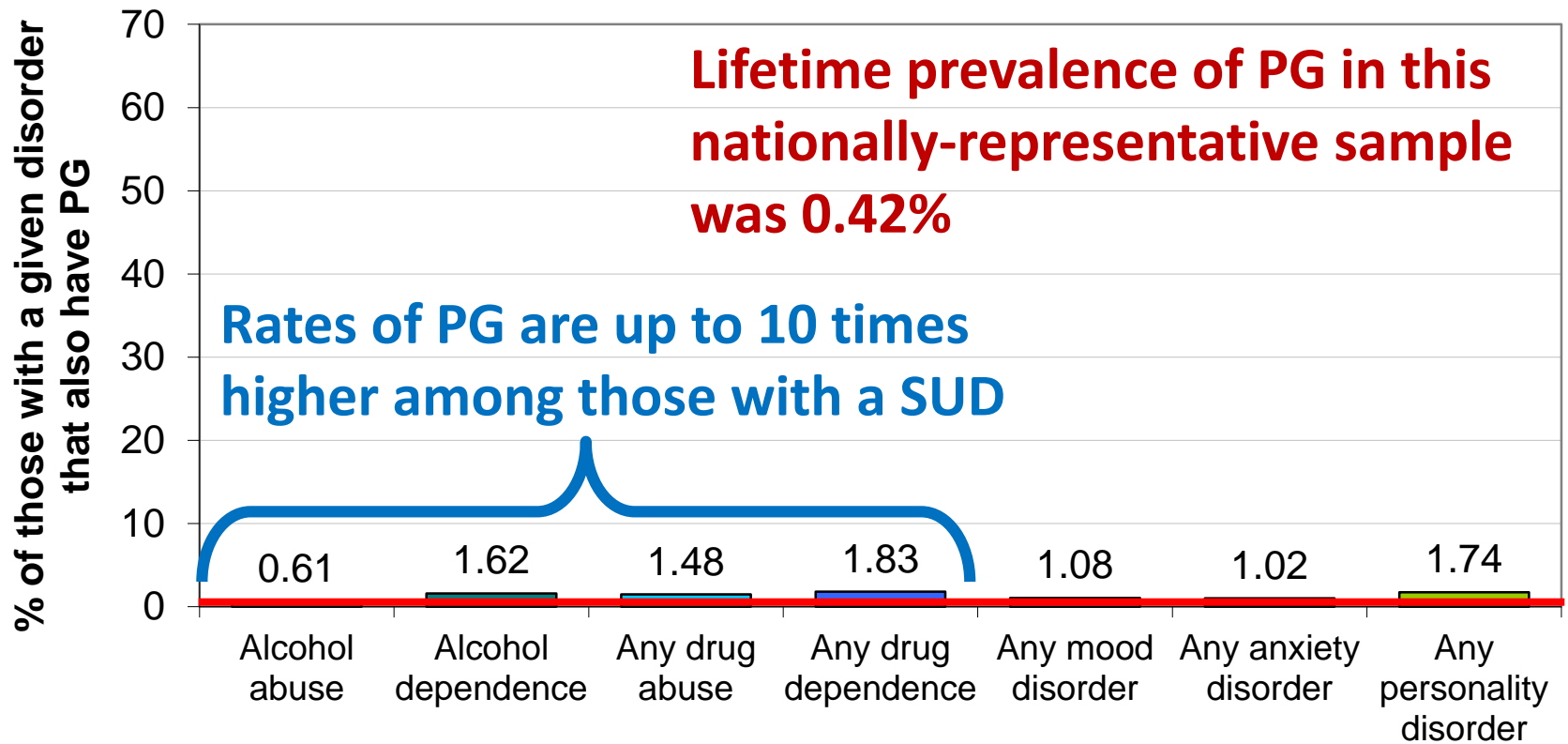
## ➤ Substance Abuse

# Lifetime Co-morbidity

Kessler et al., 2008 (National Comorbidity Survey Replication)

Disorder	Prevalence of Disorder amg. PG	Temporal Sequence (For those with PG and other disorder)		
		PG First	Other Disorder First	Onset at same time
Any mood Disorder	55.6%	23.1%	64.1%	11.7%
Any anxiety disorder	60.3%	13.4%	82.1%	4.5%
Any impulse control disorder	42.3%	0%	100%	0%
Any substance use disorder	42.3%	36.2%	57.4%	6.4%

# Lifetime Comorbidity of PG among those with Another Psychiatric Disorder



# Problem Gambling and Mental Health Disorders

Williams et al., 1998

<b>Disorder</b>	<b>Recreational Gam Vs. Non Gam</b>	<b>Prob Gam Vs Non Gam</b>
<b>Major Depression</b>	<b>1.7 *</b>	<b>3.3 *</b>
<b>Dysthymia</b>	<b>1.8 *</b>	<b>2.1</b>
<b>Schizophrenia</b>	<b>0.6</b>	<b>3.5 *</b>
<b>Phobias</b>	<b>1.2</b>	<b>2.3 *</b>
<b>Somatization</b>	<b>1.7 *</b>	<b>3.0 *</b>
<b>Antisocial PD</b>	<b>2.3 *</b>	<b>6.1 *</b>
<b>Alcohol Use</b>	<b>3.9 *</b>	<b>7.2 *</b>
<b>Alcohol Abuse/Dep</b>	<b>1.9 *</b>	<b>3.3 *</b>
<b>Nicotine Use</b>	<b>1.9 *</b>	<b>2.6 *</b>
<b>Nicotine Dep</b>	<b>1.3 *</b>	<b>2.1 *</b>

**NS = Mania, Suicidality, OCD, Panic, GAD, Drug Use, Drug Abuse/Dep**

**\*=p<0.05**

# Co-occurring Disorders

## *Oregon Treatment Data (N=1504)*

- **Substance use disorders:** 29% of problem gamblers report current alcohol related problems and 11% report current drug related problems.
- **Mood disorders:** About 50% of problem gamblers report significant depression symptoms at intake.
- **Suicide:** 46% reported suicidal thoughts and 3% reported attempted suicide within 6 months of intake.
- **Co-occurring Axis I:** 22% received a secondary Axis I diagnosis. (diagnostic classification data is considered incomplete – likely much higher than what was reported)

# Lifetime Co-morbidity

Kessler et al., 2008 (National Comorbidity Survey Replication)

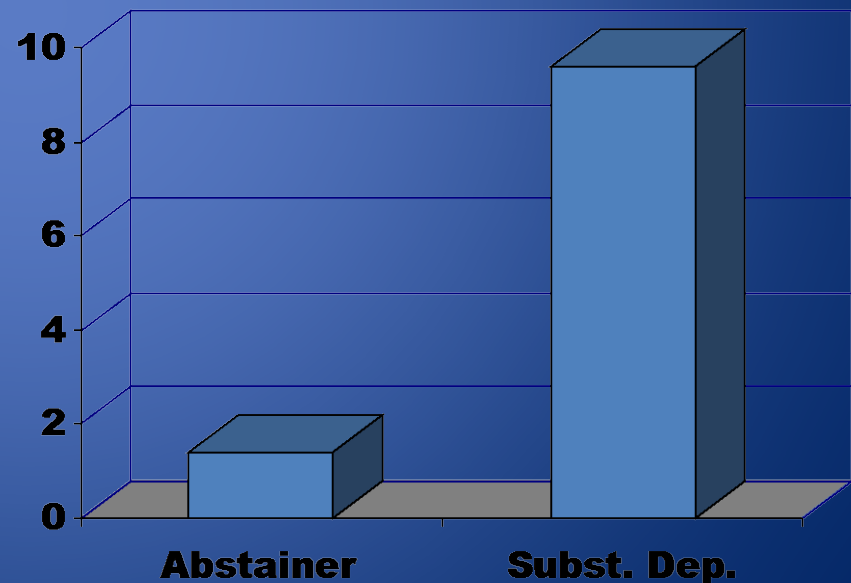
- Although nearly half (49%) of those with lifetime pathological gambling received treatment for mental health or substance abuse problems, none reported treatment for gambling problems



# Relationship between SA, Gambling Problems and Mental Health

Rush et al., 2008

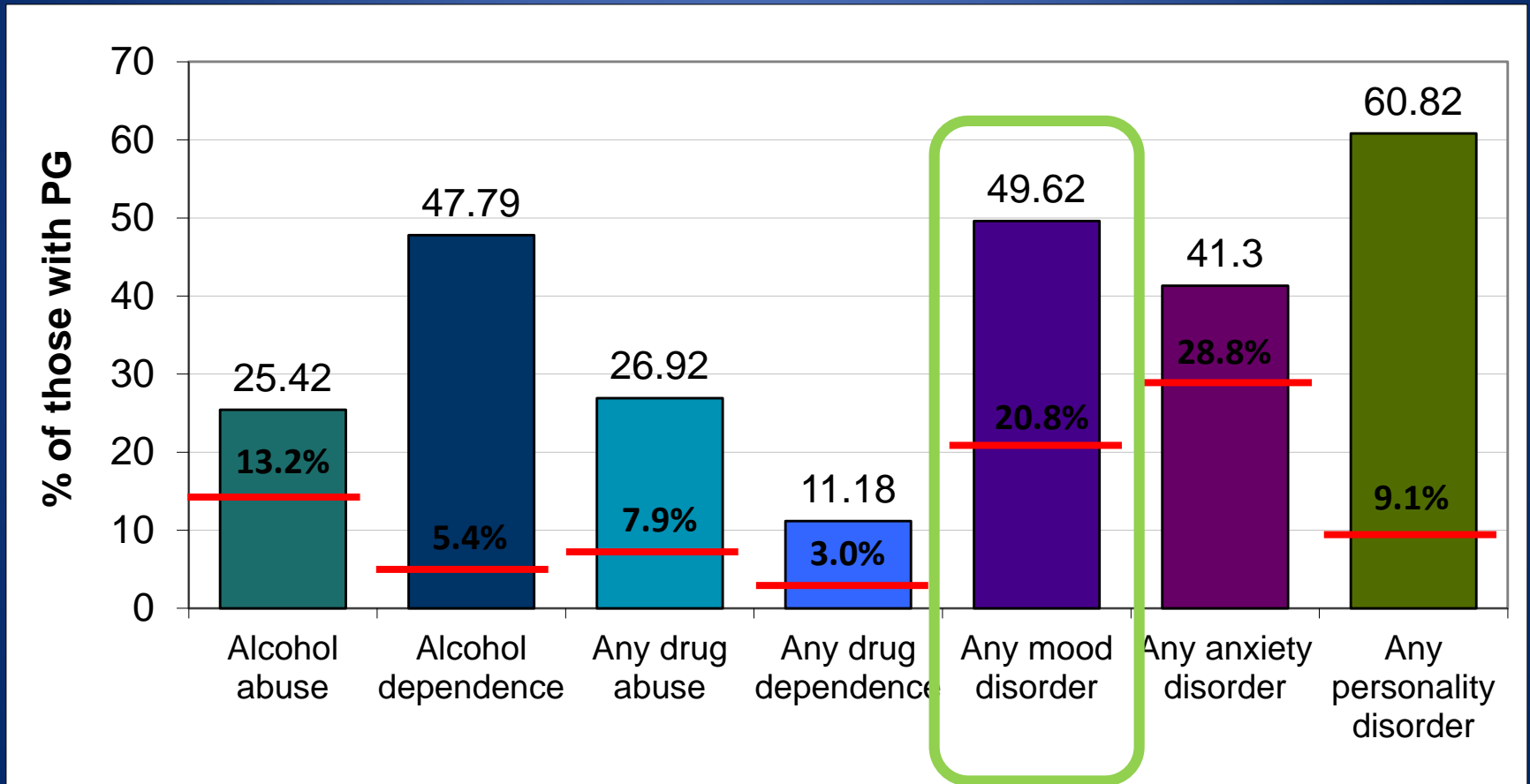
- Results from Canadian survey (N=365,885)
  - The presence of a lifetime mental health disorder (other than SA) almost doubled rate of gambling problems
  - The more severe the past-year substance use disorder the higher the prevalence of gambling problems



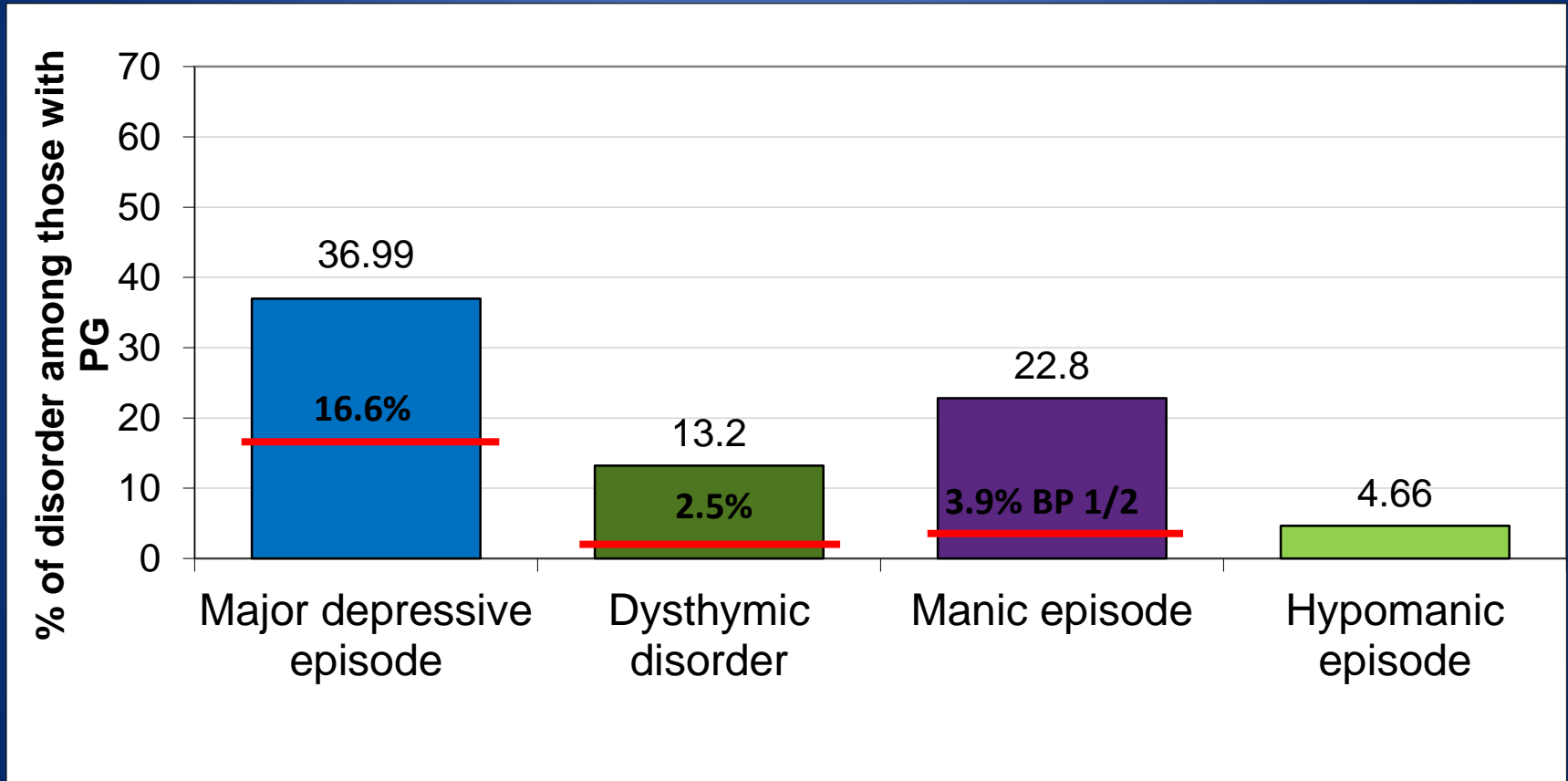
# Individuals seeking treatment for SUD who also have PG...

- Report greater unemployment
- Have more legal problems/involvement
- Show greater social impairment/family problems
- Have greater prevalence of nicotine dependence
- Report more alcohol use
- Abuse more substances
- \* Gambling severity in these individuals also predicts engagement in high-risk sex

# Lifetime Comorbidity of other psychiatric disorders *among those with PG*



# Lifetime Comorbidity of other psychiatric disorders *among those with PG*



# Suicidality among Disordered Gamblers

- Rates of suicidal ideation range from 12-92%
- Rates of suicide attempts range from 4-40%
- “Gambling-related” attempts range from 7-26%
- Among completed suicides, rates of “gambling-related” suicides range from 6% to 17% of total
  - Pathological gambling often not assessed as a contributing factor to death by suicide

# Suicide Risk Factors among Gamblers

- Financial problems
  - Credit **Debt**
  - **Debt** to Acquaintances
- Arrests/Legal Problems
- Gambling related family problems
- Depression and anxiety
- Substance Abuse
- Prior Mental Health or Substance Abuse Treatment
- Family history of Drug and/or Gambling Disorders
- Low SES (?)



# Substance Abuse, Mental Health and Problem Gambling



# Adult Screening Instruments (see handouts)

- South Oaks Gambling Screen – Revised
- NODS
- Lie (to anyone important)/Bet (more than planned)  
<http://www.ncrg.org/sites/default/files/uploads/docs/monographs/liebet.pdf>
- Gamblers Anonymous Twenty Questions



# SOGS items

- Has a problem with gambling.
  - Gambles more than intended.
  - Wants to stop but can't.
  - Goes back to win lost money.
  - Claims to be winning when not.
  - Hides gambling signs from others.
  - People criticize gambling.
  - Feels guilty about gambling.
  - Argue about gambling.
- Loses time from school or work due to gambling.
  - Borrows money from friends, spouse, or household for gambling.
  - Borrows from banks or credit cards to gamble.
  - Cashes in stocks/bonds or sells property to gamble.
  - Writes bad checks to gamble.
  - Borrows from loan sharks to gamble.

# The NODS-PERC

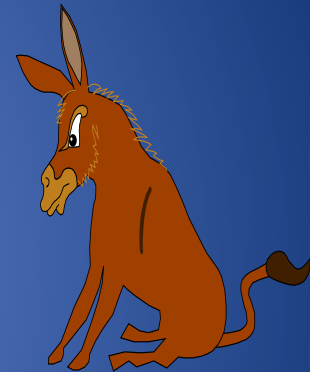
NODS 1	Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences or planning out future gambling ventures or bets?
NODS 8	Have you ever gambled as a way to escape from personal problems?
NODS 10	Has there ever been a period when, if you lost money gambling one day, you would return another day to get even?
NODS 14	Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?

# Screening Issues

- Self-report
- How you ask as well as what you ask
- Need to ask multiple times and in multiple contexts
- Decrease defensiveness
- Involve family/significant others

# Co-occurring Disorder (COD) and Problem Gambling Treatment Implications

- COD does not absolve of responsibility
- Treatment Compliance
  - Resistance or COD
  - Smaller Assignments
  - Need for Assistance
- Financial Problems Serious Relapse Trigger
  - Money Manager/Financial Counselor
  - Keeping Budget Organized



# COD and Pathological Gambling Treatment Implications

## ➤ Inadequacy, Avoidance and Procrastination

- Education on COD
- Address Issue of Shame
- Develop Effective Coping Strategies and skills training
- Acknowledging Need for Help and Coaching
- Anxiety and Affect management techniques
- Structure



# COD and Pathological Gambling Treatment Implications

- Help with Organizing and Structuring
  - Sponsorship
  - Help with Problem Solving
  - Career and Work Issues
  - Values and Spiritual Structure
  - Role of Prolonged Probation to support and structure therapeutic interventions



# Going in Circles

Thich Nhat Hanh

O you who are going in circles,  
please stop,  
What are you doing it for?

“I cannot be without going,  
Because I don't know where to go.  
That's why I go in circles”

O you who are going in circles,  
please stop

“But if I stop going,  
I will stop being.”

# Going in Circles

Thich Nhat Hanh

O my friend who is going in circles,  
You are not one with  
This crazy business of going in circles.  
You may enjoy going,  
But not going in circles

“Where can I go?”

Go where you can find your beloved,  
Where you can find yourself.



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