

Why gambling problems – past or present – matter in substance use disorders treatment.



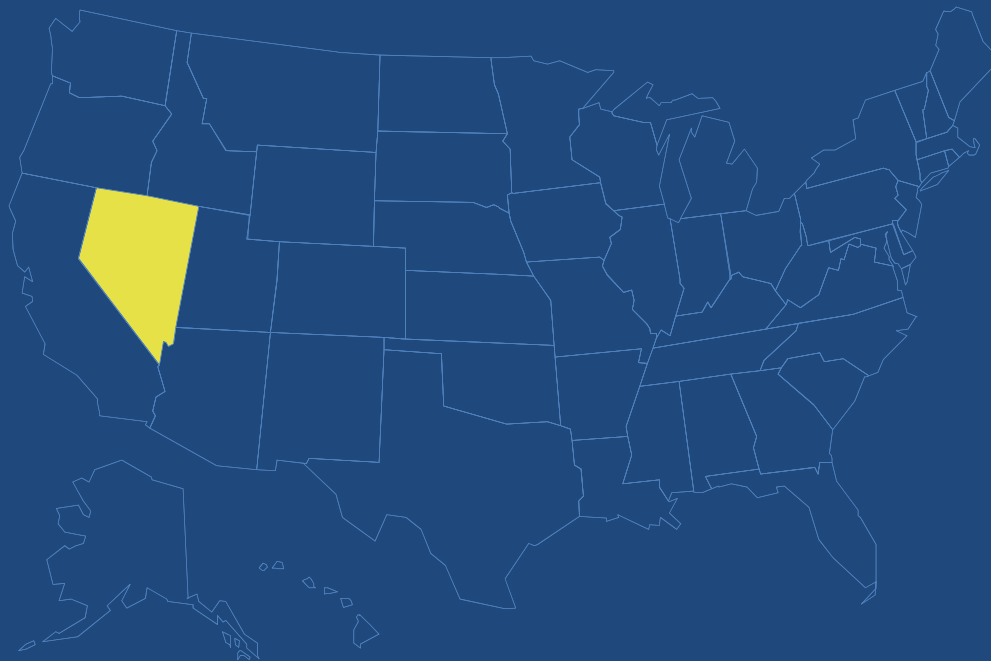
Jeremiah Weinstock, PhD, Jeffrey J. Marotta, PhD, & Eleanor L. Leavens, M.S.

Aims of the Presentation

1. Brief Introduction of Gambling Disorder
2. Prevalence in SUD Treatment Clinics
3. Patient Perceptions
4. What Patients Say During CBT Treatment
5. Actions to Consider



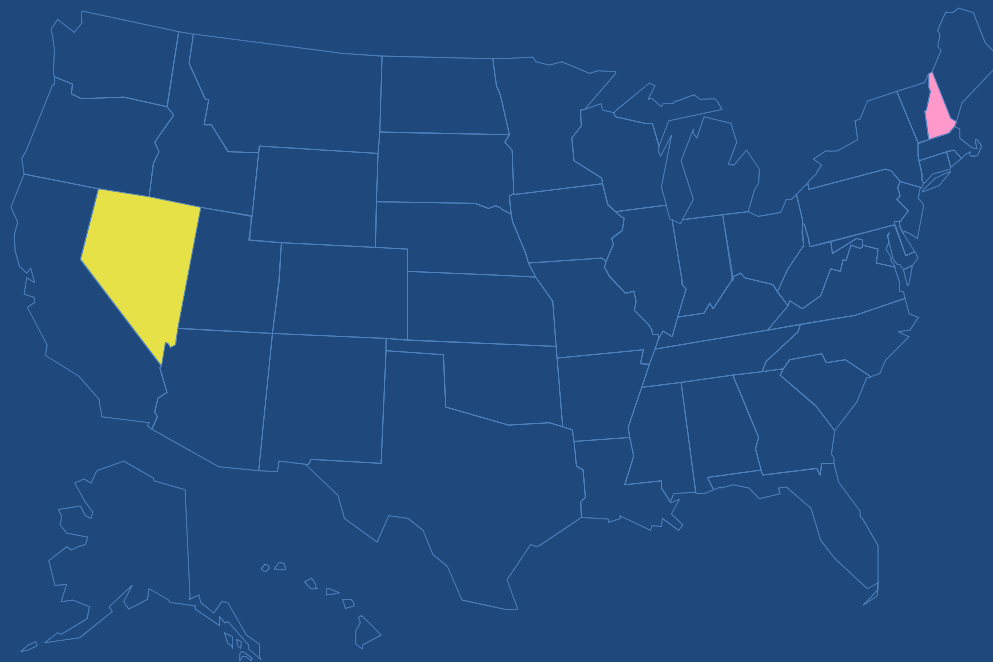
States with Legalized Gambling in 1963






- Casino gambling
- Other gambling
- No legal gambling

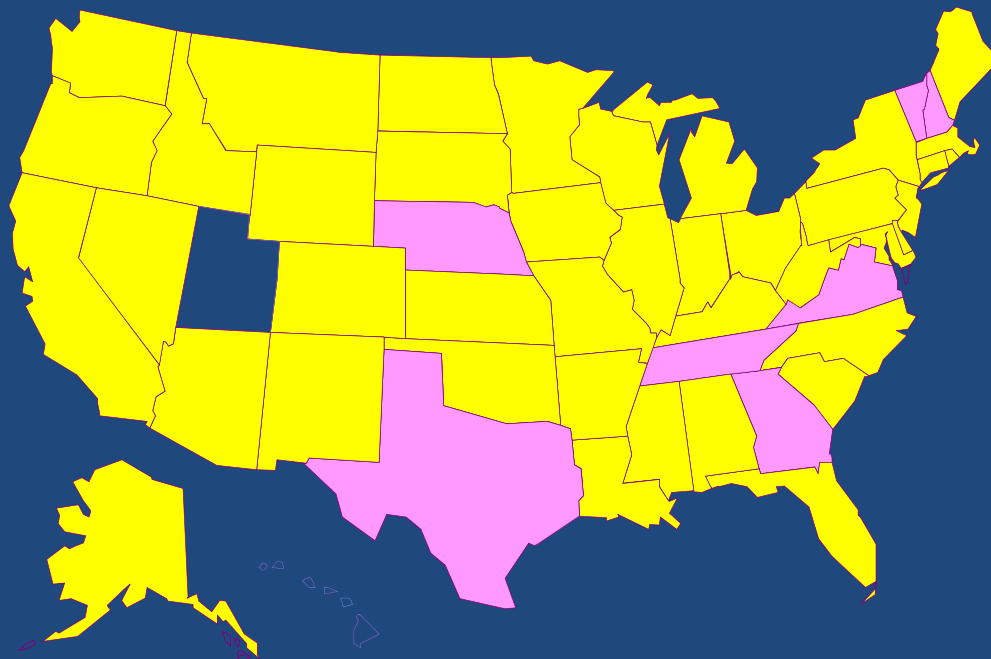
**Excludes tracks for betting on animals

States with Legalized Gambling in 1964



-  Casino gambling
-  Other gambling
-  No legal gambling

States with Legalized Gambling in 2015



- Casino gambling
- Other gambling
- No legal gambling

Why the Expansion?



\$\$Money\$\$

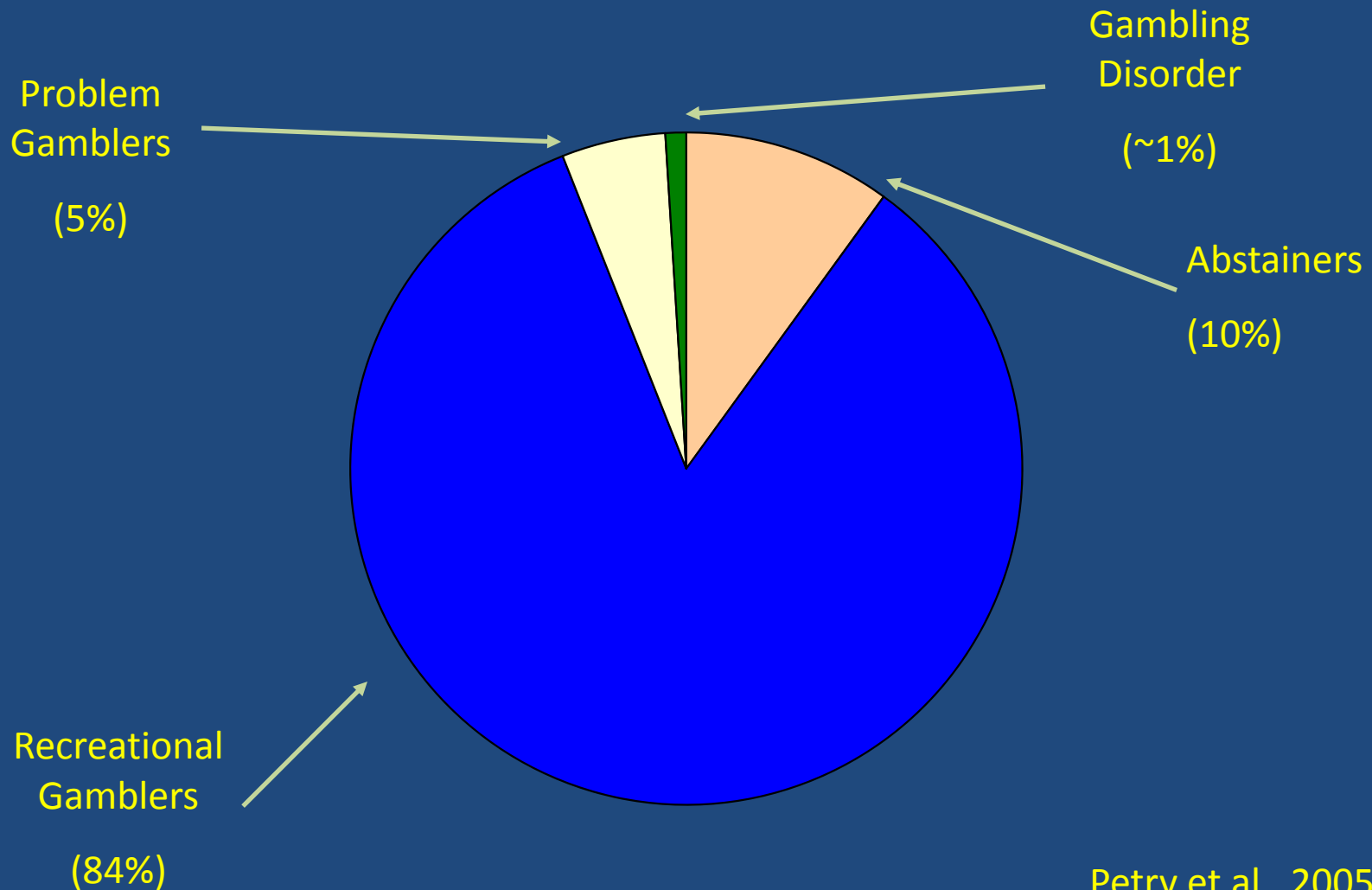
- Native American Gaming – brings money onto the reservation.
 - Costello et al (2003) – lifted families out of poverty.
- Economic development tool – Tunica, MS.
 - WAS one of the poorest counties in America.
- Increased revenues for the states w/out raising taxes.
 - In FY 2014, 12.4% of West Virginia's state budget was from gambling revenues.
 - Missouri FY2015 budget assumes that 2.3% of state revenues will come from gambling related sources (lottery & casinos).

Gambling Disorder – DSM5

4 of 9 criteria

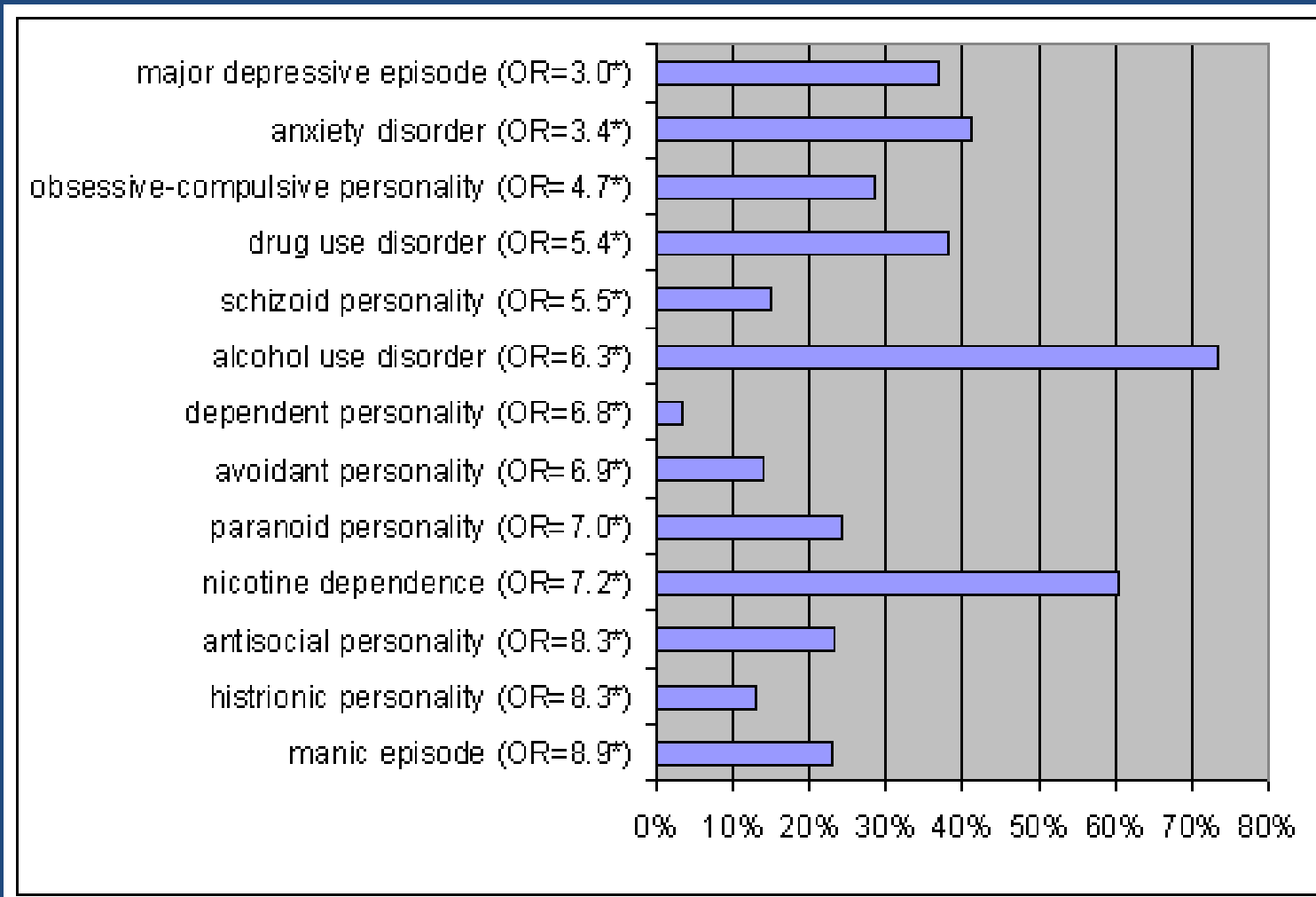
1. Tolerance
2. Restless/irritable when cutting down or stopping
3. Unsuccessful attempts to quit
4. Preoccupation with gambling
5. Gambles when distressed
6. Chasing losses
7. Lies to conceal gambling behavior
8. Jeopardized or lost a significant relationship, job, or education opportunity
9. Needed financial bailout due to gambling

General Population Prevalence

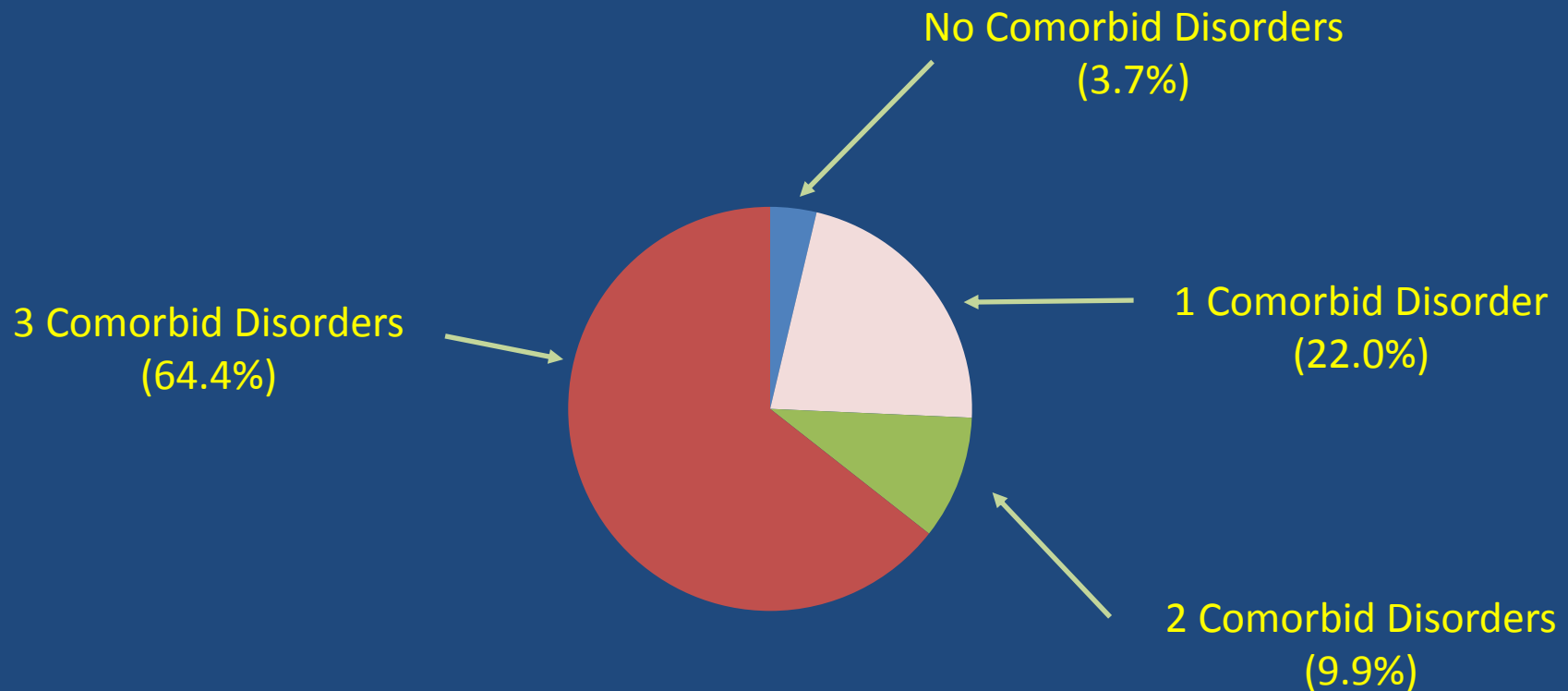


Petry et al., 2005;
Shaffer et al. 1999

Lifetime Comorbidity Rates



Number of Lifetime Comorbid Disorders



Temporal Onset of GD vs Other Disorder

Disorder	Prevalence	GD 1 st	Other 1 st	Same Year
Major Depression	38.6	20.5	73.5	6.1
PTSD	14.8	49.5	50.5	0.0
Panic Disorder	21.9	10.7	81.8	7.5
Substance Abuse	46.2	18.7	70.9	10.4
Substance Dependence	31.8	44.3	55.7	0.0

Gambling Disorder in SUD Treatment

	Prevalence
Comorbidity Timeframe	
Lifetime	15.2%
Current	10.9%
Treatment Setting	
Inpatient	11.5%
General SUD outpatient	10.7%
Methadone maintenance therapy (MMT)	18.8%

Methadone Maintenance Therapy

GD & MMT:

- Over a 6 month period:
 - MMT patients with GD more likely to provide a positive urine toxicology screen for cocaine (54% vs. 25%)
 - A trend for opiate positive urine toxicology screen (53% vs. 39%).
- MMT patients with GD more likely to drop out of treatment within six months (46% vs. 18%).
- MMT patients with GD may benefit from additional psychosocial services.



Gambling & SUD – How do they relate?

Some clients will report that they currently:

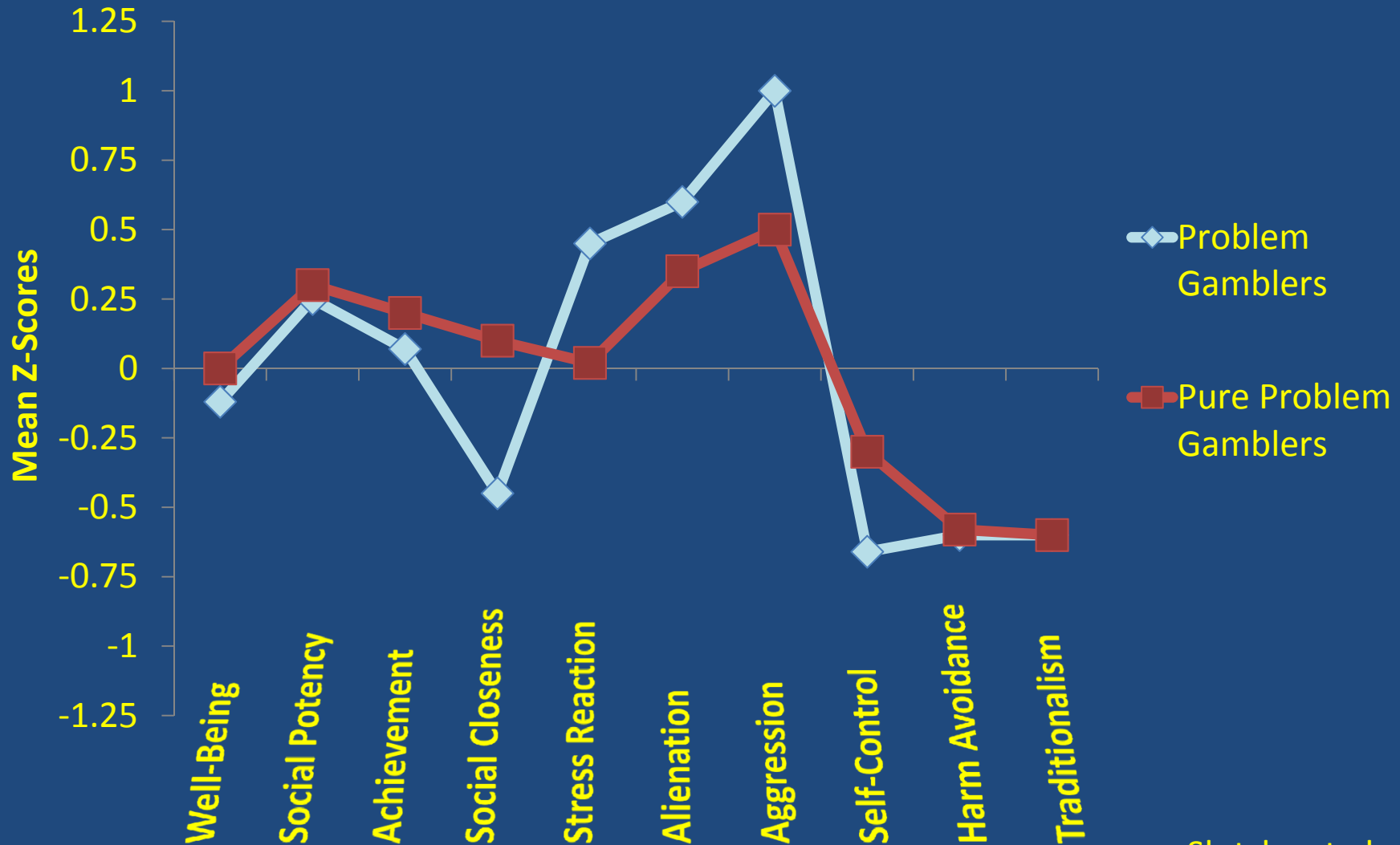
1. Drink and gamble at the same time.
2. Do both, but never at the same time.



Others report only a history of alcohol problems.

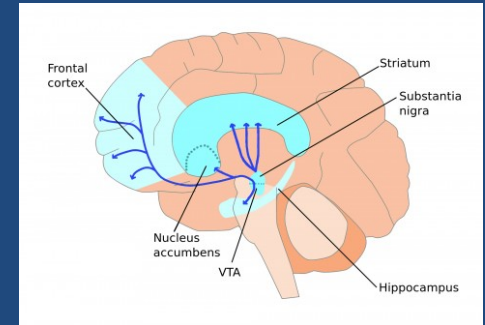
Overlap of genetic factors between alcohol and gambling disorders is about 12% - 20%.

Addictive Personality?



Slutske et al., 2005

Other Theories



Cross-Priming

- The same neuropathways are activated in addictive behaviors.
- Drugs or behaviors with similar mechanisms of neurological action can “cross-prime” or motivate reinstatement of other problem behaviors.

GD Patient Perceptions & SUD Treatment

Assessed problem gambling in patients ($N = 962$) living in 13 residential SUD treatment facilities.

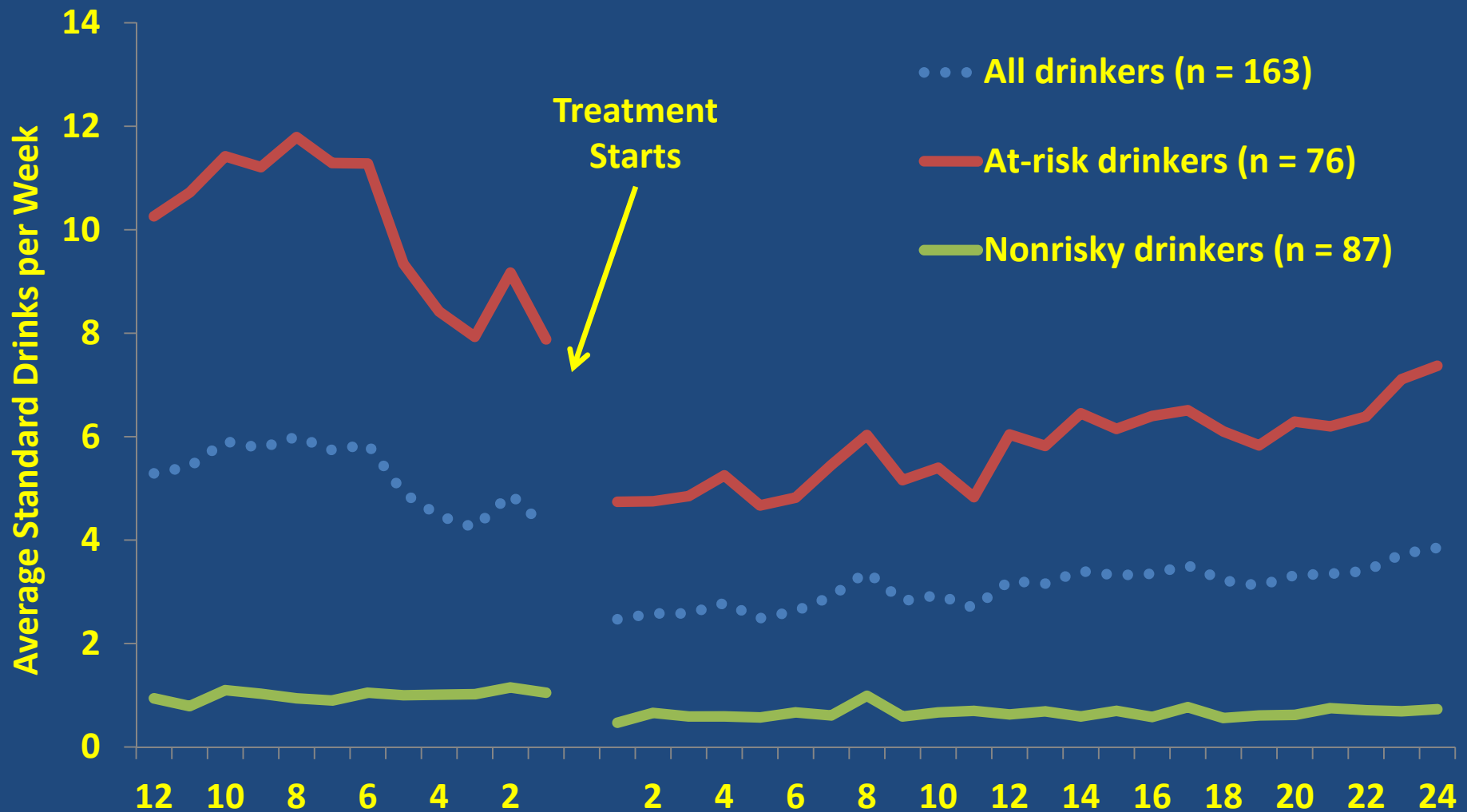
- 22% identified as lifetime problem gamblers
- Only 4% reported gambling is addressed in their current treatment or relapse prevention plans.
- Nearly 1/3 of problem gamblers had concerns that gambling could interfere with their future efforts to stay clean and sober from substances.

Impact of One on the Other During Treatment

1. If a client stops gambling, will his or her drinking get worse?
2. If a client stops using substances will his or her gambling get worse?

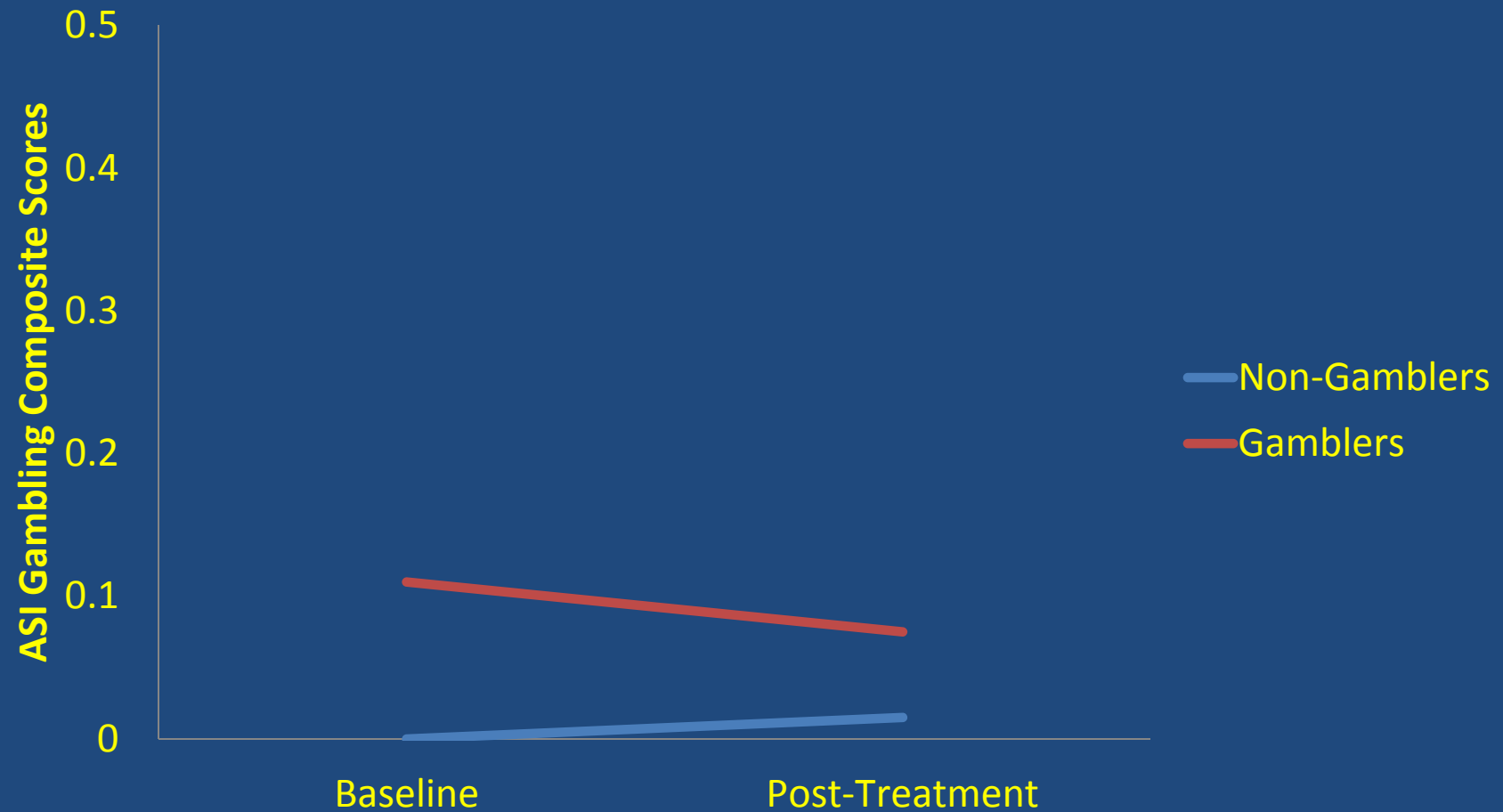
Empirical question!

Drinking Before & During Gambling Treatment



Rash, Weinstock & Petry (2011)

Gambling During SUD Treatment



Petry & Alessi (2010)

Summary

1. Gambling Disorder occurs in about 1% of the population.
2. It is highly comorbid with substance use disorders and is present in SUD treatment settings (~10-20%).

Summary

3. Even a history of gambling disorder can potentially impact treatment, and it is not being addressed.
4. Even if we are not addressing the other addictive behavior in treatment, the other addictive behavior is most likely decreasing in the short term. But let's bring it into the room and use it. Our addiction treatments will become all that more powerful.

Potential Next Steps

1. Assess for lifetime gambling disorder.
 - Brief Biosocial Gambling Screen (Gebauer, LaBrie, & Shaffer, 2010)
 - 3 Questions – Ask lifetime version
 1. Withdrawal
 2. Lying
 3. Borrowed Money
2. Incorporate results into client treatment plan and relapse prevention plan.

Community-Academic Partnerships

Leavens, Marotta, & Weinstock (2014)

- Partnership on two levels.
 - Dr. Marotta and the residential treatment facilities.
 - Dr. Marotta and Dr. Weinstock

Weinstock, Burton, Rash, Moran, Biller, Kruedelbach, Phoenix, & Morasco (2011)

- Partnership with the West Virginia Problem Gamblers Help Network.
- Examined referral to and engagement in treatment via gambling helpline.

Community-Academic Partnerships

Community side

- **Do you have data?**
 - Standardized, commonly used measures?
 - Intakes, treatment engagement, post-treatment interviews
 - Data must be de-identified (no names, SSN)
- **Benefits**
 - Get empirical answers to burning questions
 - Increase visibility of your organization
 - Hopefully leads to improvements in care

Community-Academic Partnerships

Academic side

- **Benefits**
 - Potentially interesting data that is otherwise not available, and I did not have to collect it
 - Get to ask and answer burning “real world” questions
 - Get outside the ivory tower
 - Form meaningful collaboration that potentially capitalizes on my knowledge and skills
 - Hopefully, assist the organization in improving/advancing their work

Community-Academic Partnerships

Ask around at conferences (like MCPGSA) to see if someone is interested?

Up front tasks:

1. Agree on the project and goals.
2. Agree on order of authorship on academic publication and conference presentations.
3. Lay out a process/timeline*.
4. Do the work collaboratively and communicate throughout the process.

Thank you!

Jeremiah Weinstock, PhD

Saint Louis University

Department of Psychology

St. Louis, MO 63108

Phone: (314) 977-2137

jweinsto@slu.edu

Eleanor L. Leavens, M.S.

Oklahoma State University

Department of Psychology

Stillwater, OK 74078

Phone: (913) 972-8841

leavens@okstate.edu

Jeffrey J. Marotta, PhD

Problem Gambling Solutions, Inc.

1602 SW Westwood Dr.

Portland, OR 97239

Phone: (503) 706-1197

[Problemgamblingsolutions](mailto:Problemgamblingsolutions@comcast.net)

[@comcast.net](mailto:Problemgamblingsolutions@comcast.net)

Questions?