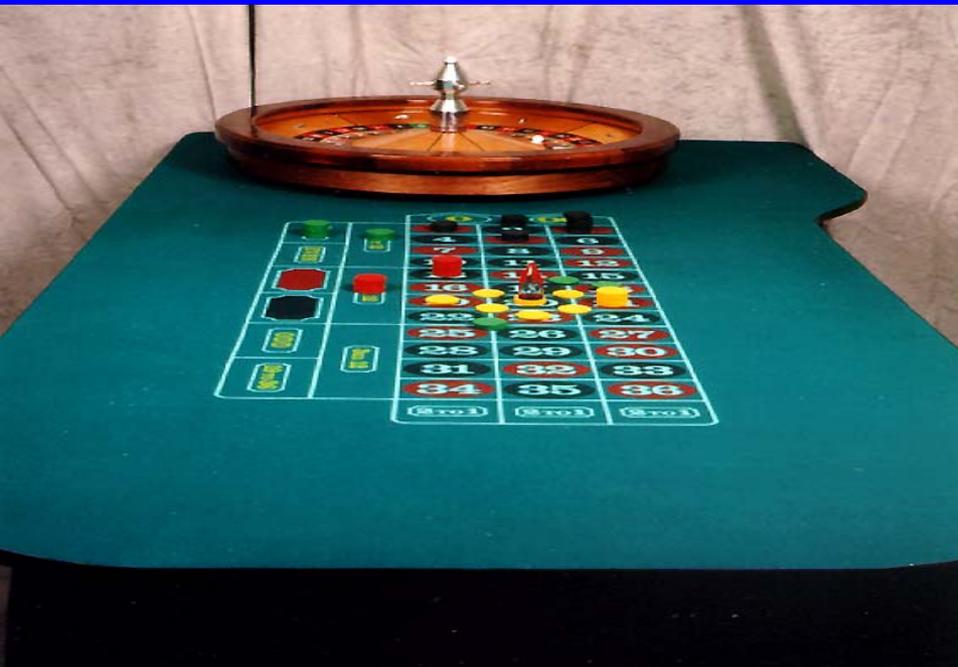


# Pathological Gambling and Substance Abuse



*H. Westley Clark, MD, JD, MPH, CAS, FASAM*  
*Director*

*Center for Substance Abuse Treatment*  
*Substance Abuse and Mental Health Services Administration*



# President George W. Bush

*State of the Union – January  
28, 2003*

*“...Addiction crowds out  
friendship, ambition,  
moral conviction, and  
reduces all the richness of  
life to a single destructive  
desire.”*



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

*“Demographics is  
destiny.*

*And there is a time in the  
life of every problem  
when it is big enough  
to see but small  
enough to solve.”*

*Opening Statement before the United  
States Senate Finance Committee –  
March 15, 2005*



*“People of all ages, with or at risk for mental or substance use disorders, should have the opportunity of a fulfilling life that includes a job, a home and meaningful relationships with family and friends.”*

*December, 2004*

***Charles G. Curie, M.A., A.C.S.W.***  
***Administrator***

***Substance Abuse and Mental Health Services  
Administration***

# The Administration's Direction

- The Bush Administration established drug reduction goals in the *National Drug Control Strategy*.
  - Reducing drug use by 10 percent within two years
  - Reducing drug use by 25 percent within five years
- SAMHSA's Mission Statement *Building Resilience and Facilitating Recovery* further emphasizes a strong commitment to recovery.

# SAMHSA Priorities: Programs & Principles Matrix

SAMHSA Priorities: Programs & Principles Matrix		Cross-Cutting Principles								
		Science to Services/Evidence-Based Practices	Data for Performance Measurement & Management	Collaboration with Public & Private Partners	Recovery/Reducing Stigma & 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
Programs/Issues	Co-Occurring Disorders	■	■	■	■	■	■	■	■	■
	Substance Abuse Treatment Capacity	■	■	■	■	■	■	■	■	■
	Seclusion & Restraint	■	■	■	■	■	■	■	■	■
	Strategic Prevention Framework	■	■	■	■	■	■	■	■	■
	Children & Families	■	■	■	■	■	■	■	■	■
	Mental Health System Transformation	■	■	■	■	■	■	■	■	■
	Disaster Readiness & Response	■	■	■	■	■	■	■	■	■
	Homelessness	■	■	■	■	■	■	■	■	■
	Older Adults	■	■	■	■	■	■	■	■	■
	HIV/AIDS & Hepatitis	■	■	■	■	■	■	■	■	■
	Criminal & Juvenile Justice	■	■	■	■	■	■	■	■	■

**A Life In The Community For Everyone**

**Building Resilience & Facilitating Recovery**

# SAMHSA's Goals

- Accountability: establish systems to measure performance and ensure accountability
- Capacity: build, enhance and maintain treatment infrastructure and capacity
- Effectiveness: enable all communities and providers to deliver effective treatment services

# “Casino revenues exploded in July”—Kansas City Star

- “Kansas City’s four boats brought in \$60 million, shattering the previous monthly high of \$57.9 million set in May.”
- “Missouri’s 11 casinos banked a combined \$131.5 million, surpassing the old record of \$124.2, also reached in May.”
- “The difference so far....has been a steady flow of new casino amenities along with massive casino spending on advertising and promotions to attract new business”

The Kansas City Star, C-1,8, August 12, 2004

# Financial Times

## Regulators Fight to Control Online Gambling

- The popularity of televised poker has fuelled a boom in online gambling....US authorities consider online gambling illegal, but companies running it are based overseas, where US law does not apply. Most gambling websites accept bets from US punters....This proliferation of online gambling makes curbing the industry like “emptying the ocean with a teaspoon”, said one government insider.

August 20, 2005

# In the News

“After Oklahoma’s lottery is up and running and the state is collecting revenue from Indian gaming allowed at horse tracks, officials estimate the state will receive about \$221 million annually in revenue.

But the state is prepared to dedicate only \$750,000 a year for treatment of those with gambling problems and preventative measures.”

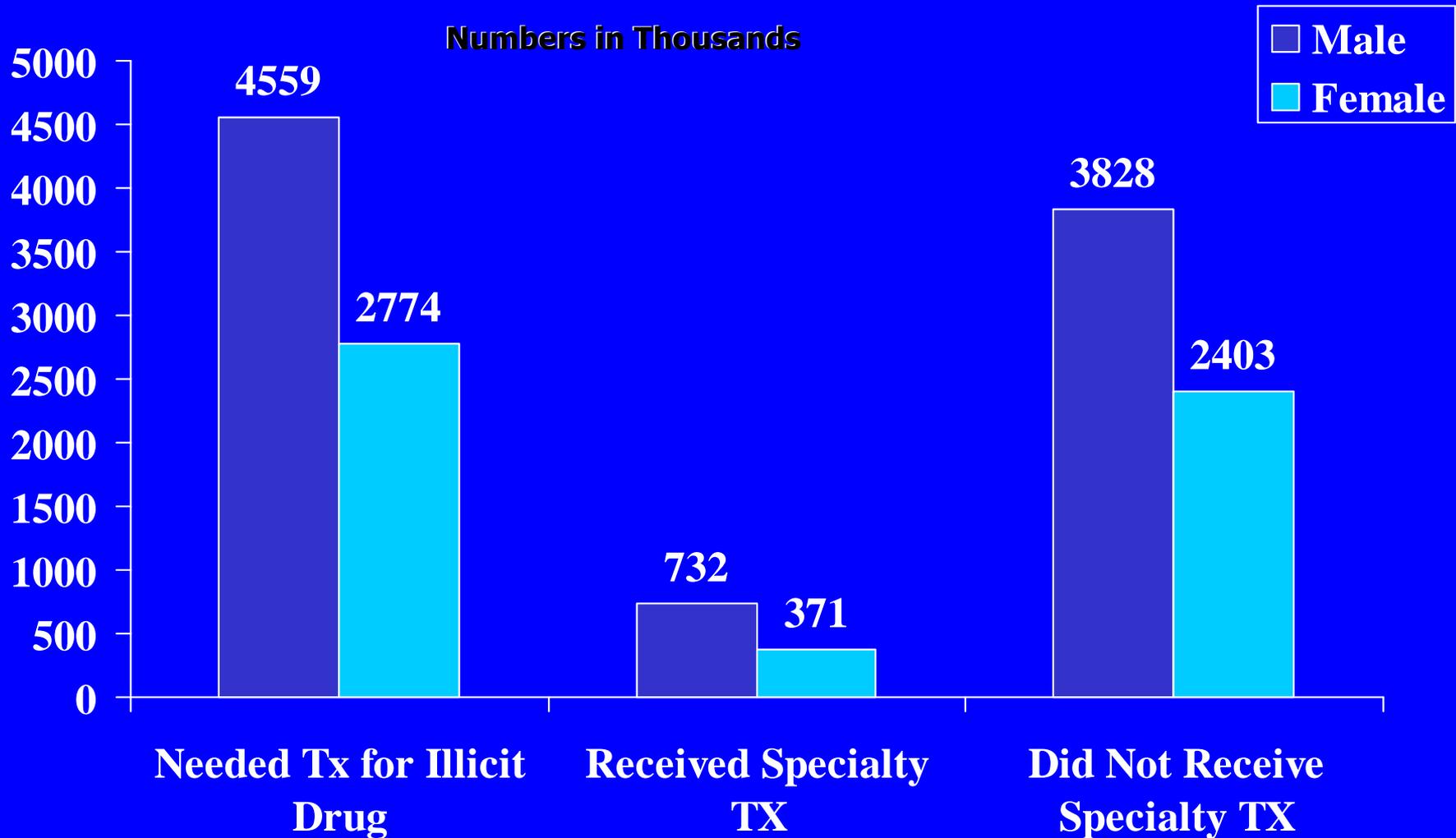
Muskogeephoenix.com, August 17, 2005

# Program Emphasizes Treatment, Not Incarceration, for Louisiana's Problem Gamblers

The treatment program is funded through the Department of Health and Hospitals—Office of Addictive Disorders, Compulsive and Problem Gambling Fund, which receives revenue from the gambling industry as required by law....”This program will keep nonviolent individuals out of our prison system and is actually more cost-effective and preventive than mere incarceration.”

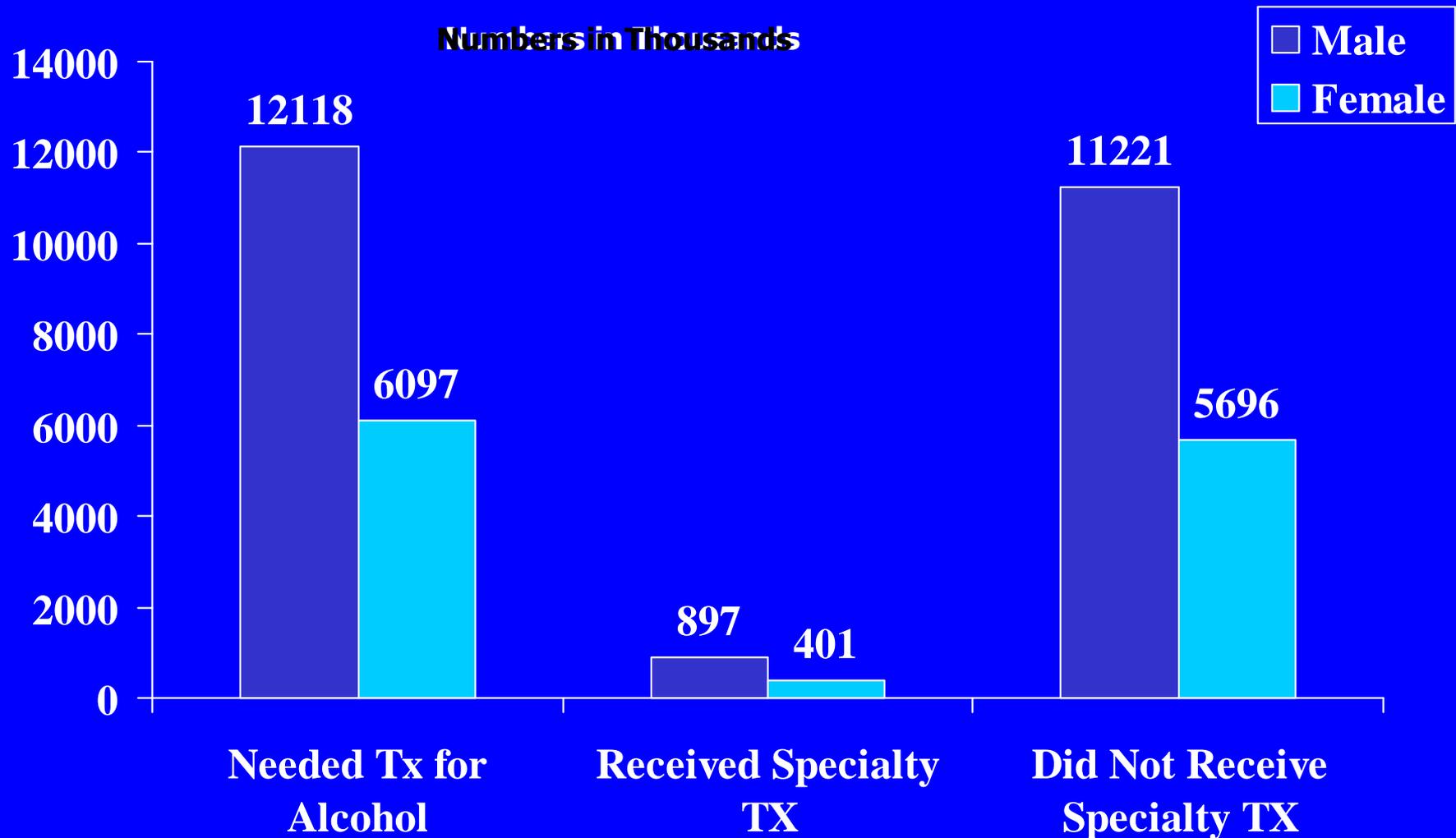
Source: Louisiana Department of Health and Hospitals; News Release, Jan. 7, 2005

# Needed and Received Substance Abuse Treatment in the Past Year among Persons Aged 12 or Older by Gender, 2003

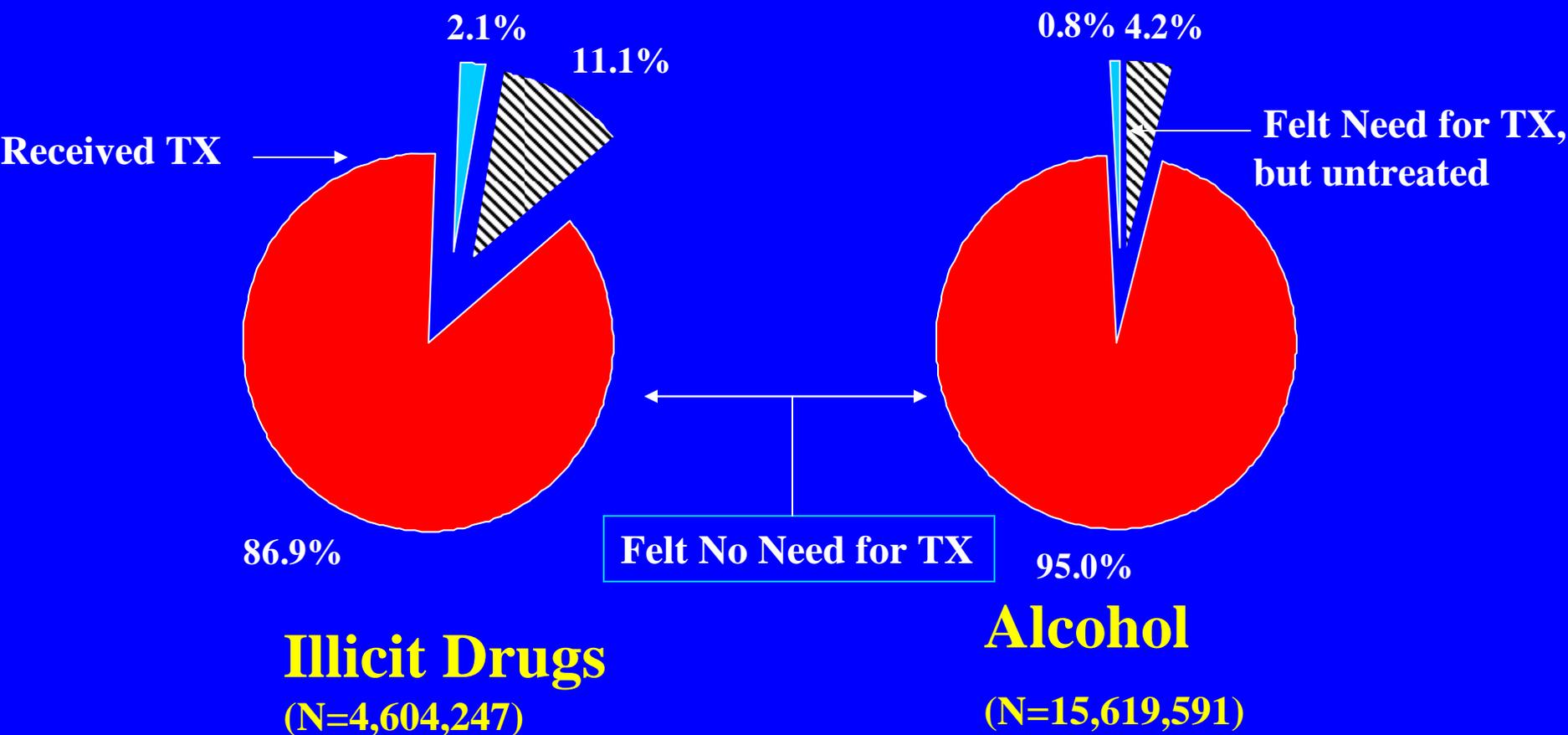


Office of Applied Studies (2004) Results from the 2003 National Household Survey on Drug Use and Health

# Needed and Received Substance Abuse Treatment in the Past Year among Persons Aged 12 or Older by Gender, 2003



# Most Adults Who Needed Treatment for Substance Use Problems Did Not Feel A Need for Treatment (NSDUH, 2005)



# Gambling and Substance Use

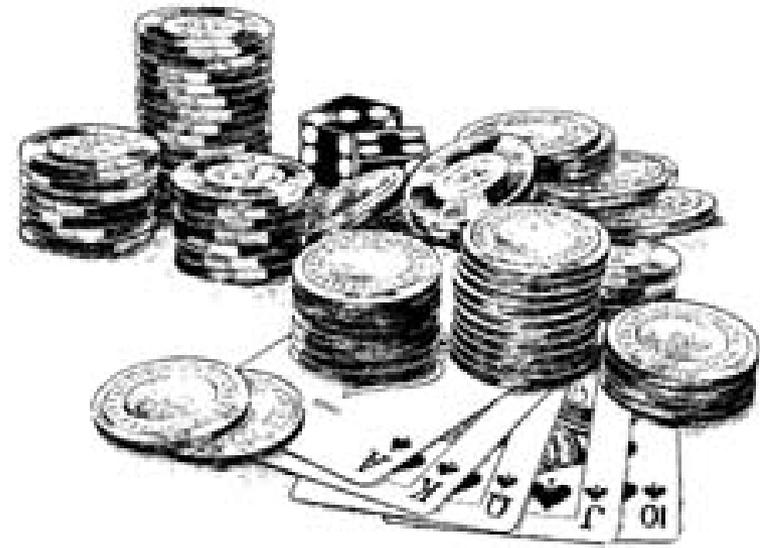
- It is reasonable to conclude that not only will a rise in the opportunity to gamble for the general population result in a rise in the number of individuals seeking treatment for problem/pathological gambling, but the individuals who present for treatment of substance use disorder will be more likely to have a co-occurring compulsive gambling disorder.

Source: Treatment for Pathological/Problem Gambling and the Role of State Alcohol and Other Drug Agencies. NASADAD, 12/2004

# Problem or Pathological Gambling and Perceived Need for Treatment

- Problematic gambling is more common among people with alcohol use disorders compared with those without AUDs.
- 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.

- The prevalence of Pathological Gambling is influenced by both the availability of gambling and the duration of availability



- With the increased availability of legalized gambling there is an increase in the prevalence of Pathological Gambling



# Gambling (continued)

- Pathological gambling resembles dependence on a physical substance, and symptoms are consistent with tolerance, withdrawal, relief use, preoccupation, efforts to control or discontinue, and significant social and occupational consequences.

# Signs of Problem Gambling

- People feel that they need to bet more money more frequently
- People feel irritated when they try to stop
- People think that they can chase their losses to recover money
- Persists in gambling despite financial losses and loss of trust of friends and loved ones
- Spend a large portion of their income on gambling

# Problem Gambling

- Gambling causes
  - Emotional
  - Family
  - Legal
  - Financial
  - Or other problems for the gambler
  - or the people around the gambler
- May get worse over time
- Ranges from mild to severe



# Challenges in Treating Problem and Pathological Gambling

- Differences between gambling and substance abuse
- Gambling is not yet accepted as a true addiction
- In most cases, insurance will not pay for gambling treatment
- Most casinos offer free drinks and the effect of free alcohol on problem gambling is not well understood

# Challenges (continued)

- 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

# 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

# State Response to Gambling

- 7 SSAs identified other State Agencies responsible for the treatment of pathological gambling
- 17 of the 22 SSAs that have current responsibility for treatment also report existing funds to support it
- 8 SSAs identified anticipated funding

# State Response to Gambling

- Of the 25 SSAs that identified existing or anticipated special funding to support problem gambling prevention/treatment activities, **21 described revenue streams that are directly tied to gaming revenue.**

# Reasons Why SAMHSA Should be Involved: Co-occurring Disorders: Gambling And-

- Alcohol abuse and dependence
- Drug abuse and dependence
  - Including nicotine addiction
- Major depression
- Suicide: ideation, attempts, and completion

# 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
- Public school students—There has been a significant increase in number of children and adolescents engaging in gambling. The popularity of the game Texas Hold'em 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

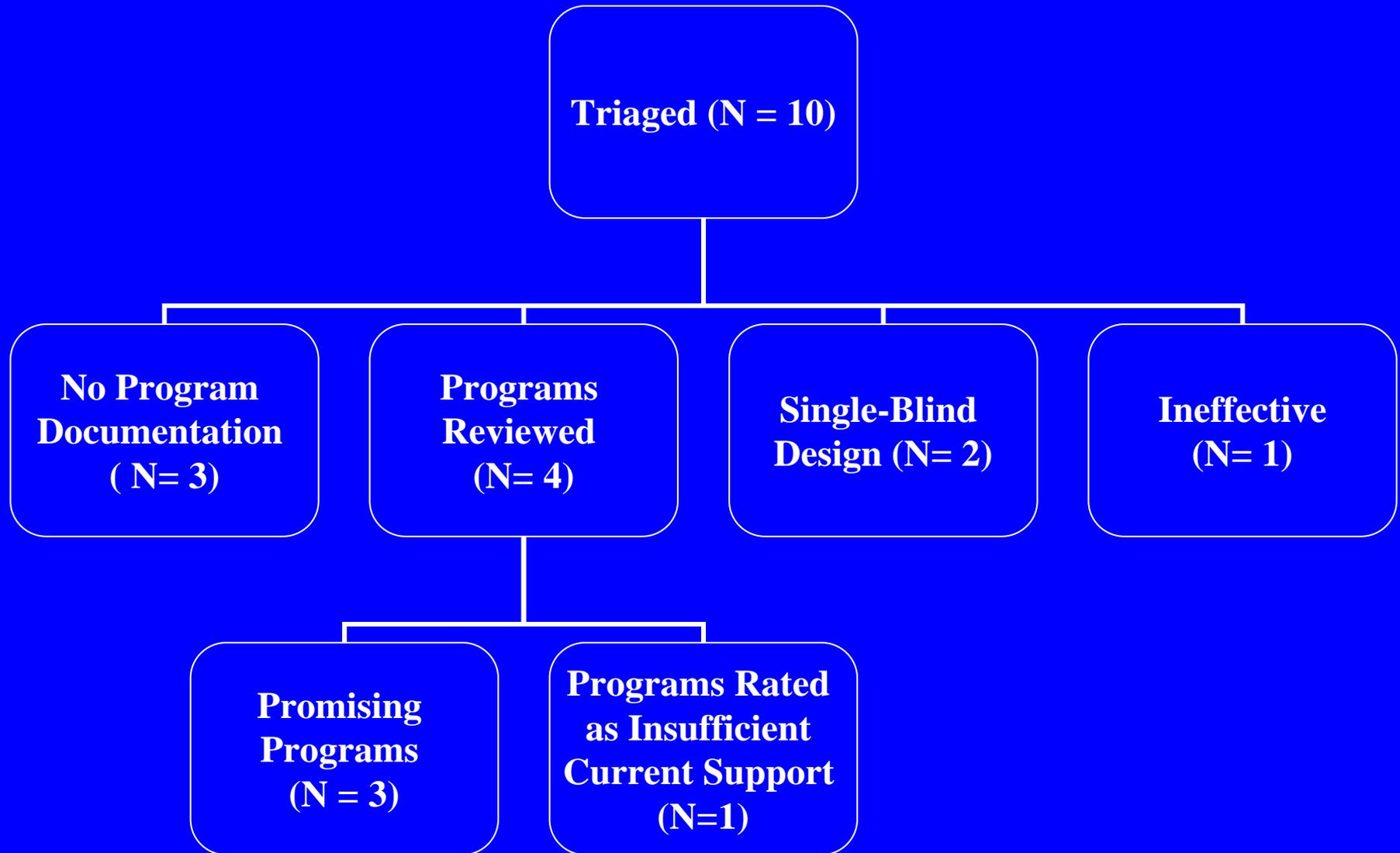
# Application of the National Registry of Effective Programs and Gambling

- In January of 2003, SAMHSA received the report, “Problem Gambling Treatment and Prevention: Application of the National Registry of Effective Programs” from Intersystems, Inc.
  - A SAMHSA funded effort to identify model, effective or promising programs

# NREPP PROBLEM GAMBLING PROGRAM TRIAGE



# NREPP PROBLEM GAMBLING PROGRAM TRIAGE



# SAMHSA Recognizes that Problem and Pathological Gambling is a Co-Occurring Problem

- Support for Midwest Conference on  
Problem Gambling and Substance Abuse
  - August 11-13, 2004, Kansas City, MO
- Support for the International Symposium on  
Problem Gambling and Co-Occurring  
Disorders
  - October 18-19, 2004  
Mystic Marriott Hotel and Spa  
Mystic, Connecticut, USA

# Providing Services to Problem and Pathological Gamblers Through the Single State Authorities (SSAs)

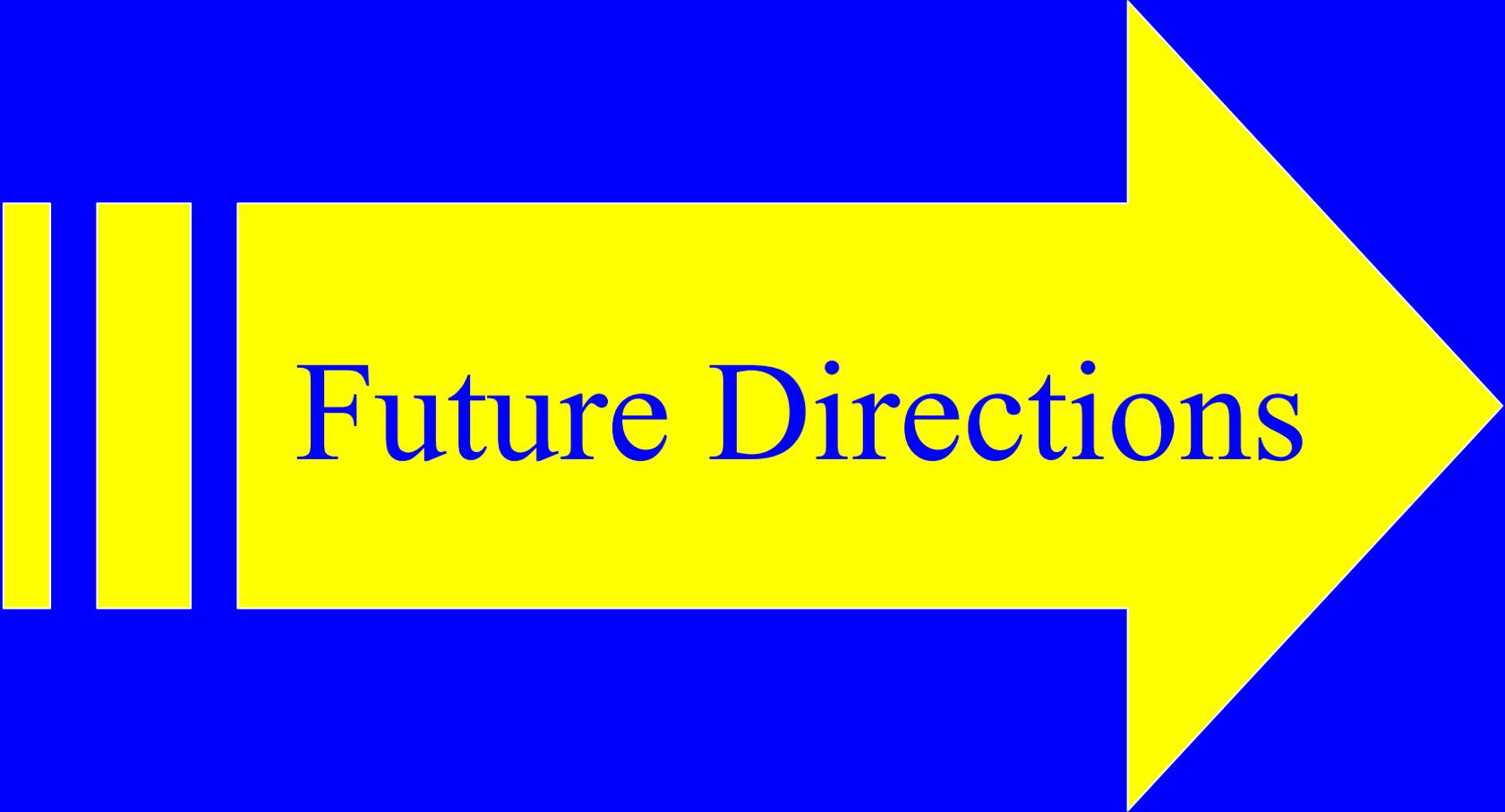
- On June 25, 2004 SAMHSA's Center for Substance Abuse Treatment (CSAT) held a focus group meeting on: "State Experiences in Addressing Problem Gambling"
- Representatives from 9 jurisdictions in various states of evolution in gambling participated

# Providing Services to Problem and Pathological Gamblers Through the Single State Authorities (SSAs) (continued)

- June 17, 2005—CSAT held a meeting with representatives from State responsible for providing services for problem and pathological gambling to continue discussing the States' experience in addressing problem gambling
- Representatives from 15 jurisdictions in various states of evolution in gambling participated

# CSAT Supports NASADAD 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.



Future Directions

# Questions to Ask

# 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?
- Are State legislative changes needed?

# 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

# Is there a Cost Benefit to Intervention?

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.

Child Welfare

Labor

Faith

Housing

Education

Business



PARTNERS

for recovery

# Promote Partnerships

- Create forums in which SAMHSA and private organizations can develop collaborative strategies to improve alcohol and drug treatment and recovery services
- Promote communication and collaboration among:
  - States and communities
  - Service providers
  - Academic institutions
  - Researchers
  - People in Need of Treatment
  - People in Recoveryto provide an efficient, seamless system of services

# Promote Partnerships

- Continue to expand partnerships with:

- Prevention
- Mental Health
- Primary healthcare providers
- Child welfare agencies
- Faith-based organizations
- Criminal justice system
- Schools
- Business Community
- Labor Community

to enhance appropriate, quality service delivery in all health and human services

# Partners for Recovery

- Substance Abuse Treatment Capacity
- Strategic Prevention Framework
- Mental Health System Transformation
- Primary healthcare
- Child welfare
- Criminal & Juvenile justice system
- Education
- Business
- Labor
- Community & Faith-based organizations
- Gaming Industry

# Recommendations

- Assume a neutral stance
- Recognize the State's ethical responsibility
- Work with the gaming industry
- Learn from other states
- Be flexible in planning

# 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

# 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

# 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

# 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.

# JOIN THE VOICES FOR RECOVERY

Healing Lives, Families & Communities



**SEPTEMBER** National Alcohol  
& Drug Addiction **2005**  
*Recovery Month*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

# SAMHSA/CSAT Information

- <http://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 treatment calls per mo.- 24,000)