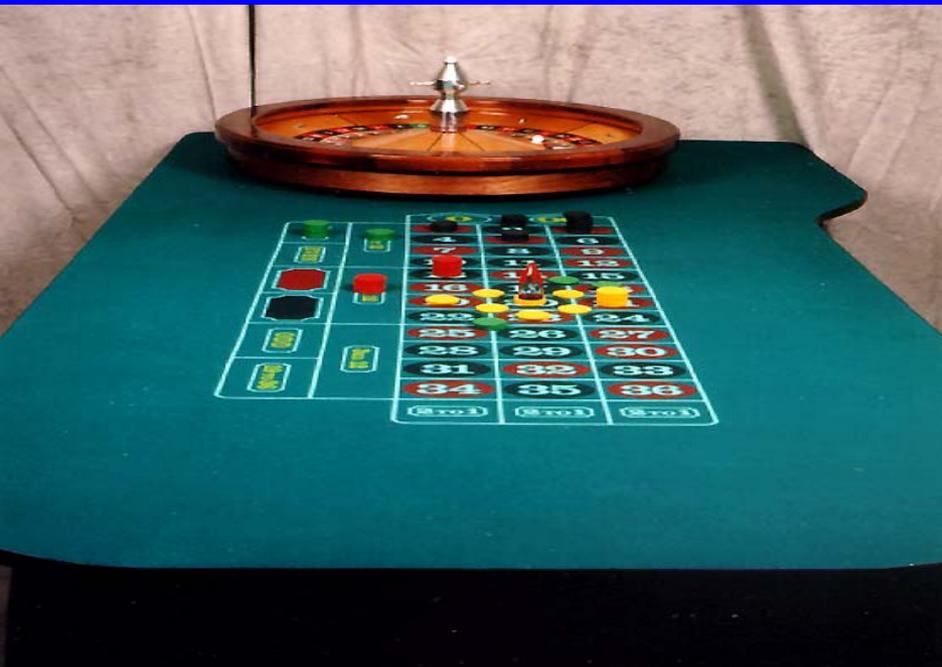


# Pathological Gambling and Substance Abuse: CSAT and State Involvement



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# SAMHSA Priorities: Programs and Principles Matrix

<b>SAMHSA Priorities: Programs &amp; Principles Matrix</b>		<b>Cross-Cutting Principles</b>									
		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	Workforce Development
<b>Programs/Issues</b>	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**

# 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

Source: State Experience in Addressing Problem Gambling. Aug. 2005

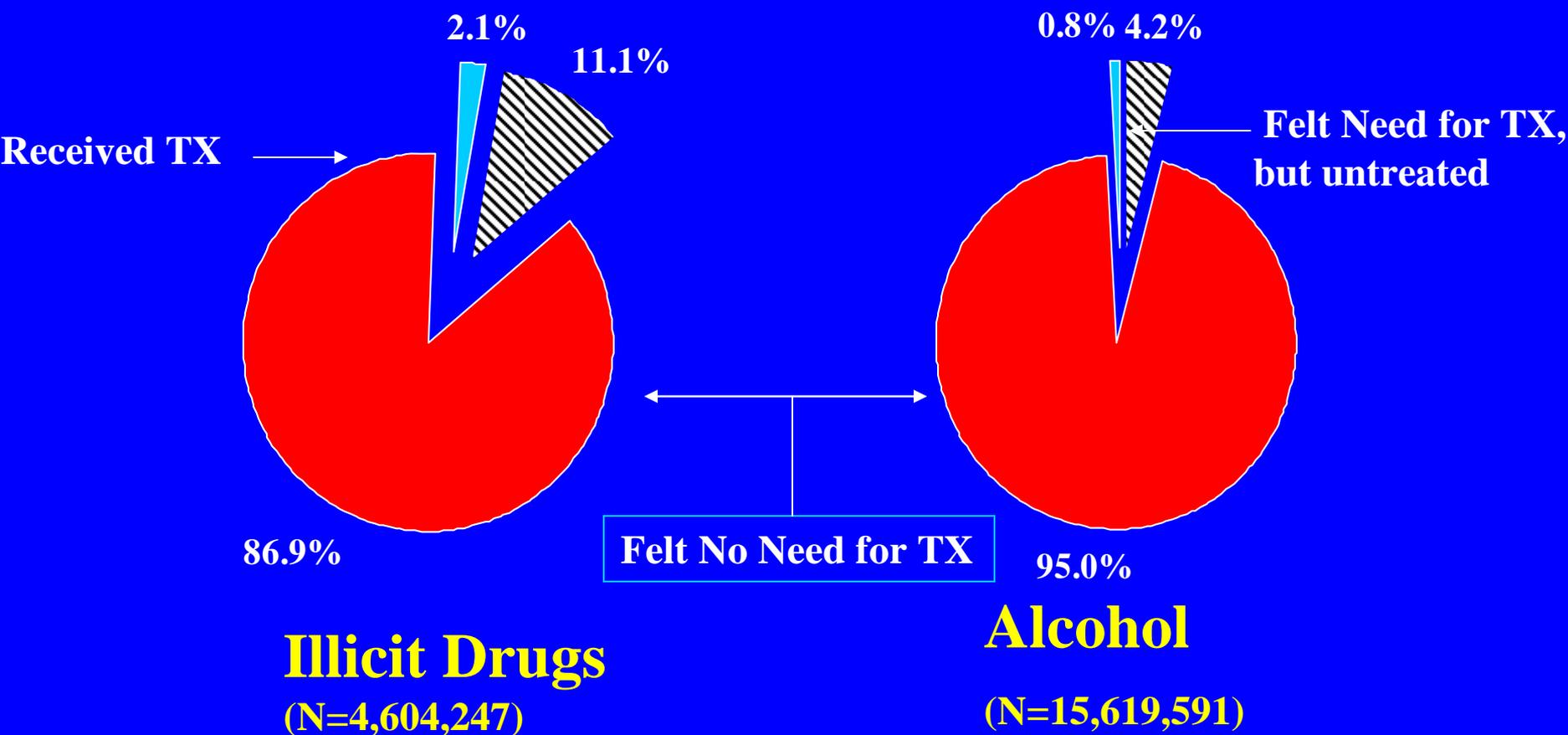
# Federal Response to Problem Gambling

- 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

# 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

# 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

# “Indian Casinos gross \$25 billion in 2006”—AP

- “Indian gambling pulled in \$25 billion in 2006, 11 percent more than the year before as the industry’s explosive growth outpaced Las Vegas.”
- “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”

# 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

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

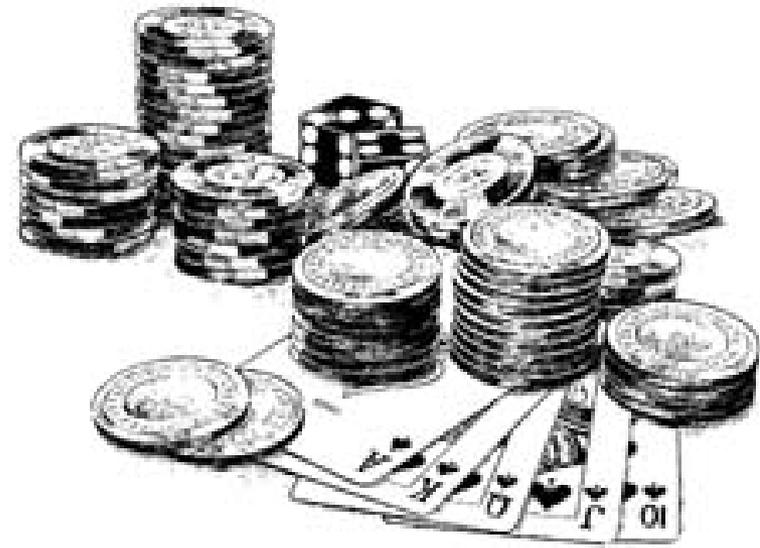
The treatment program is funded through the Department of Health and Hospitals—Office of Addictive Disorders, Compulsive and Problem Gambling Fund, which receives revenue from the gambling industry as required by law....”This program will keep nonviolent individuals out of our prison system and is actually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

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

# Problem or Pathological Gambling and Perceived Need for Treatment

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



*Availability + Duration =  
increased problems*

Same is true for substance use  
disorders

## For CSAT –

- CSAT has authority to address co-occurring disorders.
- Substance Use Disorder and Problem and Pathological Gambling are considered Co-Occurring Disorders

# Gambling

- 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.

# What does the literature/research say about Gambling?

- Alcohol use leads to more intensive gambling in those with existing gambling disorders as well as in those with high risk of developing gambling disorders – synergistic (Ellory et al. 2002)
- For individuals with Alcoholism and gambling disorders, addressing both problems simultaneously lead to better outcomes (Hodgins and el-Guebaly, 2002)

# Should the scope of addictive behavior be broadened to include Pathological Gambling?

- There are similarities in course:
  - Both begin in adolescence or early adulthood
  - Both have a genetic component with shared genetic links
  - High co-morbidity suggests that disorders are part of the same spectrum (70% pg/etoh, 30% substances)
  - Similar neural processing impairments/ neurotransmitter involvement (dopamine and serotonin)

## Should the scope of addictive behavior be broadened to include Pathological Gambling?

- There are similarities in treatment/outcomes:
    - Relapse is a clinical issue for both
    - Natural recovery may be common
    - Motivation to change is an important construct
    - Skills deficits in managing situations that are high risk are common
    - Treatments include 12-Step, Motivational, pharmacotherapies and cognitive behavioral therapies
- Placement in DSM V is unclear at this time

# State Response to Gambling

- In 32 States, SSAs have responsibility for treatment of problem/pathological gambling
- In 28 States, substance abuse treatment providers receiving SSA funding offer problem/pathological gambling treatment services
  - In 23 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

# Challenges facing States

- Screening is progressing faster than treatment capacity—clinicians often do not know what to do about a positive screen
- Clinicians need specialized financial management information and quality supervision
- Need exists for culturally competent services
- Need for advocacy groups to present the need for such services to Legislators

# State Funding for Gambling Services

20 of the 28 responsible SSAs use only gaming funds to support services,

- 7 SSAs use a combination of gaming and other State funds
- 1 State does not use gaming funds – state general fund dollars

# State Funding for Gambling Services

- 10 States use fee-for-service
- 5 States use specific contracts, 4 use grant funds
- 2 use cost-reimbursement
- 4 use a combination- primarily due to low volume

# State Performance Indicators

- 12 States collect demographic information
- 5 States collect admission and discharge data specific to gambling services
- 2 States report gambling-related NOMs
- 7 States have data systems in development including client satisfaction, hotline encounter, los, and # served.
- Proposed meeting this summer to discuss

# Possible Outcome Measures

## State-specific Measures

- Abstinence
- Gambling type and frequency
- Reduction in gambling activity
- Financial status
- Employment status
- Hospitalization
- Loss of home or business
- Bankruptcy
- Family relationships and problems
- Gambling related problems

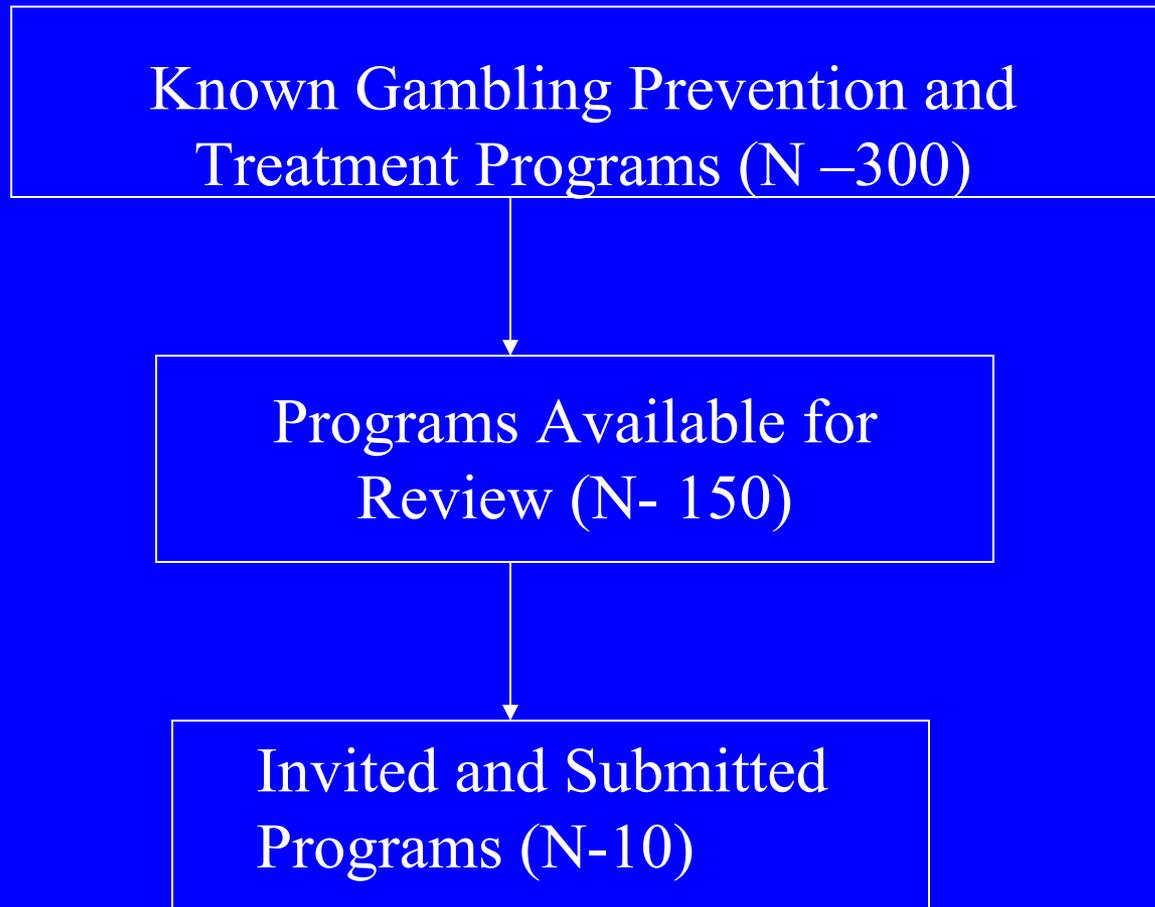
## NOMS

- Abstinence from Drug / Alcohol Use
- Employment / Education
- Crime and Criminal Justice
- Family and Living Conditions
- Access / Capacity
- Retention
- Social Connectedness
- Perception of Care
- Cost Effectiveness
- Use of Evidence-Based Practices

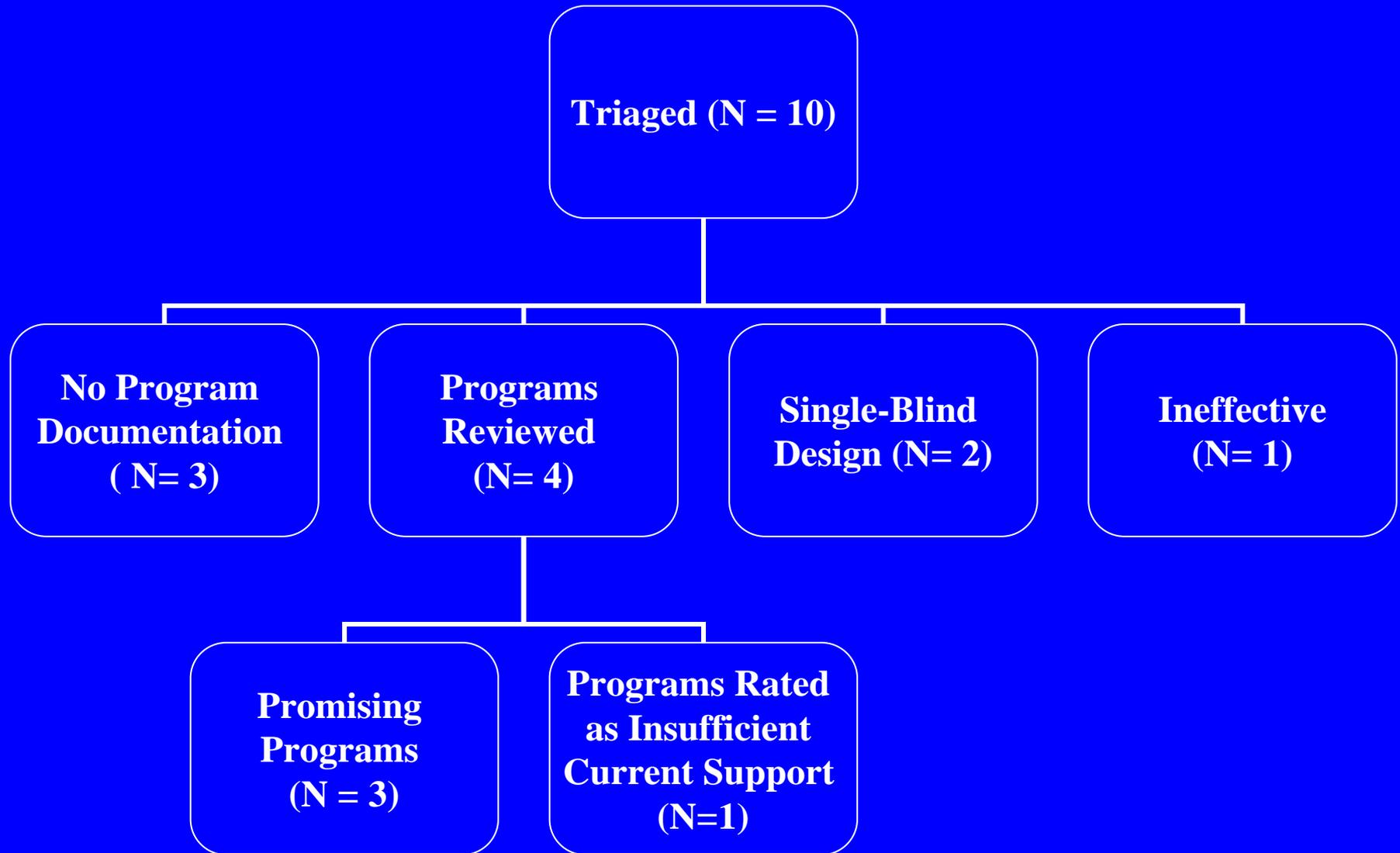
# Application of the National Registry of Effective Programs and Gambling

- 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



- There have been TWO new submissions to NREPP since 2003.

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

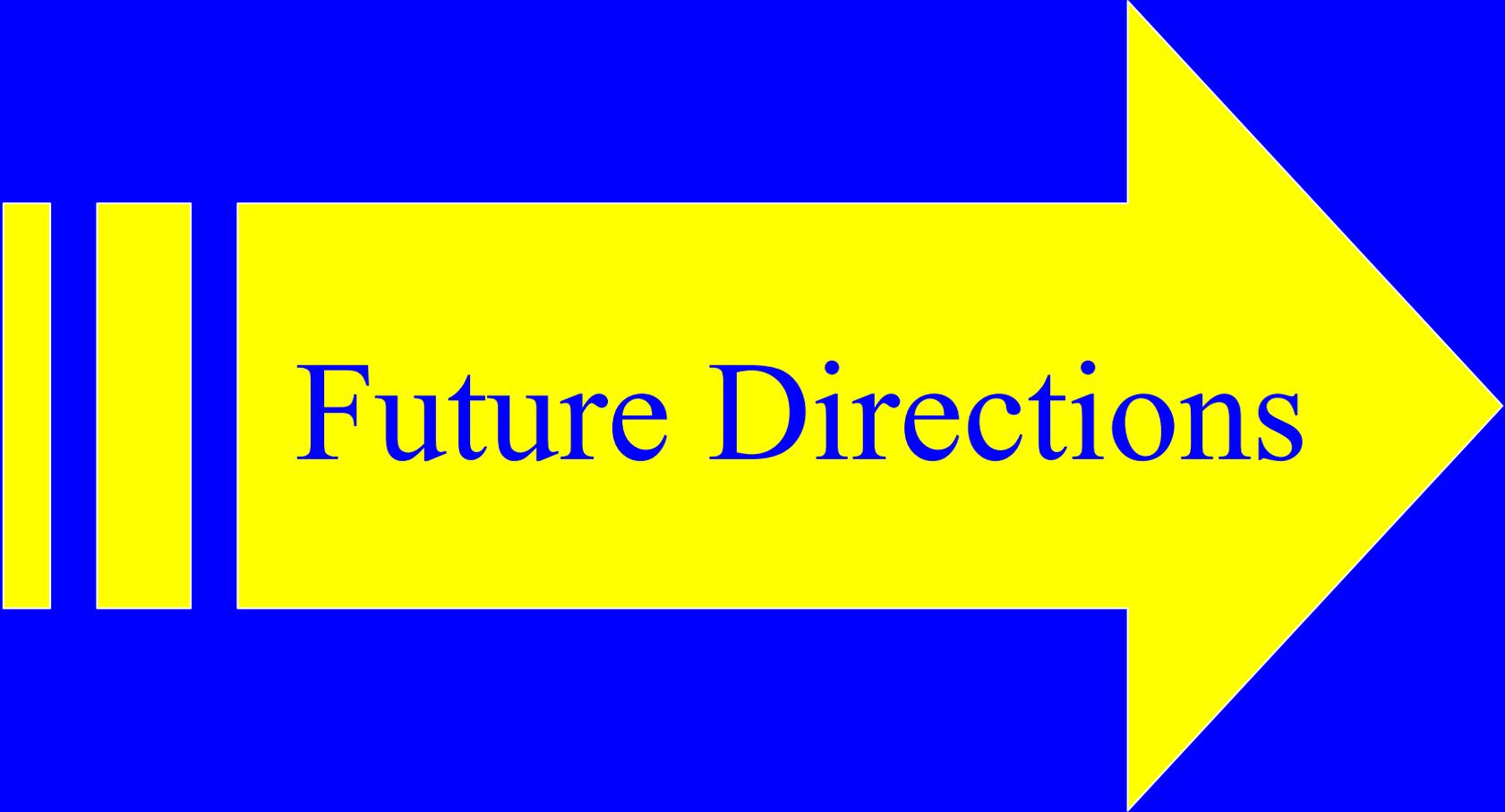
- Support for Midwest Conference on Problem Gambling and Substance Abuse
  - 2004, 2005, 2006, and 2007
  - Support for the International Symposium on Problem Gambling and Co-Occurring Disorders
    - October 18-19, 2004
    - Mystic Marriott Hotel and Spa
    - Mystic, Connecticut, USA

# 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



Future Directions

# Questions to Ask

# Which System Can Best Provide 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?
  - Gaming
  - State General Fund
  - SAPT BG
  - Other revenues?
- Are State legislative changes needed?

# What Effective evidence-based practices can be implemented?

- 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.

# Promote Partnerships

- Create forums in which SAMHSA, States and private organizations can develop collaborative strategies to improve treatment and recovery services
- Develop a consistent message
- 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 systems – No Wrong Door

# What elements can help sell the need for service?

- Assume a neutral stance on the behavior
- Work with the industry
- Learn from other States
- Be flexible in planning system developments and improvements

True for Substance Use and Gambling

# Working together to 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

# Develop the Workforce

- Support national gambling addiction professional minimum competency standards
- Develop ongoing data collection of information about the changing characteristics of the client population and the workforce available to help them
- Continue dissemination of research findings and evidence-based clinical and organizational practices through the ATTC's/ NiaTx and other mechanisms

# Develop Core Principles of Effective Treatment

- Place clients in level of care most appropriate for individual
- Include motivational interviewing techniques
- Develop treatment designs that are specific to the clinical needs of problem gambling clients
- Include a family program component

# Improve Public Perception

- 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

# Tools and Resources

- Problem Gambling Toolkit – available here and through the Clearinghouse next week
- The Inventory Number will be : PGKIT-07
- “Problem Gamblers and Their Finances – A Guide for Treatment Professionals” - part of the toolkit as well as stand alone resource

# Tools and Resources

- TIP 42: Co-Occurring Disorders – includes problem gambling
- Currently in development
  - TIP on Supervision which will include supervision of individuals with problem gambling

# Keep Us Focused

- You are the experts
- You communicate the need
- You can offer solutions

# 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)