

Co-Occurring Disorder-Related Quick Facts: GAMBLING

Gambling: Pathological gambling is defined by the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV) as a “persistent and recurrent maladaptive gambling behavior” as indicated by five or more of the following: a preoccupation with gambling or obtaining money with which to gamble; a need to gamble with increasing amounts of money; a continuous or periodic loss of control over gambling; restlessness or irritability when attempting to stop or cut down on gambling; using gambling as an escape from problems; a continuation of the behavior despite obvious consequences; lying about the extent of involvement with gambling; involvement with legal acts to finance gambling; jeopardized or lost significant relationships and/or employment due to gambling; and reliance on others for money to gamble.¹ According to DSM-IV criteria, gambling is considered an impulse disorder and the criteria include three areas often associated with addictive disorders: compulsion or craving; loss of control; and continuing behavior, despite the presence of adverse consequences.²

Epidemiology: Prevalence data on pathological gambling in the general population has remained fairly stable over time. Lifetime estimates of pathological gambling range between 0.4 percent and two percent of the population throughout the United States and Canada.³ More revealing estimates are in specific subpopulation segments. Results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) revealed that “male sex, black race, divorced/separated/widowed marital status, middle age, and living in the West and Midwest were associated with increased risk for pathological gambling.”³

The recent NESARC study reported that three quarters of pathological gamblers had an alcohol use disorder (73.2%), 38.1 percent had a drug use disorder, 60.4 percent had nicotine dependence, 49.6 percent had a mood disorder, 41.3 percent had an anxiety disorder, and 60.8 percent had a personality disorder.³ As indicated by the NESARC data, alcohol was found to be the most common substance of abuse co-occurring with pathological gambling. Specific patterns of substance use and gambling are important to identify and evaluate, i.e., someone who is addicted to cocaine may see gambling as a source of income to support their drug use.⁴ There is some evidence that people with co-occurring substance use and pathological gambling may have “higher levels of negative affect, overall psychiatric distress, impulsivity, higher rates of antisocial personality disorder, AD/HD, and risky sexual behaviors.”⁴ In addition, primary health care physicians are beginning to recognize the health implications (i.e., risks of suicide, cardiac arrest, and stress) of pathological gambling on patients entering their primary care settings.⁵

Treatment: According to a white paper prepared for the Center for Substance Abuse Treatment (CSAT), entitled *Providing Services to Problem and Pathological Gamblers through the Single State Authorities (SSAs)*,⁶ at least 30 States provide funding for gambling services, although the levels of support remain low. Treatment strategies for pathological gambling include: psychodynamic therapies, cognitive-behavioral treatment, psychopharmacological treatment, integrated multimodal treatment, and gamblers anonymous.⁴ The Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Registry of Evidence-Based Programs and Practices (NREPP) includes evaluations of treatment approaches for problem and

pathological gambling.⁷ Of the submissions, four treatment interventions were appropriate for review representing three approaches: psychopharmacological, cognitive behavioral, and motivational enhancement therapy. The psychopharmacological and motivational enhancement programs were identified as promising practices; the cognitive behavioral approach was not rated due to insufficient support. In addition, Pallesen, et al. (2004) conducted a meta-analysis of a range of psychological treatments of pathological gambling, and concluded that “psychological treatments were more effective than no treatment.”⁸

Service barriers for pathological gambling include lack of widespread public funding for addressing the problem, leading to low rates of screening, assessment, and treatment of problem and pathological gambling. Other barriers include a lack of adequately trained workers, especially in the substance abuse treatment field, because although there are similarities to addictive disorders, knowledge or experience in substance abuse treatment alone is usually insufficient to provide appropriate assessment and treatment. Other variables common with pathological gambling include high rates of legal problems, high transference and counter transference issues in treatment, especially around competitiveness, and frequent states of panic and crisis in individuals’ first seeking treatment for gambling. All of these issues must be considered in order for appropriate and effective treatment to be provided.⁴

Major SAMHSA Activities/Resources:

- Substance Abuse Treatment for Persons with Co-Occurring Disorders: Treatment Improvement Protocol (TIP) Series 42
- Treatment Improvement Protocol on Supervision (forthcoming).
- Problem Gambling Toolkit
- Technical Assistance (TA) support to States on issues that arise around problem gambling
- Regional meeting in the Midwest with seven States to share licensure, funding, workforce, and training issues and successes
- Two white papers on organizational strategies and clinical strategies for SSA’s who are responsible for problem gambling
- Support for a meeting at the request of several States to bring together the data staff of the SSA, the Association of Problem Gambling Administrators, and the National Council on Problem Gambling to develop guidance on core data elements to allow some assessment of the outcomes of problem gambling treatment across the country

References:

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