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IOWA GAMBLING TREATMENT PROGRAM
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Welcome to the webinar sponsored by:
The Iowa Department of Public Health, Iowa Gambling Treatment Program

LINK BETWEEN OPIOID USE AND PROBLEM GAMBLING

PRESENTED BY: LOREEN RUGLE, PHD, ICGC-II/BACC

JUNE 27, 2018
1:00 – 2:30 PM, CENTRAL TIME ZONE

Part 6 of 6 – Webinar Series 2018

Looking to the Horizon: Trends in Problem Gambling Prevention, Treatment, and Recovery Services

How to participate today:

There are several ways we will ask you to participate during the presentation:

- **Question and Answer box:** type your question or comment in the question box on the right-hand side.
- **Polling Questions:** by clicking on the answer(s) in the polling box.

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Session Goals:

Participants will:

- Gain an understanding of the research on the prevalence and connection of gambling problems among those in treatment for an opioid use disorder
- Gain an awareness of the impact of gambling/problem gambling on recovery from opioid use disorders
- Be able to identify specific strategies to address gambling/problem gambling in those in treatment for opioid use disorders

About the presenter:

Loreen Rugle, She is currently Responsible Gambling Specialist with the North American Assoc of State & Provincial Lotteries. She is also Asst. Professor in the Dept. of Psychiatry, U of MD & is currently Special Projects Consultant with the MD Ctr. of Excellence in Problem Gambling. Her previous position was Director of Problem Gambling Services with the Dept. of Mental Health & Addiction Services for the State of CT. Dr. Rugle brings 30 + years of experience in the field of problem gambling including treatment, prevention, research & responsible gambling to her current positions. She has managed problem gambling programs within the Veterans Administration, in the private sector & within state systems. She has participated in research on brief screening for gambling problems, as well as a broad range of other problem gambling related research projects. She has provided consultation & training on gambling disorder throughout the US, for the military & internationally.



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Gambling and the Connection to Opiate Use

Loreen Rugle, PhD, ICGC-II/BACC

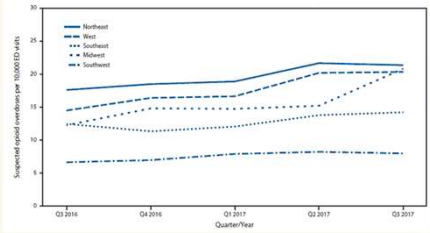
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Overview

- Brief Overview of Methadone Treatment
- Gambling and Substance Use Disorder
- Maryland based research on gambling and opiate use
- Screening for problem gambling
- Interventions: Research to Practice



Gambling Disorder


- Risk Factors (Maryland 2011 Study)
 - Male
 - Single
 - African American
- Individuals who have ever gambled in lifetime compared to non-gamblers more likely
 - To be smokers
 - Have higher alcohol intake
 - Use drugs with higher frequency

Funded by 2016-2018

Co-Morbidity

- Gambling Disorder co-morbidity (American Psychiatric Association, 2013):
 - Substance Use Disorders (SUD)
 - Depressive disorders
 - Anxiety disorders
 - Personality disorders
- Those with mental illness had 2-3 times rate of problem gambling (Rush et al, 2008)

Polling Question 1

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Gambling Disorder & SUD

- 7% - 52.7% of those in SUD treatment have co-morbid SUD (Feigelman et al., 1995; Langenbucher et al., 2001; Ledgerwood & Downy, 2002; Spunt et al., 1996; Toneatto et al., 2002; Weinstock et al., 2006; Himelhoch, 2015)
 - Up to **52.7%** among those in Methadone Maintenance Treatment (MMT) (Himelhoch, 2015; Weinstock et al., 2006)
- Past year SUD severity related to greater gambling problems (Rush et al, 2008)

Polling Question 2

Gambling Disorder & MMT

- Those with Gambling Disorder in SUD have significantly worse:
 - Physical Health (Weinstock et al., 2006)
 - Mental Health (Weinstock et al., 2006)
 - Treatment Adherence (Ledgerood & Downey, 2002; Himelhoch, 2015)
 - Increased Heroin/Cocaine Use (Feigelman et al., 1995; Peles et al. 2009; Peles et al., 2010; Spunt et al., 1996)

Gambling Disorder & SUD

- Common forms of gambling for those in MMT (Himelhoch, 2015; Peles et al., 2009; Spunt et al., 1995; Spunt et al., 1996; Weinstock et al., 2006)
 - Buying lottery tickets
 - Slot machines
 - Playing cards for money

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PREVALENCE OF GAMBLING DISORDER IN THE METHADONE MAINTENANCE TREATMENT SETTING

Himelhoch et al., online first, *J Gambling Studies*
Funded by DHRM/BIWA

• METHODS

– Cross-sectional study

– Sample

- 185 people attending methadone maintenance (sample of convenience)

– Evaluate

- DSM-5 Gambling Disorder
- Gambling Behavior
- History of Prior Gambling Evaluation by Clinician

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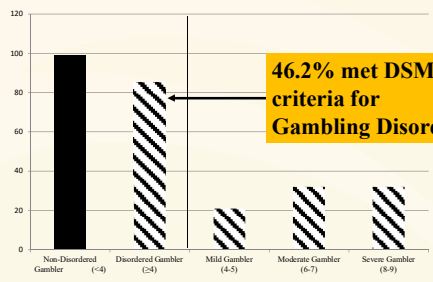
Demographic Characteristics

	All Participants N = 185	Gambling Disorder - No n = 99	Gambling Disorder - Yes n = 85
Age (M ± (SD))	47.5 (8.7)	48.2 (9.2)	46.8 (8.0)
Gender – Male	54.1%	54.5%	52.9%
Married or Living with a partner	23.2%	26.3%	20.0%
Race – Black or African American	71.4%	71.7%	70.6%
Complete HS and/or some college	55.7%	51.5%	61.2%
Employed full or part-time	11.9%	13.1%	10.6%
Income < \$20,000 last year (n = 182)	88.5%	85.6%	91.8%

Himelhoch et al., online first, *J Gambling Studies*

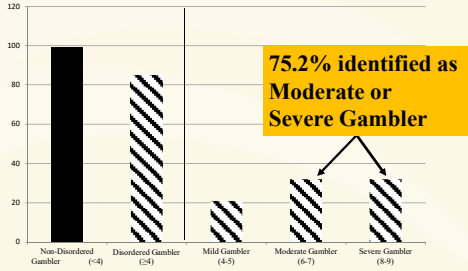
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DSM-5 GAMBLING DISORDER



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DSM-5 GAMBLING DISORDER



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	All Participants N = 185	Gambling Disorder - No n = 99	Gambling Disorder - Yes n = 85
Methadone dose (M \pm (SD)) (n = 183)	81.0mg (22.8)	82.0mg (24.8)	80.0mg (20.4)
Length in treatment in days (M \pm (SD)) (n = 182) ^a	1105.8 (1438.5)	1378.2 (1620.8)	797.6 (1123.2)
Spoken with health care provider about gambling ^b	6.5%	2.0%	11.8%
Felt "very comfortable" answering these questions ^c	73.5%	84.8%	60.0%

Note. ^a denotes significance at $p < 0.05$ as determined by a t-test; ^b denotes significance at $p < 0.05$ as determined by a Chi-Square test; ^c denotes significance at $p < 0.05$ as determined by a Fisher exact test

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[The Gambling Connection to
Opiate Use: Personal Experience](#)

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QUALITATIVE GAMBLING STUDY
AT A METHADONE CLINIC

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Study aims

- 1) Develop a clearer understanding of the gambling experience of clients and counselors at the methadone clinic
- 2) Gain insight into the current treatment options and obstacles to treatment in the methadone clinic

Methods

- Conducted In-depth interviews
- 12 clients and 6 counselors
- Semi-structured interview format
- Similar questions asked of both groups in order to compare responses
- Questions formatted to allow for clinician and client comparisons

Results/Emerging Themes

Relatability

The majority of clients expressed the importance of having someone to work with who could relate to their gambling problems.

- "It's a real big difference the counselors that actually had an addiction problem... then someone who got the knowledge by book-wise"
- "Just go and talk about your addiction. Somebody might be saying the way you feel. They might be going through the same thing you're going through."

Results/Emerging Themes

Gambling as a Pro-Social Activity

Clients highly valued the social aspect of gambling and found it as a positive community to be a part of.

- "it's a social amongst us because we might go to the market but in the process of going... we pass two or three different houses... It's not all bad."
- "We talk about it like social way, participating in fun, fun activities and socializing with other people and just having some type of outing to go to and like that."

Results/Emerging Themes

Disconnect – Group vs Individual Therapy

The majority of counselors believed clients would prefer individual therapy, while clients widely expressed they would prefer group therapy to discuss gambling

- Counselor: “One on one session is okay, because the majority of them, they might be ashamed to say it... the group, nobody’s going to come out and say.”
- Client: “It’s when I have other people sharing where they’ve been where I’m at and I see that ‘Wow, if they can do it, I know that I can do it.’ So it would help me to easy open up.”

Results/Emerging Themes

Gambling related to Other Addictions

Counselors widely believed clients lacked awareness in regards to their problem gambling, when many clients acknowledged they had replaced other addictions with gambling.

- Counselor: “I think a lot of them don’t really recognize it as a problem, because everyone is doing it.”
- Client: “... you’re substituting it from one drug to really another. Not that it’s a drug, but it’s just as bad. You’re spending money on drugs, you’re spending money on gambling.”

Results/Emerging Themes

Barriers to Care: Embarrassment vs Denial

Clients expressed embarrassment surrounding their gambling addiction was one of the greatest barriers to getting help. Counselors however, believed that clients did not seek help because they were in denial about having an addiction problem.

- Counselor: “They’re not ready to receive it. I think that’s the biggest obstacle, that they’re not interested in help in that area.”
- Client: “When you tell all the wrong things that you’ve done... to me that’s the hardest thing of just saying what you’ve done... the guilt.”

Results/Emerging Themes

Barriers to Care: Counselor Gambling Attitudes and Behavior

Clients recognized that counselors engaged in gambling activities and might not recognize that gambling could be a problem.

- Client: "No because she a counselor. And she plays lotteries and that's her thing now.
- Interviewer: So she likes to gamble?
- Client: Yeah, the lotteries."
- Client: "My counselor, she plays the lottery, and she plays lottery every day. She'll go to the store... She'll spend like, \$50, say on lottery tickets...She tells me when she hits."

Results/Emerging Themes

Relapse Risk: Winning or Losing

- Client 1: "If we gambling and we win, then we say, 'I'm going to treat myself to something,' so then we might go out and buy something, treating yourself. We win big, with our addiction, we go out and buy some drugs, treating yourself or something. Really, you're only hurting yourself, but we don't see it like that. We see it as a good thing."
- Client 1: "No, or when you're losing, when you losing too, because then you're down and out."
- Client 2: "If you go on a lottery binge and you spend all your money and then you get upset and you get sad and then you want to use drugs."

Summary of Results & Themes

- Multiple areas of disconnect between clients and counselors
 - Best treatment forms
 - Barriers to care
 - Client awareness of addiction
- Important implications for screening, training, and treatment

“You know one if you see one” ---
Director of Substance Abuse Treatment Program, Detroit
VA

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PG Screening

Good News

- Lie/Bet
- BBGS
- NODS-CLIP
- NODS-PERC
- SOGS



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Polling Question 4

PG Screening



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Bad News

- Screens don't work well in clinical practice
- Give illusion of addressing issue

Iowa Study:

- Data collected by 4 SA Block Grant Agencies
- Baseline 368 Lie/Bet - 4 positives (1%)
- Follow-up 2 agencies switched to BBGS and 2 to NODS-CLIP
 - BBGS: 267 Screens - 6 positives (3%)
 - NODS CLIP: 89 screens - 3 positives (3%)

Maryland data


- SMART data - 2.5% across all SUD settings screen positive for gambling disorder

Typical Results of Use of Brief Screens

- What happens in actual clinical practice
- Use screen
- No one endorses items
- What does counselor think
 - None of my clients have any gambling problems
 - Don't care about the research, my clients are different
 - NIMBY (Not in my back yard or treatment program)


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Polling Question 3


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FIRST DEFINE GAMBLING

- The following questions are about gambling. By gambling, we mean when you **bet or risk money or something of value** so that you can win or gain money or something else of value. For example, buying lottery tickets or scratch-offs, gambling at a casino, playing bingo, shooting dice, betting on sports, or playing keno.


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Brief Biosocial Gambling Screen

- Have you ever gambled at least 5 times in any one year of your life?
 YES NO
- During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?
 YES NO
- During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?
 YES NO
- During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare?
 YES NO

Low Risk: An individual has answered "no" to all questions. Provide individuals with their score, give feedback on their risk level and give literature regarding Gambling Disorder in case their behavior worsens or they have affected family/friends with whom they want to share.

Moderate Risk: An individual has responded "yes" to question 1, but have said "no" to all other questions. Give the low risk intervention. Additionally, the clinician should discuss with the participant the continuum of gambling behaviors (e.g., recreational, at risk, problem, disorder), risk factors associated with moderate and problem gambling (e.g., medical issues), and guidelines to reduce risk for gambling problems.

High Risk: An individual has responded "yes" to question 1 and has said "yes" to at least one other question. Consider low and moderate risk intervention. Additionally, review risk factors for problem gambling and options for further assistance including self-help materials, referral for further evaluation and referral to Gamblers' Anonymous or a recovery support provider.

www.ncrg.org 1-800-GAMBLER www.divisionaddiction.org

Risk Levels for Gambling Disorder and Brief Interventions

Low Risk: An individual has answered "no" to all questions. Provide individuals with their score, give feedback on their risk level and give literature regarding Gambling Disorder in case their behavior worsens or they have affected family/friends with whom they want to share.

Moderate Risk: An individual has responded "yes" to question 1, but has said "no" to all other questions. Give the low risk intervention. Additionally, the clinician should discuss with the participant the continuum of gambling behaviors (e.g., recreational, at risk, problem disorder), risk factors associated with moderate and problem gambling (e.g., medical issues), and guidelines to reduce risk for gambling problems.

High Risk: An individual has responded "yes" to question 1 and has said "yes" to at least one other question. Combine low and moderate risk intervention. Additionally, review risk factors for problem gambling and options for further assistance including self-help materials, referral for further evaluation and referral to Gamblers Anonymous or a recovery support specialist.

LOW RISK FOR GAMBLING

**MAKE A
CHANGE TODAY!**

S *Set*
L *Limits*
O *On*
T *Time &*
S *Spending*

Problem Gambling
You Could Be At Risk.

1-800-GAMBLER
24/7 Confidential Helpline
HelpMyGamblingProblem.org

MEDIUM RISK FOR GAMBLING

<p>What's a Gambling?</p> <p>When you bet or risk money or something of value, to win money or something of value. This can include, but is not limited to, casino games, keno, slot machines, sports, horse racing, lottery tickets and even bingo.</p> <p>Gambling can be fun. But for some, gambling can get out of control. Problem gambling can result in:</p> <ul style="list-style-type: none"> - Financial Problems - Stress - Legal Problems - Problems at Work - Family Conflicts - Emotional Problems 	<p>Gambling AND YOUR Health</p> <p><i>We Can Help</i></p> <p>1-800-GAMBLER 24/7 Confidential Helpline HelpMyGamblingProblem.org</p> <p><small>UNIVERSITY of MARYLAND SCHOOL OF MEDICINE The Maryland Center of Excellence on Problem Gambling</small></p>	<p>Gambling AND YOUR Health</p>  <p>Are You Suffering from Problem Gambling? 1-800-GAMBLER</p>
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MEDIUM RISK FOR GAMBLING

What's at Risk?

Low Risk
"I only lose, usually, a few dollars a year when the potback is over \$500 million."

Medium Risk
"I can afford to spend \$100, sometimes a bit more, I look forward to going right at month and get kind of mad when it ends."

High Risk
"I only really notice when I get gas or stop for the coffee. I spend at least \$50 a week on tickets. We have money, gambling, and the wife gets upset about the number of tickets I buy, but I have more than her."

Consider

your own gambling. Can you relate to any of these experiences in the past 12 months?

- I feel moody when I try to cut down or stop gambling.
- I need to stop gambling and could not.
- I used gambling to escape bad feelings.
- I spend back to gamble to win back money.
- I lost the day before.
- I got or rated losing a job, relationship or schooling option.
- I ate the need to spend more money than usual.
- I spent a lot of time thinking about gambling.
- I had money problems because of gambling.
- I needed others to give me money to help me pay my gambling debts.

Did you say "yes" to any of the above? How many the more of and for a gambling problem than others.

DON'T Gamble WITH YOUR Health

Gambling problems may lead to emotional problems, such as anxiety or depression.

Did you know that adults with a gambling problem are 2-3 times more likely to develop a major depressive disorder?

Gambling problems may also worsen physical health problems, such as: high blood pressure, stomach problems, headaches, heart problems, sleep problems.

Don't gamble with your health and **MAKE A CHANGE TODAY!**

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HIGH RISK FOR GAMBLING

Understanding Your Gambling

Should you think about changing your gambling habits?

Gambling can be fun. But for some, gambling can get out of control. Problem gambling can result in financial problems, legal problems, family conflicts, problems at work and stress. Gambling may also lead to emotional problems, such as anxiety or depression.

DID YOU KNOW? Adults with a gambling problem are 2-3 times more likely to develop a major depressive disorder.

Gambling problems may also worsen physical health problems, such as: high blood pressure, stomach problems, headaches, heart problems, sleep problems.

On a scale of 1-10, how ready are you to make a change to your gambling habits?

not at all	1	2	3	4	5	6	7	8	9	10	ready to make a change
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If you are ready to **CHANGE** your gambling **HABITS** complete the back of the worksheet to make a plan.

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HIGH RISK FOR GAMBLING

Gambling Change Plan

I would like to **CHANGE** my gambling **HABITS** on the following days:

Gamble Only Days Per Week/Month

Gamble Only Dollars Per Week/Month

I would like to call the helpline to talk to someone about my gambling. Yes No

I would like to talk to a counselor to help me change my gambling. Yes No

I would like a referral to a counselor trained to understand problem gambling. Yes No

I would like to attend a Gambler's Anonymous meeting. Yes No

Others who can help me change my gambling are:

Family members (Name) _____ (Address) _____ (Phone) _____	
---	--

My follow-up plan is:

1. _____
2. _____
3. _____

If you need the additional help, please call 1-800-GAMBLER or visit www.helpmygamblingproblem.com

Screening Best Practices

- Include brief screen on intake (and don't expect much)
- Also use subtle questions about gambling activities. Be Creative
- Repeat screen after relationship and trust established (at treatment plan updates?)
- Conduct screen in conjunction with psychoeducation on impact of gambling on recovery/problem gambling

Screening

- Client may not acknowledge in first interview either because they simply don't categorize these issues as problematic or because of shame and the desire to avoid talking about these issues

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Integrated Assessment

- Incorporating into existing assessments
- How might you ask questions related to gambling in each of these sections of your intake or assessment?
 - Medical
 - Financial
 - Family History
 - Substance Use
 - Psychiatric
 - Recreation

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Assessing Impact on Recovery

- Beyond diagnosis and labeling
- Integrate gambling throughout the assessment in addition to specific screening items
- In what ways does gambling support or detract from mental health or substance abuse recovery?
- In what ways does gambling support or detract from life goals?

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Integrated Assessment

- The key to this approach is to raise the issue of gambling and its role in your client's recovery in multiple contexts and repeatedly over time.
- Also it is key to include the topic of gambling in a non-judgmental or labeling manner, in order to minimize defensiveness or resistance.

Remember

- Even though individuals in recovery from substance use and mental health disorders are at higher risk for gambling problems, this does not mean that gambling always has a negative impact on someone's recovery
- It is our job to help our clients be aware of and evaluate the risks as well as benefits that gambling can bring to their recovery, and to assist them in making the best informed decisions regarding the role of gambling in their lives and recoveries.

Question and Answer

We will now take time to answer any questions that have been submitted.

Type your question or comment in the question box on the right-hand side.

Please complete the survey following the end of this broadcast.

Certificates will be available at www.trainingresources.org under your individual account within 2 weeks of this training.

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