

*“Ideas for Treatment Improvement”*

# ADDICTION *Messenger*

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## SERIES 21

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## Problem Gambling - Part 1 Gambling: The Hidden Addiction

*“Gambling: The sure way of getting nothing for something”.*

*~ Wilson Mizner ~ (1876-1933)*

If you are a substance use disorder or mental health counselor, you have provided care to someone who has a gambling disorder. In fact, somewhere between 10-30% of those in treatment for drug or alcohol use disorders may have a gambling problem. Gambling is a widespread activity, with 86% of the general adult population reporting some gambling activity over a lifetime; a small minority of them will develop a gambling problem.

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While treating problem gambling is a specialty area with its own certification requirements, all addiction and mental health counselors should be knowledgeable about basic clinical issues, screening, referral for treatment, and the potential risk that engaging in gambling represents for many clients with substance use or mental health disorders. This 3-part series of the Addiction Messenger will give you such an overview, beginning with this issue in which we address some general questions that counselors commonly ask about treating problem gambling.

### What is Pathological Gambling?

Pathological gambling (Table 1) represents the most severe pattern of excessive or destructive gambling behavior and is the only gambling related disorder for which there are formal diagnostic criteria. Problem gambling is a term that has different meaning depending on the context. Used colloquially, problem gambling describes any form of gambling that results in functional consequences. In the scientific literature, problem gambling refers to less-severe forms of dysfunctional gambling as differentiated from pathological gambling. Although the DSM-IV currently classifies pathological gambling as an impulse control disorder, many clinicians consider it to be an addiction. Indeed, the DSM criteria for gambling disorders closely parallel the signs and symptoms of substance use disorders, which are commonly considered addictions.

### What Characteristics Do Gambling And Substance Use Disorders Have In Common?

There are both similarities and differences between substance use disorders and problem gambling, some of which are briefly described on page 2.

### Similarities:

- There is a preoccupation with the activity and a loss of control
- Abuse of drugs/alcohol and problem gambling can both be progressive
- Denial is a hallmark of both; the problem resides outside the person who is exhibiting the disordered behavior
- Continued behavior despite negative impact on major life areas
- Tolerance develops—more of the substance or more gambling is needed to attain the same feelings
- Urges and cravings develop among problem gamblers, as with substance abusers
- Withdrawal symptoms occur when substances or gambling is not available to the disordered person
- Similar psychological drives are involved in substance use and gambling disorders, including escape, self-medication, avoidance

### Differences:

- There are objective tests (blood, urine, etc) to detect the presence of drugs and/or alcohol, but there are no biological tests for problem gambling
- Problem gambling is physically easier to hide in that there is no slurring of speech, disorientation, etc.
- Overuse of drugs or alcohol will eventually result in the body “shutting down” temporarily; gambling is not similarly self-limiting
- Suicide rates are higher among gamblers
- The problem gambler’s financial situation is often critically damaged and must be addressed as part of the treatment process
- There is much less public awareness about problem gambling, and acceptance of gambling is even more widespread than for drugs and alcohol.
- There are fewer treatment services available, fewer support groups such as Gambler’s Anonymous, and fewer

certified gambling counselors.

### Are Certain Types Of Gambling More “Addictive” Than Others?

Video poker and slot machines have been referred to as the “crack cocaine of gambling.” Because of the immediate and effective reinforcement these machines provide, problem gamblers who regularly play video poker appear to progress into pathological gambling much faster than problem gamblers who only gamble at horse races, or other games that do not provide such immediate gratification. In the past, a gambler might experience 15 to 25 years of disordered gambling at the track before reaching the so-called “desperation” phase. Today, it is not uncommon for a gambler addicted to slot or video poker machines to progress into the desperation phase in a matter of months.

### Is It The Money That Motivates The Problem Gambler To Keep Going?

Pathological gamblers are addicted to the act of gambling, not money. For a problem gambler, gambling is a mood, thought, and physically altering activity which could resemble the numbing of taking narcotics or the high from cocaine. Both problem gamblers and substance dependent persons describe their “drug of choice” as seductive and ultimately destructive.

### Are There Phases To Pathological Gambling?

That is a point of debate in the field. Dr. Robert Custer, one of the earliest to study problem gamblers, has identified three phases which may accurately characterize a large segment of the problem gambling population. He describes those phases as:

- The adventurous phase or winning phase — marked by an increasing desire for gambling as excitement and often including a big win which the gambler sees as resulting from their personal abilities;

**Table 1 Current Diagnostic Criteria For Pathological Gambling (DSM-IV)**

- A. Persistent and recurrent maladaptive gambling behavior as indicated by 5 (or more) of the following:
- Is preoccupied with gambling (for example, is preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
  - Needs to gamble with increasing amounts of money in order to achieve the desired excitement
  - Has repeated unsuccessful efforts to control, cut back, or stop gambling
  - Is restless or irritable when attempting to cut down or stop gambling
  - Gambles as a way of escaping from problems or of relieving a dysphoric mood (for example, feelings of helplessness, guilt, anxiety, depression)
  - After losing money gambling, often returns another day to get even (“chasing” one’s losses)
  - Lies to family members, therapists, or others to conceal the extent of involvement with gambling
  - Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
  - Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
  - Relies on others to provide money to relieve a desperate financial situation caused by gambling
- B. The gambling behavior is not better accounted for by a manic episode.

- The losing phase — in which the gambler bets increasing amounts of money “chasing” the money they’ve lost;
- The desperation phase — when gambling becomes a full-time obsession, the gambler increasingly gambles on credit, and takes greater and greater risks.

It is important to note that these phases do not represent an inevitable progression. Some problem gamblers cycle back and forth between phases and some who enter the losing phase stop before reaching the desperation phase.

### What Is The Typical Course Of This Disorder?

Pathological gambling had originally been conceptualized as a chronic and progressive disorder, but new evidence suggests there are multiple courses the disorder can follow. Sometimes the gambling problem is transient; sometimes it plateaus and maintains for years; and sometimes it follows a progressive course. In fact, several recent studies have presented findings that over time many individuals who have experienced problems with gambling that were serious enough to be classified as pathological, either significantly reduce or completely stop gambling on their own. This finding suggests that at least for some, pathological gambling is not necessarily a malady characterized by a predictable progression to continually more serious problems. Although the phenomenon has been identified, the underlying factors are not understood nor is it known if the non problematic behavior will continue over long periods of time.

### Is There A Personality Profile That Makes One More Susceptible To Problem Gambling?

According to noted gambling researcher Dr. Lia Nower, “the research in this area is still in its infancy but, in general, individuals with certain traits and bio-psycho-social predispositions are more likely than others to develop problems. Those at highest risk are impulsive, intensity seeking, addicted to other substances, and typically depressed or anxious. They start gambling or pursuing other risk-taking behaviors at an early age and report childhoods marked by abuse or neglect and caregivers with addictions”.

### Does Problem Gambling Affect All Populations Equally?

**Adolescents/Young Adults.** Adolescents evidence higher rates of problem and pathological gambling than adults. Shaffer and Hall found pathological and problem gambling rates of youth to be almost twice those of adults. Still

worse, rates of problem gambling among college students is even higher than those found among adolescents.

**The Elderly.** Surprisingly, older adults have a lower-than-average prevalence of gambling-related problems, yet because of fixed incomes and fewer income earning years ahead, the impact of financial losses on elderly gamblers can be more serious. Further, elderly involvement in gambling increased by 45% between 1975 and 1998 and gambling excursions are some of the most frequented activities in retirement centers.

**Gender.** Older studies routinely found higher rates of problem gambling among men. However, recent studies are finding that in states with widespread availability of electronic machine gambling, women have reached equality with men in terms of problem gambling prevalence. Women tend to start gambling at a later age than men but because so many female problem gamblers engage in electronic machine gambling, the “crack cocaine of gambling”, when a gambling problem develops it is often rapid.

**Ethnicity.** Several research studies have found that ethnic minority groups have a higher prevalence of gambling-related problems and are at greater risk of gambling problems than whites.

**Socioeconomic Status (SES)** Individuals with lower SES have been found to spend a higher proportion of their personal income on gambling. Individuals suffering from disordered gambling are more likely than the general population to be high school dropouts and unemployed. Samples of homeless people seeking substance abuse treatment and people receiving community services show higher prevalence rates of disordered gambling than the general population.

**Mental Health** As with substance use disorders, problem gambling often co-occurs with mental disorders. Depression disorders, anxiety disorders, and attention deficit disorder are much more common in disordered gamblers than the general population.

### Future Issues

In the next two issues we will look at screening options, how gambling disorders are treated, resources for clients and counselors, and more.

### Next Issue:

“Problem Gambling Screening and Treatment”

### Sources:

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## PRE - TEST Series 21

1.  
In which of the following populations is problem gambling most prevalent?
  - a. seniors
  - b. hispanics
  - c. college students
  - d. a and c
  
2.  
There is general agreement that problem gambling is an addiction and should be treated accordingly.

True or False
  
3.  
Treatments which have shown promise among problem gamblers include:
  - a. contingency management
  - b. aversion therapy
  - c. cognitive behavioral therapy
  - d. a and c
  
4.  
Name two ways in which problem gambling is similar to substance use disorders:
  - 1.
  - 2.
  
5.  
Name two ways in which problem gambling is different from substance use disorders:
  - 1.
  - 2.
  
6.  
The best way to screen for problem gambling among addiction clients is by using the Lie/Bet instrument.

True or False
  
7.  
Suicide rates among problem gamblers are higher than among addiction treatment clients.

True or False
  
8.  
The financial problems of the gambler should not be discussed in counseling because counselors are not financial planners.

True or False
  
9.  
What is the toll free national problem gambling helpline number?

\_\_\_\_\_
  
10.  
Which type of game seems to be most quickly addictive?
  - a. internet gambling
  - b. video poker
  - c. texas hold 'em
  - d. a and c

*Mail or FAX your completed test to NFATTC*

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