Problem Gambling

May 9, 2023

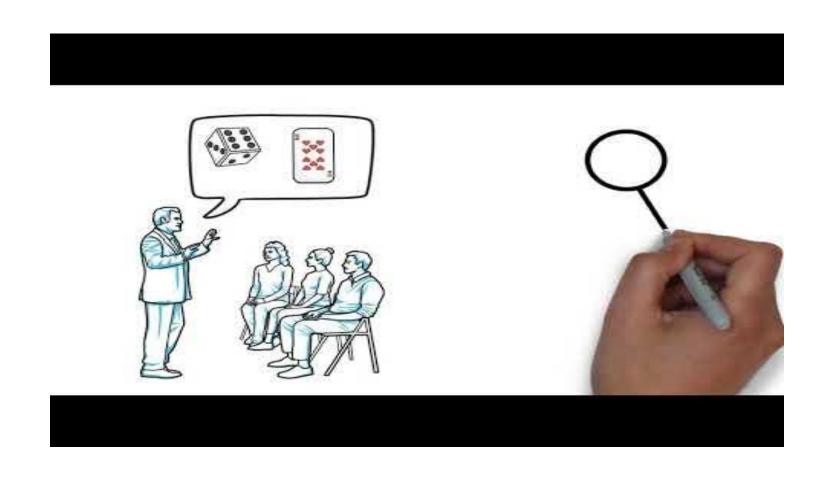
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Connecticut Department of Mental Health & Addiction Services **Problem** Gambling Services







PROBLEM GAMBLING



We are gambling neutral!

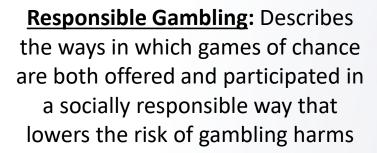


What is Gambling?

Risking something of value on an activity that has an uncertain outcome

Definitions







Problem Gambling: Pattern of gambling engagement that is so extreme it causes an individual to have important problems in various aspects of their life



Gambling Disorder: clinical term relating to a score assessed by a professional using a recognized set of criteria

Types of Gambling

Lottery

Casino

Off Track Betting

Sports Betting/Fantasy Sports

Charitable Games

Online Gambling

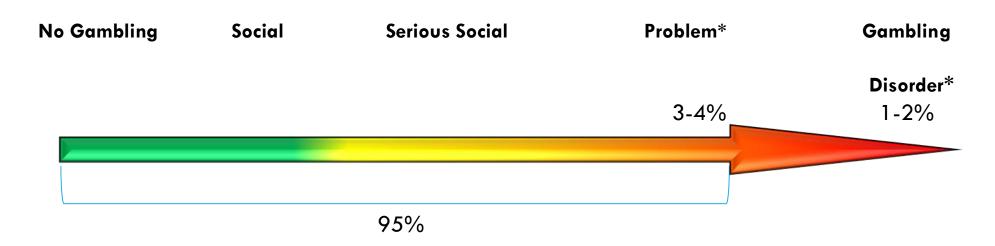
Stock Market

Cryptocurrency

2021 the biggest gambling expansion for Connecticut since Foxwoods opened in 1992 and Mohegan Sun in 1996

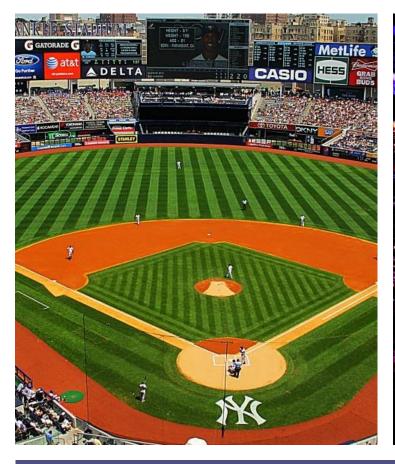
Online casinos Online sports betting Online fantasy sports Online lottery – late summer/early fall 2022

THE GAMBLING CONTINUUM



- Youth 2x
- SU/MH 10x
- DOC population 20x







PREVALENCE IN CONNECTICUT

- 1.5%-2% population will meet the criteria for GD
- Approximately 53,863
 individuals enough to fill
 Fenway Park 1.5 times or
 Yankee Stadium once with a
 few people left standing
- 8% population are considered "at-risk" of developing a problem with gambling in their lifetime
- That is approximately 287,269 CT residents
- Enough to attend 28 sold out concerts at Mohegan Sun Arena

Impacts

On average, 1 individual working through a gambling addiction impacts an additional 7 to 20 people in their families and communities.

National Council on Problem Gambling, 2020 Problem Gambling Awareness Month Bulletin



Problem Gambling & Homelessness Population

- People experiencing homelessness are nearly 9X more likely to have a history of problem or pathological gambling than the general population
- More needs to be done there are very few studies that have explored the connection between problem gambling and homelessness

Studies recommend organizations serving the homelessness population:

- ✓ Training staff on the signs of gambling addiction
- ✓ Screening for problem and disordered gambling
- ✓ Equipping staff with referral resources for problem gambling treatment and recovery programs
- ✓ Forming partnerships with problem gambling prevention, treatment, and recovery programs



MARYLAND CENTER of EXCELLENCE on PROBLEM GAMBLING

Gambling Disorder and Under-Resourced Populations: Prevalence and Risk Factors

(Okuda, M; Liu, W; Cisewski, J; Segura, L; Storr, C; and Martins, S: July 2016, Current Addiction Report)

- Lack of research
- More likely to experience disparities in health and health services related to PG
- Under-resourced populations reported more: prior discrimination by providers, negative beliefs about mental health, social stigma of mental health disorders, and distrust of mental health providers
- Barriers to care include lack of insurance, long waiting lists, and lack of services in preferred language

Problem Gambling Among U.S. Veterans

- A national survey found 2.2% screened positive for at-risk or pathological gambling (Stefanovics et al., 2017).
- 4.2% of Iraq/Afghanistan Veterans exhibit at-risk/probable pathological gambling (Whiting et al., 2016).
- 10.7% of mental health treatment-seeking Veterans reported a lifetime history of gambling disorder

(Westermeyer et al., 2013).

- 40% of Veteran gamblers seeking treatment reported a previous suicide attempt (Kausch, 2003).
- Among Veteran problem gamblers seeking treatment, high rates of SUD and lifetime suicidal ideation (15%) (Shirk et al., 2018).
- Veterans with gambling disorder and pain disorder were 1.9 times more likely to attempt suicide compared to Veterans with pain disorder alone (Ronzitti et al., 2019).

Impacts of Problem Gambling on Mental Health

Across studies, problematic gambling appears to be related to mental health. Individuals who engage in problem gambling behaviors are at least twice as likely to experience a psychiatric condition at some point in their life.



Compared to the general population, among those in mental health, drug and alcohol, family violence, and financial counseling services are between two and 21 times more likely to also present with problematic gambling behaviors.²⁴



Having experienced clinical anxiety or depression increases the risk of developing problematic gambling behaviors later on among women.¹



Young adults who are at-risk of and those who are engaging in problematic gambling behaviors are at an increased risk of mental health disorder onset.⁵



Among adolescents, symptoms of anxiety, depression, aggression, and antisocial behavior have been related to being at risk for developing problematic gambling behaviors.6* 75% of individuals
who seek treatment
for problem gambling
have a psychiatric
comorbidity.7

PG & Mental Health (oregon.gov)

Trauma

- Individuals who met three or more Adverse Childhood Experiences (ACEs) were more than **three times** as likely to report disordered gambling (Poole, et al, 2017).
- 64% of gamblers reported a history of emotional trauma; 40.5% physical trauma and 24.3% sexual trauma (Kausch, Rugle, and Rowland, 2006)

Suicidal Behaviors and Associated Factors Among Individuals with Gambling Disorders

31% suicide ideations

Suicide ideations were associated with having any financial debt, having chronic physical illnesses, experiencing depression, mood disorders, and alcohol use disorders.

17% suicide plans

16% suicide attempts

Suicide attempts were associated with being older and having a childhood history of sexual abuse, as well as experiencing depression, mood disorders and alcohol use disorders.

The most prevalent comorbid conditions include:

> Substance use disorders and mood disorders

https://www.researchgate.net/publication/367411081 Suicidal Behaviors and Associated Factors Among Individuals with Gambling D isorders A Meta-Analysis



Warning Signs for



Gambling Disorder

- > Hopelessness
- Mood changes
- Withdrawing from friends, family, or society
- No reason for living; no sense of purpose in life
- > Increase in risky activities
- > Anxiety, agitation also unable to sleep or sleeping all the time
- > Increase in substance use

- > Hopelessness
- > Mood changes
- Withdrawing from friends, family, or society
- > No reason for living; no sense of purpose in life
- Increase in risky activities
- > Anxiety, agitation
- > Increase in substance use
- **Losses**
- ➤ Gambling problems, financial problems, illegal activities becoming public
- Given up hope of controlling or stopping gambling



Risk Factors for



Suicide

- > Substance misuse
- History of depression and other mental illnesses
- Current or prior history of adverse childhood experiences
- > Relationship issues
- > Age/identity
- > Recent loss or change
- > Sense of hopelessness
- > Job/financial problems or loss
- Criminal/legal problems
- > Serious illness such as chronic pain
- > Impulsive or aggressive tendencies
- Violence victimization and/or perpetration

Gambling Disorder

- > Substance misuse
- > History of depression and other mental illnesses
- > Current or prior history of adverse childhood experiences
- > Relationship issues
- > Age/identity
- > Recent loss or change
- > Sense of hopelessness
- > Job/financial problems or loss
- Criminal /legal problems
- > Serious illness such as chronic pain
- > Hold mistaken beliefs about the odds of winning
- > Early or big win
- > Having a parent with gambling problems
- > Attributing self-esteem to gambling wins or losses
- **→** Not monitoring gambling wins & losses



PROTECTIVE FACTORS

Individual Protective Factors

- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity

Relationship Protective Factors

- Support from partners, friends, and family
- Feeling connected to others

Community Protective Factors

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare

Societal Protective Factors:

- Reduced access
- Reduced stigma

https://www.cdc.gov/suicide/factors/index.html#factors-protect

Shortening of Reward Schedule

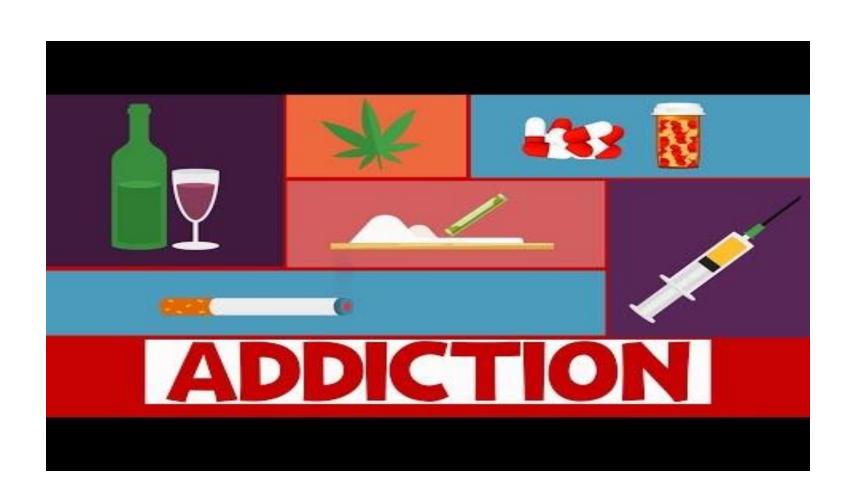
Delayed

- Season long fantasy
- Traditional Sports Betting
- Daily/Nightly Lottery
- Live Casino
- Investing
- Traditional video games

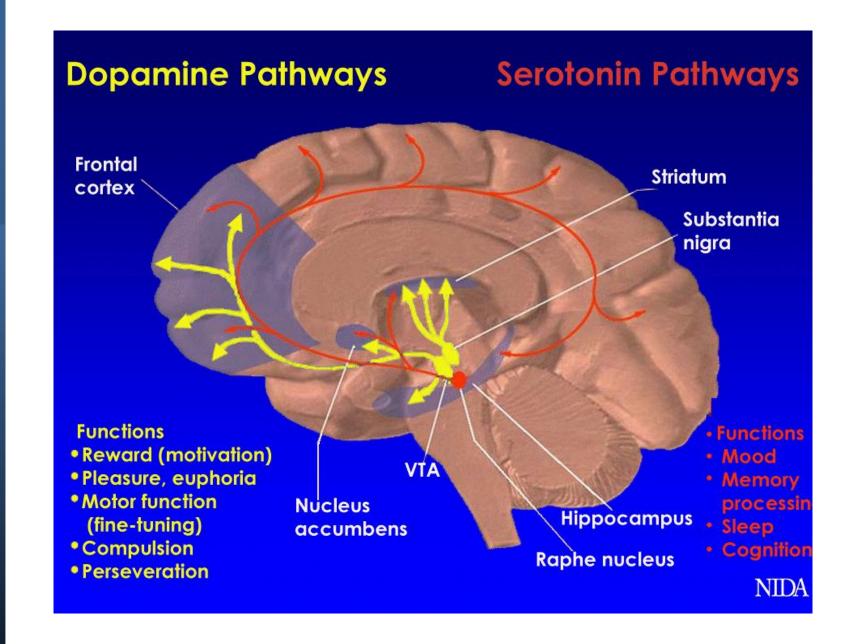
Immediate

- Daily Fantasy
- In Play Sports Wagering
- Scratch Tickets/Instant Win/Keno
- Online casino games/slot machines
- Day Trading
- Video Games/Loot boxes

Addiction and the Brain



Addiction and the Brain



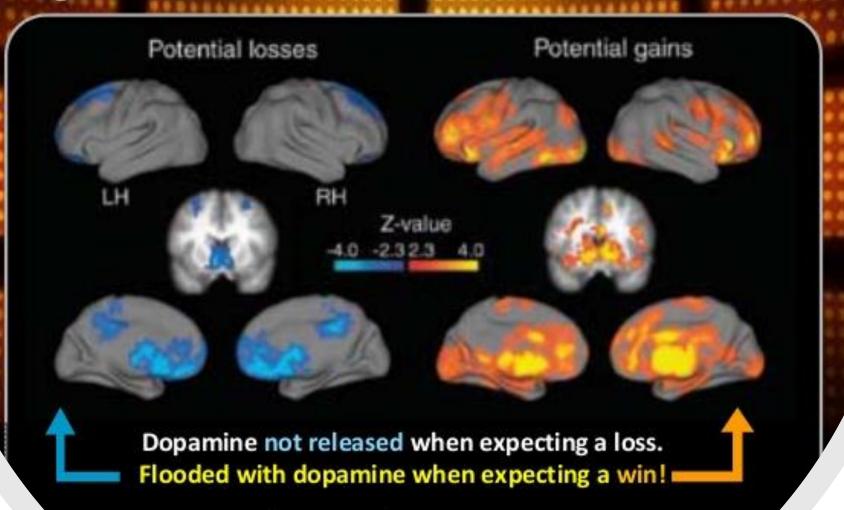
Brain on Drugs vs Brain on Gambling

- Affects mid-brain
- Activates reward system
- Releases dopamine
- Tolerance builds
- Reward system is hijacked
- Pre-frontal cortex weakens
- Needs larger/stronger doses
- Loss of control
- Preoccupied with activity
- Personal life/relationships suffer
- Withdrawal
- Repeatedly pursue rewarding experience despite negative consequences

- Affects mid-brain
- Activates reward system
- Releases dopamine
- Tolerance builds
- Reward system is hijacked
- Pre-frontal cortex weakens
- Increase bets
- Loss of control
- Preoccupied with activity
- Personal life/relationships suffer
- Withdrawal
- Repeatedly pursue rewarding experience despite negative

Gambling & Dopamine

t's not about the money – it's about the action of the game and the hope of winning.



Source: Brain Briefings (2007, October), Society for Neuroscience, Washington, DC

GAMBLING DISORDER IS KNOWN AS THE "HIDDEN ADDICTION"

Can be difficult to diagnose

No biological test

Appears to be a money problem

Not self-limiting

The problem can also be the solution

Intermittent reward schedules

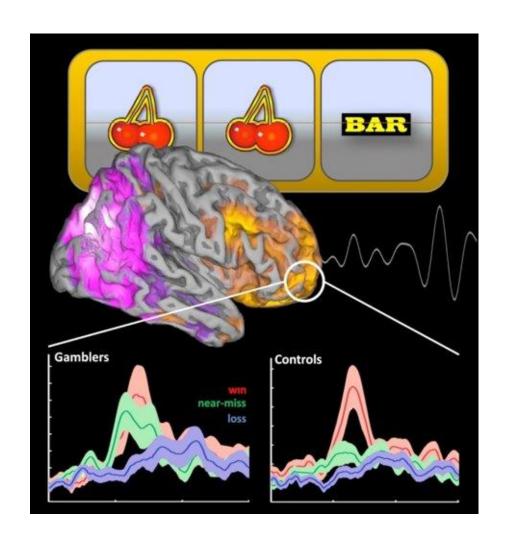
Lack of awareness

Greater stigma- increase shame & guilt



- Fantasies of success/magical thinking
- Behavior not attributed to intoxication
- Greater financial problems
- Less tolerance from public & judicial systems

The Near-Miss Effect



DSM-5 Criteria – Gambling Disorder

Must have 4 or more of the following:

- Is preoccupied with gambling (relives past experiences...).
- Needs to put increasing amounts to get the same excitement.
- Has repeated, unsuccessful attempts to control, cut back, or stop.
- Becomes restless or irritable when trying to stop gambling.
- Gambles as a way to escape problems or deal with dysphoric mood.
- After losing money gambling, often returns another day to get even. (chasing)
- Lies to family/friends/coworkers to hide the extent of gambling losses.
- Has jeopardized, or lost, a significant relationship, job, educational, or career opportunity because of gambling.
- Relies on others to provide the money to relieve a desperate financial situation caused by gambling. (bailouts)

Is not better explained by a Manic Episode

Specifiers

Specify if:

- **Episodic:** Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.
- **Persistent:** Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

Specify if:

- <u>In early remission:</u> After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.
- <u>In sustained remission:</u> After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

Specify current severity:

- Mild: 4–5 criteria met.
- Moderate: 6–7 criteria met.
- **Severe:** 8–9 criteria met.

DSM-5 Criteria – Alcohol Use Disorder

Must have 2 or more of the following within a 12-month period:

- Alcohol is often taken in larger amounts over a longer period than was intended.
- Unsuccessful efforts to cut down or control alcohol use.
- Significant time is spent in activities necessary to obtain or use alcohol, or recover from its effects.
- Craving, or a strong desire or urge to use alcohol.
- Recurrent use resulting in failure to fulfill major role obligations at work, school or home.
- Continued use despite persistent or recurrent social or interpersonal problems.
- Giving up or reducing important activities because of alcohol use.
- Recurrent alcohol use in situations in which it is physically hazardous.
- Alcohol use is continued despite knowledge of having a physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
- Tolerance increased in the amount to reach intoxication; diminished effect with continued use.
- Withdrawal physical symptoms (e.g. insomnia, nausea, anxiety, etc.); using alcohol to relieve withdrawal symptoms.

CHAT BOX QUESTION:

How many diagnostic criteria for gambling disorder are similar to Alcohol Use Disorder?

- ✓ Pre-occupation
- ✓ Tolerance
- ✓ Withdrawal
- ✓ Loss of control element
- ✓ Impacting important aspects of life; Relationship and/or personal life Issues

Case Study

Jose is in recovery from alcohol and stimulant use disorders. He also received treatment when he was an adolescent, for Attention-Deficit/Hyperactivity Disorder (ADHD). Since he has been in recovery from substances over the past year, he has been more able to pay bills and buy other essentials. He was never very good managing money, tending to spend on whatever caught his attention.

After buying groceries he started buying lottery tickets with any change he had. One time he won \$500 and felt a rush similar to the ones he felt when using. The next day he could hardly wait to go back to the store to buy some tickets. He began going to the convenient store on the corner of his street more often, especially when he felt bored at night (when he used to drink and get high).

He became more focused on numbers throughout the day anticipating which numbers would be "lucky" to play that day. He would lie to his girlfriend about just going out to get some cigarettes in order to get more tickets. His girlfriend started getting upset because he didn't have money to go to movies or concerts and she thought he was using again. When he didn't have money to buy tickets, he would become irritable and easily frustrated.

He began making up stories to borrow money from co-workers to get more money for playing the lottery. His delivery job made it easy to stop and buy tickets during the day, but he was starting to get into trouble for running late with deliveries and his boss was not accepting his excuses about running into traffic.

- What diagnostic criteria does Jose meet?
 - What specifiers apply?

Must have 4 or more of the following:

- Is preoccupied with gambling (relives past experiences...).
- Needs to put increasing amounts to get the same excitement.
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Conversation Starters

Acknowledge Certain Times of the Year

- Superbowl
- NCAA Basketball Tournament/"March Madness"
- NBA Finals
- Big Horse Races Kentucky Derby
- World Cup
- Boxing for World Titles
- When the Lottery Jackpot gets high
- Fantasy Leagues



questions such as:

- When do you feel the urge to gamble? Or, what are your gambling triggers?
- Do you gamble to celebrate?
- Do you gamble to escape problems, frustration or stress?
- How do you feel when you gamble?
- How do your family members and friends react to your gambling?
- Do you feel comfortable talking about your gambling problem with any family members or friends? If so, who?

20 Questions of Gambler's Anonymous

20. Have you ever considered self - destruction as a result of your gambling?



In the past year, have you participated in any of the following: keno, lottery scratch offs, betting on sports, playing cards for money, online casino, going to the casino, Off Track Betting, Daily Fantasy Sports, and purchasing loot boxes in videogames?

- None
- Less Than Monthly
- Monthly
- Weekly
- Daily

Brief Biosocial Gambling Screen

A "yes" answer to any of the questions means the person is at risk for developing a gambling problem.

- 1. During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?
- YES NO

YES NO

- 2. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?
- YES NO
- 3. 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 |
|-----|-----|
| | |
| | YES |



www.ncrg.org www.divisiononaddiction.org

BBGS

Brief Bio-Social Gambling Screen

1. During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?

□ Yes □ No

2. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?

□ Yes □ No

3. During the past 12 months, did you have such financial trouble that you had to get help from family or friends?

□ Yes □ No

*BBGS Scoring: Answering 'Yes' to one or more questions indicates likely disordered gambling.



PGSI

Problem Gambling Severity Index

Thinking about the last 12 months...

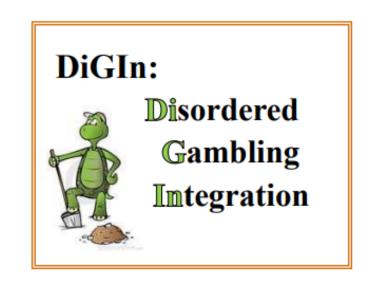
- a. Have you bet more than you could really afford to lose?
- b. Still thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?
- c. When you gambled, did you go back another day to try to win back the money you lost?
- d. Have you borrowed money or sold anything to get money to gamble?
- e. Have you felt that you might have a problem with gambling?
- f. Has gambling caused you any health problems, including stress or anxiety?
- g. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
- h. Has your gambling caused any financial problems for you or your household?
- i. Have you felt guilty about the way you gamble or what happens when you gamble?

Why Integration is Important

- Gambling at first mention is not seen as problematic.
- Problem Gambling is often seen as relational to negative outcomes, not addiction.
- When pressed addiction/gambling are seen as having similarities.
- Gambling is legal, government sponsored and embedded in a variety of cultures (religion, ethnic) increasing belief that it is a safe, acceptable form of entertainment.
- Help is known (back of lotto tickets, advertisements) but lack of public knowledge and awareness leads to under-utilization.



CT Disordered Gambling Integration (DiGIn)

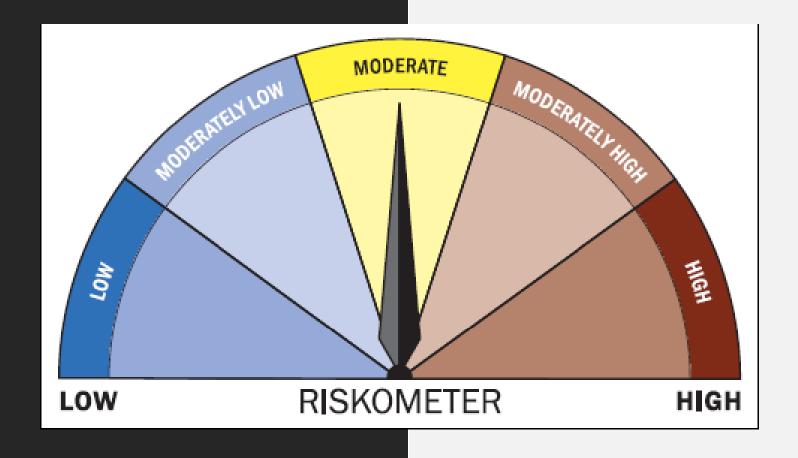


Mission

To increase the capacity of substance use disorder and mental health treatment/recovery/prevention programs to address gambling and problem gambling through enhanced screening, assessment, awareness, intervention, recovery and health promotion strategies.



Risk Activity



Bookkeeper, Female, 60yrs old

Has lost a significant amount of money on slot machines over the years with little to no retirement money left. Has good family supports. Had a big win when she was in her early 30s. Her mother died by suicide at the age of 65.

Blackjack Dealer, Female, 28yrs old

Graduate student working 3rd shift as a dealer to help her mother pay bills. Grew up in a home where gambling played major role. Mother currently purchases \$20 per week in lottery tickets in hopes of getting the family out of major debt. Parents are divorced.

Widower, 78yrs old

Lives in a senior housing unit with few friends and tends to isolate when feeling depressed. Recreationally gambled throughout his lifetime. Has close and healthy relationships with his children and grandchildren.

College Athlete, Female, 19yrs old

Diagnosed school with ADHD at age 6, high school valedictorian, recently won \$500 on a scratch ticket.

Retired Schoolteacher, Female, 55yrs old

Recently divorced with adult children and 7 grandchildren. Babysits the grandchildren 3 days/week to keep busy and enjoys exercising to keep up her health. Has a good network of friends although none are retired yet. Lives 6 miles from a casino.

Bettor Choice Treatment Programs



Region 1

Stamford, Norwalk, Bridgeport



Region 2

Branford, Milford & Ansonia



Region 3

Norwich, New London, Plainfield



Region 4

Hartford, Bristol & New Britain



Region 5

Waterbury, Danbury, New Milford, Torrington

Help is Available





Struggling with Problem Gambling? Help Is Available.



Call 1.888.789.7777

If you or someone you care about has a gambling problem and you are seeking resources and help, call our free, confidential helpline 24-hours a day, 7 days a week at 1-888-789-7777



Don't want to call us?
Text CTGAMB to 53342.
Professional counselors
respond directly to text
messages 24 hours a day, 7
days a week, 365 days a year,
including holidays and
weekends

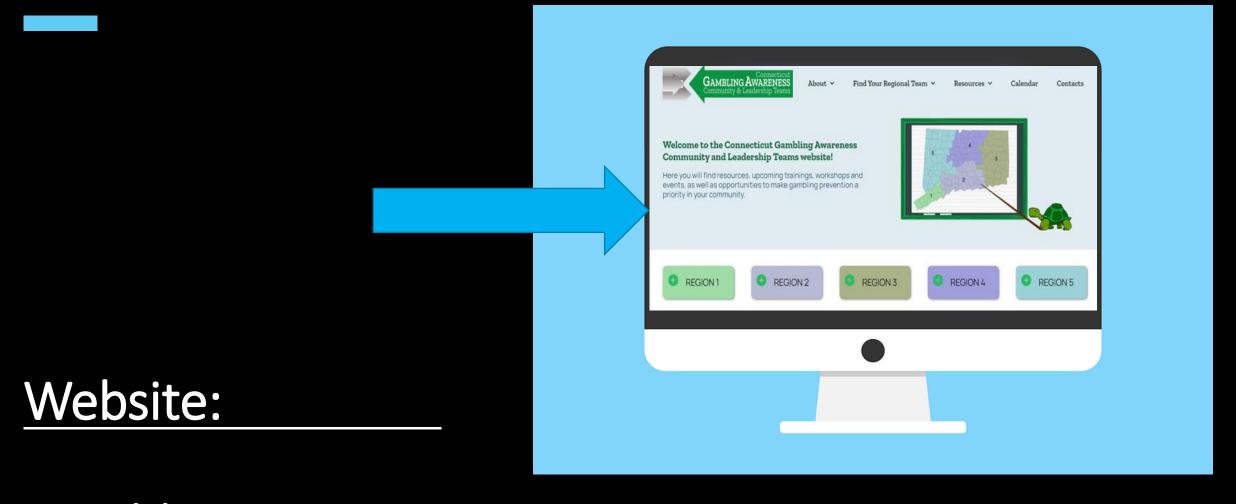


Live Chat - ccpg.org/chat

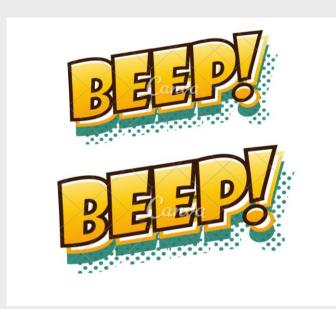
Our Live Chat is an alternative for those who are more comfortable chatting online. Live Chat provides support and referrals for the problem gambler and others impacted (family, friends, co-workers, employers)



JOIN THE REGIONAL MASSACHUSETTS GAMBLING **AWARENESS** Bankhamsted TEAM IN YOUR AREA! NEW YORK LONG ISLAND SOUND Region 1 Region 2 Region 3 Region 4 Region 5

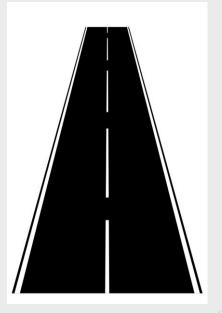


Gambling Awareness CT. org











Resources for Support & Referral

Problem Gambling Services (PGS) <u>www.ct.gov/dmhas/pgs</u> 860-344-2244
Informational & Treatment Support Materials, Media, On-line/In Person Training

Gambler's Anonymous (GA) https://ctwmaga.org/

Gam-anon https://gam-anon.org/

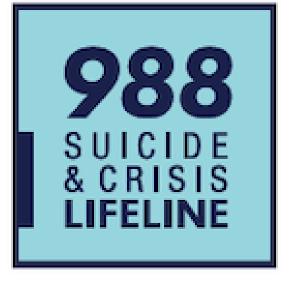
Gambling Recovery Support Services: Stephen Matos (Smatos@mccaonline.com)

CT Community for Addiction Recovery (CCAR) https://ccar.us/

Advocacy Unlimited https://advocacyunlimited.org/

National Council on Problem Gambling (NCPG) https://www.ncpgambling.org/

CT Council on Problem Gambling www.ccpg.org





Talk with us.





If you or someone you know needs support now, call or text 988 or chat 988lifeline.org



PEP22-00-03-004



Do you know someone in crisis?

You can be a lifeline and help support them!

Here are five steps you can take that are known to help:

1. ASK:

Are you thinking about suicide? How do you hurt? How can I help?

2. BE THERE:

In person or on the phone. Show support. Listen. Keep promises to connect.

3. HELP KEEP THEM SAFE:

If the person in crisis is suicidal, details matter: Do they have a plan, or ideas about timing or method? You can call 988 to support their crisis care.

4. HELP THEM CONNECT:

When someone is in crisis, connecting them with ongoing supports can help establish a safety net. Remind them they can call, text or chat 988 to connect with a trained crisis counselor 24/7.

5. FOLLOW UP:

After the immediate crisis is over, check in.
That text or call afterwards makes a real difference.



SOURCE: #BeThe1To @https://www.bethe1to.com/bethe1to-steps-evidence/



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Contact Us









THANK YOU!