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Link Between Opioid Use Disorder and Problem Gambling

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

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A Medical Treatment for Diacetylmorphine (Heroin) Addiction

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Number of Opioid Treatment Programs (March 2010)
Number of Patients (March 31, 2008) in the U.S.
The number within each State indicates the number of patients in OTPs.

@ 1,220 total
@272,350 total
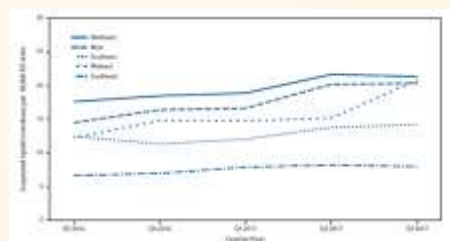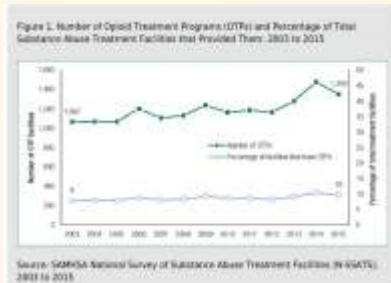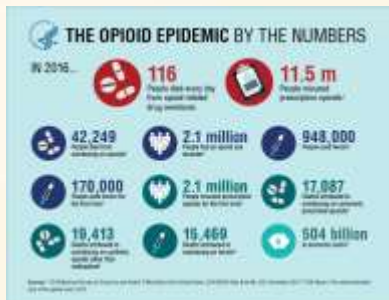
Gambling Disorder & SUD

- 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)

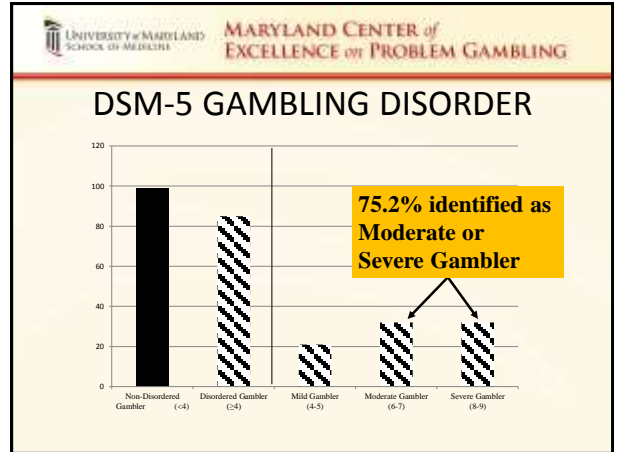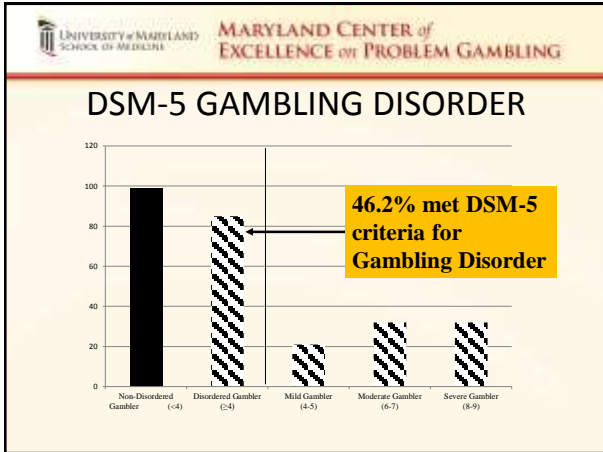## PREVALENCE OF GAMBLING DISORDER IN THE METHADONE MAINTENANCE TREATMENT SETTING

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

- 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

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*

Slide 1

DSM-5 GAMBLING DISORDER

46.2% met DSM-5 criteria for Gambling Disorder

Chart categories: Non-Disordered Gambler (<4); Disordered Gambler (≥4); Mild Gambler (4-5); Moderate Gambler (6-7); Severe Gambler (8-9)

Slide 2

DSM-5 GAMBLING DISORDER

75.2% identified as Moderate or Severe Gambler

Chart categories: Non-Disordered Gambler (<4); Disordered Gambler (≥4); Mild Gambler (4-5); Moderate Gambler (6-7); Severe Gambler (8-9)

Slide 3

	All Participants $N = 185$	Gambling Disorder - No $n = 99$	Gambling Disorder - Yes $n = 85$
Methadone dose (M ± (SD)) ($n = 183$)	81.0mg (22.8)	82.0mg (24.8)	80.0mg (20.4)
Length in treatment in days (M ± (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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- Most common types of gambling

  - Lottery Tickets (81.1%)
  - Scratch Offs   (71.8%)
  - Games of Skill   (40.5%)
  - Casino   (9.2%)

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	All Participants $N = 185$	GD - No $n = 99$	GD - Yes $n = 85$
Purchased lottery tickets			
Not at all[a]	18.9%	30.3%	5.9%
Less than 10 times in total	7.6%	12.1%	2.4%
At least once a month	4.9%	8.1%	1.2%
At least once a week	68.6%	49.5%	90.6%
Monthly spent ($) (M±(SD))[b]	178.5 (357.4)	72.3 (159.1)	302.5 (469.2)
Purchased instant win tickets			
Not at all[c]	27.2%	37.4%	14.3%
Less than 10 times in total	6.5%	11.1%	1.2%
At least once a month	15.2%	17.2%	13.1%
At least once a week	51.1%	34.3%	71.4%
Monthly spent[b]	128.2 (305.2)	37.9 (76.5)	233.9 (418.5)
Played casino table games			
Yes – play at any location	9.2% ($n = 17$)	1.0% ($n = 1$)	18.8% ($n = 16$)
Not at all at a casino	11.8%	0.0%	12.5%
Less than 10 times in total at a casino	29.4%	100.0%	25.0%
At least once a month at a casino	23.5%	0.0%	25.0%
At least once a week at a casino	35.3%	0.0%	37.5%
Monthly spent (casino, bar or online)[b]	29.8 (132.4)	1.2 (7.5)	63.4 (190.2)

MARYLAND CENTER of EXCELLENCE on PROBLEM GAMBLING

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	All Participants N = 185	GD - No n = 99	GD - Yes n = 85
Played games of skill (e.g., poker, cards)			
Yes – play at any location[c]	40.5% (n = 75)	18.2% (n = 18)	65.9% (n = 56)
Not at all in person[a]	1.3%	40.0%	1.8%
Less than 10 times in total in person	8.0%	11.1%	7.1%
At least once a month in person	25.3%	50.0%	16.1%
At least once a week in person	65.3%	38.9%	75.0%
Monthly spent (in person or online)[b]	209.6 (578.0)	19.4 (71.7)	433.2 (795.2)
Played slot machines, video lottery terminals or electronic keno			
Yes – play at any location[c]	43.2% (n = 80)	23.2% (n = 23)	67.1% (n = 57)
Not at all at the bar	26.3%	26.1%[a]	26.3%
Less than 10 times in total at the bar	7.5%	4.3%	8.8%
At least once a month at the bar	13.8%	34.8%	5.3%
At least once a week at the bar	52.5%	34.8%	59.6%
Monthly spent (casino, bar or online)[b]	196.9 (711.8)	21.3 (70.0)	401.7 (1009.6)

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

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Less than 10 times in total in person	8.0%	11.1%	7.1%
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- CONCLUSIONS
  - Prevalence of Gambling Disorder is markedly elevated
  - Gambling is rarely discussed in the treatment setting
  - Less time in treatment related to gambling status
- IMPLICATIONS
  - Opportunities to screen and conduct brief interventions are warranted

Funded by DHMH/BHA

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LONGITUDINAL ASSESSMENT OF GAMBLING DISORDER IN A SUBSTANCE USE TREATMENT SETTING

- - -

PRELIMINARY DATA

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- METHODS
  - **Longitudinal study**
    - Time Point 1 (casino opening), Time Point 2 (3mos), Time Pt 3 (6mos)
  - **Sample**
    - 100 people from prior Methadone Study
      - 50 with DSM-5 Gambling Disorder
      - 50 without DSM-5 Gambling Disorder
  - **Evaluate**
    - Mental & Physical Health Symptoms
    - Gambling Behavior
    - Substance Use

Funded by DHMH/BHA

Slide 1

Measure	Time Point 1		Time Point 2		Time Point 3	
	Gambler Yes (n = 50)	Gambler No (n = 50)	Gambler Yes (n = 44)	Gambler No (n = 45)	Gambler Yes (n = 40)	Gambler No (n = 45)
SF12 - Physical Health	39.6 ± 11.6	40.9 ± 11.9	38.1 ± 12.2	41.4 ± 13.2	38.2 ± 9.7	40.2 ± 11.0
SF12 - Mental Health	40.1 ± 12.0	43.8 ± 13.2	40.9 ± 10.7	43.2 ± 12.9	38.2 ± 10.0	45.1 ± 11.6
ASI – Days Drug Use	6.6 ± 8.9	1.6 ± 5.0	3.5 ± 7.5	.8 ± 3.0	5.5 ± 10.0	1.3 ± 5.1
ASI – Days Alcohol Use	2.9 ± 8.1	1.8 ± 6.1	3.8 ± 8.3	3.6 ± 7.8	3.7 ± 8.5	4.5 ± 6.0
Impulsivity	12.3 ± 4.1	9.0 ± 4.8	12.0 ± 5.2	9.5 ± 5.2	12.9 ± 4.3	9.7 ± 4.8
BSI - Global Severity Index	47.2 ± 12.2	43.0 ± 12.7	47.9 ± 13.3	41.4 ± 11.3	49.5 ± 11.8	41.3 ± 10.1

Slide 2

Measure	Time Point 1		Time Point 2		Time Point 3	
	Gambler Yes (n = 50)	Gambler No (n = 50)	Gambler Yes (n = 44)	Gambler No (n = 45)	Gambler Yes (n = 40)	Gambler No (n = 45)
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Slide 4

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Money spent in past month on:	Time Point 1		Time Point 2		Time Point 3	
	Gambler **Yes** ($n = 50$)	Gambler **No** ($n = 50$)	Gambler **Yes** ($n = 44$)	Gambler **No** ($n = 45$)	Gambler **Yes** ($n = 40$)	Gambler **No** ($n = 45$)
Lottery Tickets	96.0%	76.0%	86.4%	62.2%	82.5%	68.9%
Instant Win Tickets	85.7%	70.0%	84.1%	60.0%	87.5%	57.8%
Sports Betting	52.0%	20.0%	36.4%	11.1%	40.0%	8.9%
Games of Skill	58.0%	24.0%	59.1%	17.8%	60.0%	17.8%
Electronic Machines	69.4%	26.0%	56.8%	22.2%	57.5%	34.1%
Casino Table Games	20.0%	8.0%	15.9%	8.9%	32.5%	11.1%

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- CONCLUSIONS
  - Among those with Gambling Disorder:
    - More drug use
    - Higher impulsivity score
    - More mental health symptoms
  - Those with Gambling Disorder spend money on more gambling modalities
  - No major changes in casino gambling

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- FUTURE RESEARCH
  - Motivations/reasons for gambling
  - Investigate why the rate of Gambling Disorder higher in MMT
  - Focus group to better understand impact of casino opening
  - Reasons for help-seeking among those in SUD treatment

- https://www.youtube.com/watch?v=2kg04n2uLlU

QUALTITATIVE GAMBLING STUDY AT A METAHDONE CLINIC

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

Coding Procedures

- Two part
  - **A priori**: identified data that seemed relevant to aims and hypotheses
  - **Inductive**: reveal themes from interviews relevant to the aims, but not hypothesized
- Conducted by 4 team members who coded independently and discussed for consensus

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 section 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

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"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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PG Screening

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

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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

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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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Motivation

- Individuals coming into treatment for a substance use or mental health disorder may have any or all of the following attitudes toward their gambling:
  - Never thought of it as a problem or potential problem
  - Believe it is a solution to their problems (emotional and or financial)
  - Realize it may be a problem, but don't want to think about giving up "all their fun."
  - Feel overwhelmed by dealing with just one problem, don't want to have to think about any others.

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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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Screening Best Practices

- **Include brief screen on intake (and don't expect much)**
- **Also use subtle questions about gambling activities. Be Creative.**
- **Just begin the conversation. Don't "Pounce"**
- **Repeat screen after relationship and trust established (at treatment plan updates?)**
- **Conduct screen in conjunction with psychoeducation on impact of gambling on**

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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.

Brief Biosocial Gambling Screen:			
1. Have you ever gambled at least 5 times in any one year in your life?	Yes	No	
2. During the past 12 months, have you tried to hide how much you have gambled from your family or friends?	Yes	No	
3. During the past 12 months, have you had to ask other people for money to help deal with financial problems that had been caused by gambling?	Yes	No	
4. During the past 12 months, have you ever felt restless, on edge or irritable when trying to stop or cut down on	Yes	No	

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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.
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 Gambler's Anonymous or a recovery support specialist.

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Problem Gambling
You Could Be At Risk.

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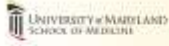24/7 Confidential Helpline
HelpMyGamblingProblem.org

MAKE A CHANGE TODAY!

S Set
L Limits
O On
T Time &
S Spending

KEEP GAMBLING FUN AND PROBLEM FREE

Set a limit on how much time and money you will spend and stick to it
Don't view gambling as a way to make money
Balance gambling with other leisure activities

If you gamble and spend more time and money than you can afford, a good strategy is to take a break and look at your gambling. Consider seeking help if this is a concern.

Problem Gambling Helpline, Toll-Free, Confidential, 24/7
1-800-GAMBLER
or
www.mdproblemgambling.com

Low Risk Gambling is Done:
As a form of recreation, not to make money or make up for previous losses.
With limits on time, frequency, and duration.
In a social setting with others not alone.
With money you can afford to lose.

High Risk Gambling – Situations When You Are:
Coping with grief, loneliness, anger or depression.
Under financial pressure and stress.
Recovering from mental health or substance use disorders.
Using alcohol or other drugs.
Under legal age to gamble.

Maryland Center of Excellence on Problem Gambling

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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.

Training Needs

- Counselors and health care providers need specific training to:
  - Understand the impact of gambling on recovery, health and well-being
  - Feel comfortable and competent to talk about gambling
  - Know that they have tools and resources for brief interventions and referral

Training Needs

- Counselors and health care providers need specific training to:
  - Understand not their job to "catch" clients in "bad" behavior

It's hard to trust somebody who thinks you're crazy

  - Be able to utilize motivational strategies to elicit curiosity and open conversation

Charles

- Charles is a 34 year old male in medication assisted treatment program. Has been abstinent from opiates on methadone x 4 months. Reports significant cocaine cravings X 1 month. In initial assessment reported only occasional purchase of lottery tickets. In recent group discussion stated he has been buying $100 worth of lottery tickets per week rather than buying crack with that money.

Goals for Gambling in Recovery

- How would you like to enjoy gambling?
- What type of gambling would you like to do, if any?
- How often would you like to gamble?
- How much money can you afford to gamble with?
- Which people do you want to gamble with, if any?
- Are there people who are higher risk than others?

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.

Questions and Comments