

Co-occurring Disorders:

Addictions, Suicide,
Mental Illness, and
Gambling

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There is rarely a single, defining cause for a person's addictive behavior. In most cases there are a variety of contributing factors. Some of these are:

- Mental Health Issues
- Unresolved Trauma
- Genetic Predisposition
- Exposure to addictive behavior
- Grief/loss
- Social problems
- Poor coping strategies

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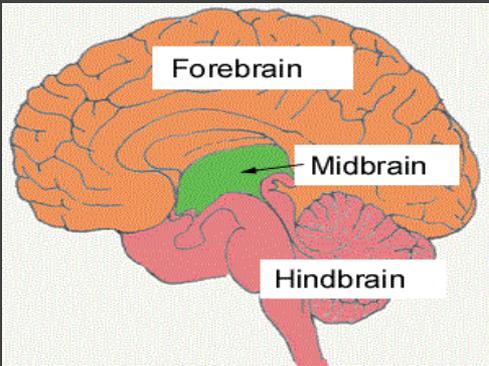
Gambling is a process addiction. Compulsive gamblers have difficulty stopping or controlling their gambling impulses.

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Anyone can be affected by gambling addiction just as anyone can become addicted to alcohol, drugs, sex, or games.

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When a person is suffering from a mental health issue, depression, or other emotional trauma, he or she may turn to addictive behaviors as a way to cope. Using either gambling or a substance to cope has a similar effect on the brain.



In the middle of our brains is a set of circuits known as the reward system.

It deals with motivation, pleasure, memory, and movement.

All addictions release excess dopamine into that reward system, which creates a feeling of satisfaction and pleasure.

Continued use or repetitive behaviors will lead to tolerance. This requires more of the substance or more risk-taking behaviors to get the same “high” as before.

Eventually negative consequences from these behaviors begin to appear. Both gambling and substance abuse leads to problems with finances, relationships, and work. Many also end up with legal consequences, and will require treatment.

Gambling: The Hidden Addiction

70% of U.S. adults gambled at least 1X in the last year.

Money is the “drug of choice” to stay in the game.

Alcohol, drugs, spending & sex have high rates of comorbidity.

High rates of substance abusers in treatment are pathological gamblers. (Cunningham-Williams, et. al, 2000)

Substance Abuse Gambling and Suicides



Drug users with Antisocial Personality Disorder are 2 times as likely to be gamblers.

Prevalence of problem gambling is 10 times higher in substance abuse populations.

15-20% of pathological gamblers report a significant suicide rate.

“To not screen for gambling during a substance abuse assessment is UNCONSCIONABLE!” (Ciarrocchi, 2002)

Substance Use Disorders: DSM 5

Diagnostic Criteria: Mild 2-3, Moderate 4-5, Severe 6 +

- Preoccupied with using
- Uses to escape negative feelings
- Restless or irritable when not using
- Craving, or a strong desire to use
- Lies to conceal extent of use
- Needs to drink or use more to get same thrill
- Risks job, school, or relationships in order to use

Quality of Life

Issues

14% lost at least 1 job

19% declared bankruptcy

32% have been arrested

21% have been incarcerated

54% have been divorced

(Scherrer, et. al. 2005)



Prevalence of Psychiatric & Substance Disorder in Problem Gamblers



3.1 % Manic Episode

23.3% Panic Disorder

8.8% Manic Depression

7.7% Generalized Anxiety

4.2 % Dysthymia

14.6% Phobias

3.9% Schizophrenia

8.6% Somatization

.09 Obsessive-Compulsive

35% Antisocial Personality

44.4% Alcohol Abuse

39.9% Drug Abuse

Effects on Our Mental Health



Drugs and/or gambling can both create depression & lead to relapse.

Gambling activities sometimes mimic Bipolar Disorder



Admissions for detox are more likely when there is both substance use and gambling disorders.

50% increase in psychiatric admissions with comorbid conditions.

Those with psychiatric disorders may use drugs, alcohol, or gambling in an attempt to self soothe.

soothmedicate.

Suicidality

Comorbidity increases risk

75% have passive ideation

70.1% have active thoughts

41.3% Attempt Suicide

Federman et al, 1998



Common Problematic Cognitions

Escaping 'Real World' problems

Drug/Gambling becomes your 'friend'

The perceived reward is never enough

Dishonest with self

Symptoms escalate with attempt to numb the pain

Predatory Challenges

Industry economics depends on addicts

Strong lobbyists

80% of profits come from 20% of users

Deadly, but legal

Co-morbid mental health issues

Public policy is vital!



Gambling Disorder - DSM 5 - F63.0

Diagnostic Criteria: Mild 4-5, Mod 6-7, Severe 8-9

- Preoccupied with gambling
- Gambles to escape negative feelings
- Restless or irritable if not gambling
- Lies to conceal extent of gambling
- Needs to gamble more to get same thrill
- Chases losses
- Risks job, school, or relationships for gambling
- Seeks financial bailouts
- Tries but can not cut back or stop

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Possible Vulnerability Issues

Malfunctioning brain chemicals

Psychological--meaning behind behavior

Social/Cultural/Environmental

Genetic/Familial

Too simplistic to assign specific, distinct singular cause. Factors interact in *complex* ways. Repeated behaviors lead to structural changes in the brain.

D. Hebb, Hebbian Learning Center

Development of neuro - pathways is
somewhat “use dependent”

Perry, 2000

Medical Conditions associated with
onset of gambling disorder:

Decreased level of neurotransmitters
(cortical atrophy)

CVA

Temporal Lobe Epilepsy

Brain Injury

Grant, Potenza

Possible Causes of Gambling Disorder

- More RCT research is necessary to establish a causal link, even where there appears to be an association. (drug, behavioral, and supplement studies)
- No one area of the brain is responsible for all cravings. Multiple brain structures underlie motivated behavior. (Potenza, Yale Univ. fMRI studies of reward circuitry)
- Some brain regions involved in gambling urges are the same as in drug urges.
- No one area of the brain is responsible for Gambling Disorder. The brain processes urges for external rewards. Gambling & alcohol are processed as behavioral rewards. (J. Grant, S. Kim, 2003)

Possible Psychological Factors

- Expression of underlying Psychological issues.
- Temperament or personality
- Prior stressful event
- Social or peer pressure and introduction
- Thinking, learning & acting actually changes the brain's functional anatomy . (D. Hebb)

Society's Role

- Society may not have a causal role, but arguably it can be intentional in triggering urges & reinforcing cravings.
- Marketing and messages defining “success” play into how we define ourselves (L. Rugle, Emotional Chasing)
- Social Acceptance Variable

Genetic Marker

We do not fully understand the role genetics plays as it is only one piece of the puzzle. Some people have a marker on the Dopamine 2 receptor gene.

NeuroBiology: neuro-chemical transmitters involved in GD & Behavioral Addictions

Neurotransmitter

Dopamine- Altered levels in blood alter functioning & reward processing, GD craving. Involved in disorders of thinking & movement.

Serotonin- Lower levels in CSF and PreFrontal Cortex or Nucleus Accumbens may disinhibit behavior and trigger urges. Responds to SSRI drugs

Function

Pleasure, Reward, Motivation

Mood regulation, Impulsivity

Neurotransmitter

- **Epinephrine**-altered levels in blood CSF, urine. Linked to physiological reaction
- **Cortisol**- Inhibits hippocampal cells
- **Endogenous Opioids**- active role in cravings. Gambling and related behaviors associated with ^blood levels of B-endorphin

Function

- Excitement, especially of the unknown, may mediate aspects of arousal
- Distress hormone
- Cravings, urges, influences experience of pleasure

Predictive Correlation

Many variables are involved in the development of Gambling Disorder but two seem to be most predictive:

Access to Gambling

Time Spent gambling

Consequences

A behavioral study documented the following consequences associated with gambling:

---Divorce

---Poor General Health

---Mental Health Problems

(Highest suicide rate of any clinical population)

(Potenza 2004)

---Job loss and lost wages

---Bankruptcy

--Arrest/Incarceration

Urges & Cross Priming

Cross priming occurs when the Nucleus Accumbens receives a release of Dopamine from gambling or use of a drug.

Nicotine use may serve as a cross primer for gambling urges. J. Grant, 2007

Compulsive Sexual Behavior (CSB) is the most common Impulse Control Disorder co-occurring with gambling disorder (GD).

82% of those with CSB and co-occurring GD smoked

65% of GD clients without CSB smoked

J. Grant, 2007

TREATMENT

Biopsychosocial Approach Treat the whole person
---attend to the systems impact

Cognitive Behavioral Therapy

Anxiety/Affect Management Counseling

N-acetyl Cysteine for urges

Structural Supports VEP, \$\$\$, Legal

Social Supports GA/AA, Informed Family

Meaning & Purpose Decrease escapism

Assessment/Intervention---a “dynamic dance”

New goals established throughout treatment process with growth/setback

No Cost Treatment

TREATMENT

- Outpatient
- Inpatient

SELF-HELP

- Gamblers Anonymous
- 12 Step Programs

Funding

2% of net revenues from the four state-owned casinos is transferred to the Problem Gambling and Addictions Grant Fund (PGAF). This funds problem gambling prevention programming and no cost treatment for problem gamblers and concerned others. It also funds other addictions programs.

FUNDING OF REGIONAL TASK FORCES AND A STATEWIDE COALITION

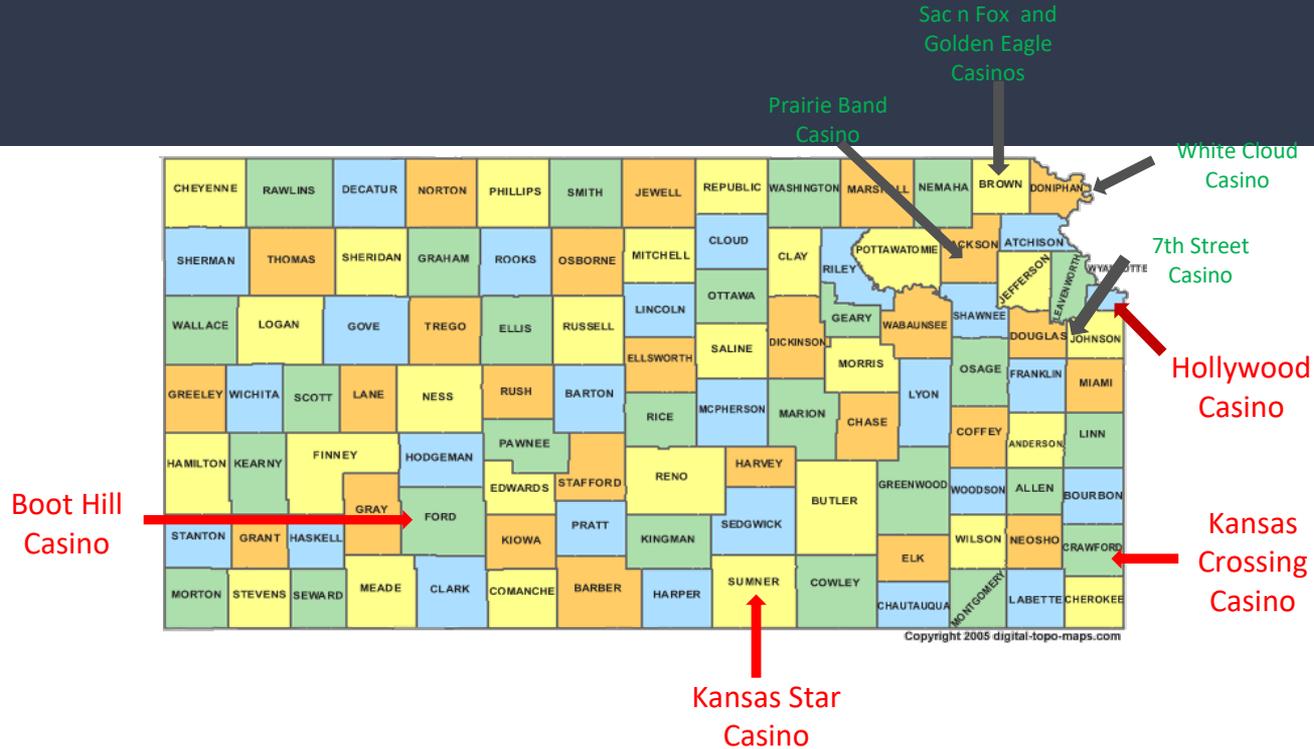
Kansas Coalition on Problem Gambling

Gambling Market

- ❖ Southwest
- ❖ South Central
- ❖ Northeast
- ❖ Southeast



GAMBLING IN KANSAS



Casinos in Red-State Owned

Casinos in Green-Tribal

OTHER GAMBLING IN KANSAS

- ❖ Lottery
- ❖ Charitable Bingo
- ❖ Fantasy Sports
- ❖ Sports Betting???

2018 US Supreme Court PASPA

Repeal....BIG DEAL

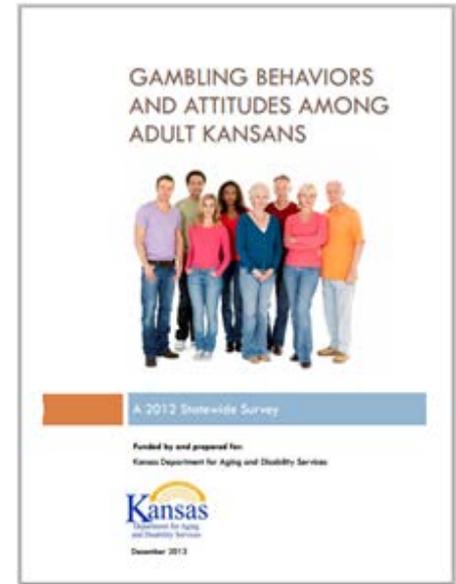


PROBLEM GAMBLING DATA AVAILABLE

Greenbush contracted with KDADS
to provide:

- ❖ Statewide & Regional Data Reports
- ❖ Young Adult Data
- ❖ KCTC Gambling Data
- ❖ Treatment Reports

Also available...



HELP IS AVAILABLE FOR PROBLEM GAMBLERS & CONCERNED OTHERS AT **NO COST**

One phone call can access a problem gambling counselor and information on:

Treatment

GA and GamAnon Meetings

Other Helpful Resources



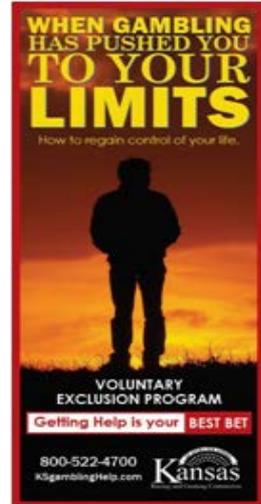
KANSAS VOLUNTARY SELF EXCLUSION PROGRAM

- ❖ Available at State-owned Casinos
- ❖ Voluntary Program
- ❖ Participant information is strictly confidential
- ❖ Participants may self exclude for 2 years or lifetime

For more information:

Call **785-296-5800**, or visit

www.ksgamblinghelp.com



COMMUNITY RESOURCES

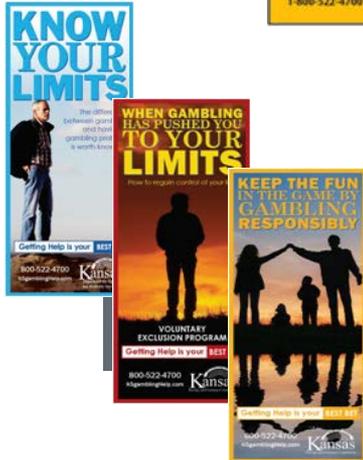
Posters



To order : www.kansaspreventioncollaborative.org



Brochures



Cards

PROBLEM GAMBLING CONTACTS

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L. Rugle, Emotional Chasing.

Federman, et al, 1998.



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Thank you.

South Central Kansas
Problem Gambling
Task Force

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