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

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

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

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)
<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1% Manic Episode</td>
<td>23.3% Panic Disorder</td>
</tr>
<tr>
<td>8.8% Manic Depression</td>
<td>7.7% Generalized Anxiety</td>
</tr>
<tr>
<td>4.2% Dysthymia</td>
<td>14.6% Phobias</td>
</tr>
<tr>
<td>3.9% Schizophrenia</td>
<td>8.6% Somatization</td>
</tr>
<tr>
<td>.09 Obsessive-Compulsive</td>
<td>35% Antisocial Personality</td>
</tr>
<tr>
<td>44.4% Alcohol Abuse</td>
<td>39.9% Drug Abuse</td>
</tr>
</tbody>
</table>

Cunningham-Williams, et al 1998
Effects on Our Mental Health

Gambling activities sometimes mimic Bipolar Disorder

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

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.
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 cannot cut back or stop
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
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

<table>
<thead>
<tr>
<th>Neurotransmitter</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dopamine</strong></td>
<td><strong>Pleasure, Reward, Motivation</strong></td>
</tr>
<tr>
<td>Altered levels in blood</td>
<td>alter functioning &amp; reward processing,</td>
</tr>
<tr>
<td>GD craving</td>
<td>involved in disorders of thinking &amp; movement.</td>
</tr>
<tr>
<td><strong>Serotonin</strong></td>
<td><strong>Mood regulation, Impulsivity</strong></td>
</tr>
<tr>
<td>Lower levels in CSF and</td>
<td>PreFrontal Cortex or Nucleus Accumbens</td>
</tr>
<tr>
<td>may disinhibit behavior</td>
<td>may disinhibit behavior and trigger</td>
</tr>
<tr>
<td>and trigger urges</td>
<td>urges. Responds to SSRI drugs</td>
</tr>
</tbody>
</table>
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

--- Job loss and lost wages

--- Bankruptcy

--- Arrest/Incarceration

(Highest suicide rate of any clinical population)

(Potenza 2004)
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
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
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

Gambling problems?
Getting Help is your Best Bet.
800.522.4700  ksgamblinghelp.com
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
PROBLEM GAMBLING

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Potenza, Yale University. fMRI Studies of Reward Circuitry J. Grant, S. Kim, 2003
References


L. Rugle, Emotional Chasing.

Thank you.

South Central Kansas Problem Gambling Task Force

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