



**An Overview of Gambling Disorder
and The Forensic Population**

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Indivior	Constellation
	Connections in Recovery
	Onward

Overview

- Gambling In California
- Gambling Disorder Overview
- Gambling Disorder and Forensic Populations
- Prevention and Treatment Options
- Cases



Types of Gambling In California (2017)

State lottery (1985)
Card rooms (73)
~1,500 tables total
Tribal casinos (66)
Total number of slot machines = > 20,000
Horseracing: 5 operating tracks
Total number of lottery vendors = > 20,000
Close proximity to Nevada (Las Vegas and Reno)
No Internet gambling

Gambling in California

- Total Revenue
 - \$3 billion (1997)
 - \$11 billion (2015)
 - Horse race wagering : \$ 37 million
 - Card rooms \$ 889 million
 - Lottery: \$ 3 billion
 - Tribal casinos \$ 7 billion
- 60% Californians gambled last year

Gambling News -- USA 2017

- Urban and Suburban expansion
- Poker “Boom” over but still popular
- Internet Gambling legal in some states
– Not as successful as once thought
- Movement toward “integrated play” games in casinos and at home
- Destination gambling always popular



Definition of Gambling

- To place something of value on an event of uncertain outcome in the hopes of winning a larger reward

**Gambling Disorder
(Formerly Pathological
Gambling)**

- DSM-5 : Gambling Disorder**
- Formerly known as:
pathological gambling, compulsive gambling, gambling addiction
 - Formerly housed in Impulse Control Disorder
 - Currently housed in Substance Related and Addictive Disorders

Summary of DSM-5 Criteria for Gambling Disorder

A. Persistent and recurrent maladaptive gambling behavior as indicated by four (or more) of the following:

Preoccupation	Lying
Tolerance	Withdrawal
Chases	Bailed Out
Can't stop	Lost opportunities
Gambles to escape	

Summary of DSM-5 Criteria for GD

B. The gambling behavior is not better accounted for by a Manic Episode

Summary of DSM-5 Changes

- Renamed to 'Gambling Disorder'
- Moved from Impulse Control Disorder section to Addictive Disorders section
- 12-month time frame added
- Dropped illegal acts criterion
- Changed N criteria for Dx to 4 or more

Severity

- **Mild:** Exhibit only 4 or 5 of the criteria, with preoccupation with gambling most frequent criteria
- **Moderate:** Exhibit more of the criteria (6 or 7).
- **Severe:** Individuals with the most severe form will exhibit all or most all of the nine criteria.

California Prevalence Study (2005)

n=7,121 respondents, 18 years and older

Problem gambling 2.2%

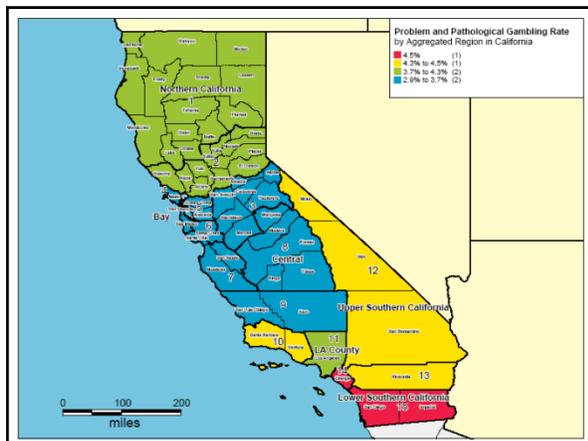
Pathological gambling 1.5%

~1,000,000 problem/pathological cases

Highest Risk: African-Americans,
Disabled, Unemployed

According to California Prevalence Data

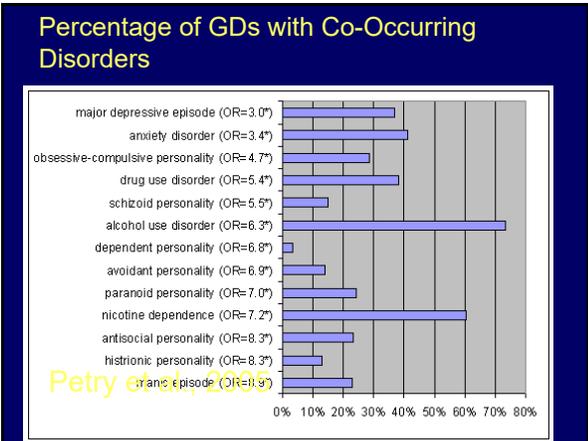
- Highest risk for gambling disorder:
 - Disabled
 - Unemployed
 - African Americans
 - Adolescents
 - Elderly (over 60)
 - Co-Occurring Substance or Mental Health Disorders



Clinical Characteristics of Pathological Gambling

Consequences of GD

- Individuals
 - Mental Health
 - Physical Health
 - Financial Health
- Families
 - Dysfunction, Abuse, Neglect, Drama
- Society
 - Lost time, productivity
 - Economic stagnation
 - Environmental impact



Health Impact of Gambling Disorder

- Increased likelihood of stress-related physical problems:
 - migraines, tension headache, IBS, ulcers, insomnia & sexual dysfunction
- GD more likely to have had a physical injury
- GD more likely to have needed ER visit (Grant)
- 36% of GD reported poor/fair physical health (CALGETS database)

UCLA Gambling Sleep Study -Results

- National Epidemiological Survey: (N=3412)
 - PGs were almost 3.5 times more likely to experience a sleep problem compared to individuals who did not have a gambling problem
- Community Survey: (N=120)
 - PGs experience significantly poorer sleep quality and increased daytime sleepiness relative to those that recreationally gamble.

FORENSIC ISSUES AND GAMBLING DISORDER

Could gambling disorder be present?

- Anyone who is arrested
- Anyone who is incarcerated
- Anyone who is on probation or parole
- Anyone with a civil lawsuit or matter
- Anyone filing bankruptcy
- Anyone involved in family court

Those with gambling disorder are more likely to offend

- Crimes are usually income-generating
 - burglary, theft, embezzlement, fencing
 - fraud and forgery
 - prostitution
 - Insurance / worker's comp

Gambling in Forensic Populations

Williams, Roysten, & Hagen, 2005

- Reviewed existing literature from Australia, New Zealand, United Kingdom, and the United States
- Summarized findings on:
 - the prevalence of gambling in offender populations.
 - the nature and prevalence of gambling within prisons
- Discussed the implications of their findings for correctional administrators and clinicians

Prevalence in Offender Populations

Country	PrG/PG	Range	N Studies
Australia	35%	22% - 51%	5
New Zealand	34%	26% - 35%	3
United Kingdom	-	5% - 18%	2
United States	33%	11% - 73%	14

Highest prevalence rate of any population studied

Two factors:

- Demographics /co-morbidities are similar in offender populations and in gambling problems.
- Some with gambling problems commit crimes to support their gambling activities

Explanations for GD and Crime

- Gambling disorder itself
- Personality traits
- Secondary to another psychiatric condition
 - Bipolar, Substance Use, ADHD
- Hanging out with associates from the gambling culture / world
- Money is the drug / target

Other Areas of Forensic Consideration

- Civil cases
 - Lawsuits against casinos, pharmaceutical companies, gaming manufacturers
- Bankruptcy Cases
 - Are gambling debts discharged?
- Financial cases
 - Debts, collections, IRS liens
- Competency / Capacity
 - Matters of estate and trusts

Other areas of Forensic consideration

- Matters in the workplace
 - Fitness for duty
 - Professional licensure and state boards
 - e.g. law (morality issues)

What is the most effective screening tool?

Why bother screening for gambling disorders?

- High co-occurrence (SUD / MH)
 - Bidirectional impact
- Prevention works best
- Treatment works for all levels of severity
- Left untreated, condition worsens
- Gambling disorder is a hidden condition

Open-ended Screening Techniques

- Tell me about your relationship with gambling
- How often have you gambled for money?
- Is gambling part of your regular lifestyle?
- How do you spend your entertainment budget?
- How would you describe your current financial health?

Traditional Screening Tools

Self-report questionnaires

- Lie-Bet Questionnaire
- Gambler's Anonymous-20
- South Oaks Gambling Screen
- Canadian Problem Gambling Index
- NODS - CLIP

Lie-Bet Questionnaire

- Have you ever felt the need to bet more and more money ?
- Have you ever had to lie to people important to you about how much you gambled ?
– Johnson, Hamer, Nora et al., 1997

Brief Biosocial Gambling Screen

- During the last year, have you become restless, irritable or anxious when trying to stop/cut down on gambling?
- During the last year, have you tried to keep your family and friends from knowing how much you gambled?
- During the last year, did you have such financial trouble as a result of gambling that you had to get help with living expenses?

Biopsychosocial Treatment Planning

Where to refer?

- State-funded programs
- GA
- Gambling treatment specialists
- Addiction treatment programs
- NCPG / NCRG
- Helpline services

Brief Interventions for Gambling Disorder

- Self-Help Workbooks
- Single, one time interventions
- Brief, 1-3 office visits
 - Mainly motivational interviewing
- Online experiences
- Helpline experiences

Evidence-Based Treatments for Pathological Gambling

- Medications (No FDA-Approved)
- Brief Interventions
 - Self-Help, Helplines
- Psychotherapy
 - CBT, MI, Psychodynamic, Supportive
- Gambler's Anonymous

Notes about Recovery

- As many as 1/3 of those with gambling problems recover on their own
 - Usually through a combination of avoiding gambling triggers and engaging in new, non-gambling related behaviors

Treatment Goal is Recovery

- “A voluntarily maintained lifestyle comprised of sobriety, health, productivity and citizenship”
- SAMHSA Definition

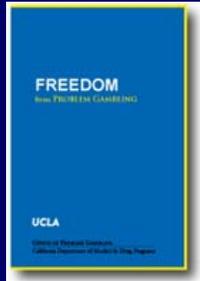
Areas of Recovery

- Home
 - Secure, safe base of operations
- Health
 - Physical
 - Emotional
- Purpose
 - Structure and meaning
- Community
 - Social capital and meaningful relationships

GA vs. AA

- GA was spin-off of AA (1957)
- GA considers gambling the problem
- Medical disease model
- More secular than AA
- Meeting styles vary (e.g. closed /open)
- Sponsorships and commitments

**SELF HELP:
Freedom From
Problem Gambling Workbook**



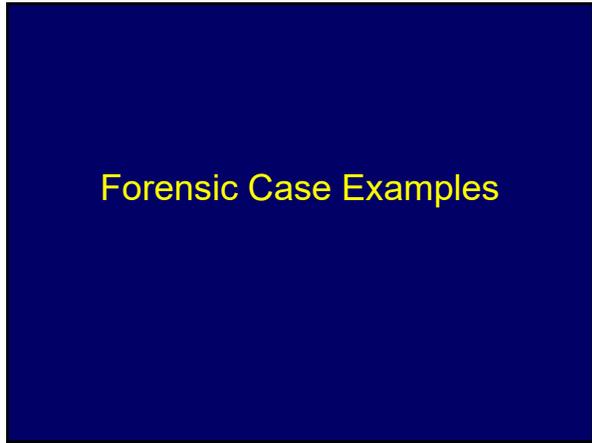
**California Gambling Education
and Treatment Services
(CalGETS)
problemgambling.ca.gov**



CALGETS SERVICES

- No-Cost
- Helpline services (8 sessions)
- Outpatient Visits (8 session)
- IOP (SD, LA)
- Residential (SF, LA)
- Self-Help Materials
- Gamblers and Affected Individuals







Case Study: Tommy

- 28 year old Vietnamese male
- Immigrated at age of 5
- Stable upbringing, no trauma, provided for at home
- Tiger Parents
- Sports, music, church

Case Study: Tommy

- Gambling present at family events, Lunar New Year (Mah-Jong)
- Material values cherished by family and by him (always wanted stuff)
- Transferred high schools to public and began hanging with a tougher crowd

Case Study: Tommy

- In college, gambling escalates because of access, time, credit, early successes
- Quits school to work /make money
- Within 5 years, gambling debt reaches \$250,000
- Covers debt via fraudulent mortgage loans

Case Study: Tommy

- Arrested for fraud, federal cases
- At no time does he realize he may have gambling disorder
 - Completely hidden from family
 - Life from outside looks "normal"
 - No one ever intervened
 - Casino, family, friend,

Case Study: Tommy

- Lawyer contacts UGSP for forensic support
- Examination reveals / opines:
 - Gambling disorder, severe
 - Recommend treatment not incarceration
 - Letter drafted to courts

Case Study: Tommy

- Court accepts treatment proposal in lieu of incarceration because:
 - Employed
 - Complied with treatment prior to sentencing
 - Supportive statements from family / community
 - Presents well
 - Has a Super Lawyer, in place

Case Study: Tommy

- Completes GA “requirement”
- Individual treatment
- Pays off debt
- Grinds hard at work
 - Succeeds spectacularly there
- Family keeps close tabs on him

Lessons Learned from Tommy

- The nature of invisibility
- What could have stopped this earlier?
- Self-reliance
- Willingness to go to treatment tied in with threat of incarceration

The Pharmacist

- 58 year old Asian male, born and raised in Taiwan and immigrated to US as late teenager
- College in US and pharmacy school in US
- Identifies himself as Taiwanese - American

The Pharmacist

- Self-referred for treatment at his own request
- No legal history, upstanding citizen
- Married, 25+ years
- 2 adult children, doing well
- Works in hospital pharmacy

The Pharmacist

- Has always enjoyed horse racing
- Grew up going to Hong Kong racetracks with family
- Loved local racetracks in California
- Throughout 1980s and 90s, casually gambled without harm or adverse problems

The Pharmacist

- Beginning in mid-2000s, became disenchanted with work (passed over on promotion, increased bureaucracy)
- Escaping more to the track
- Losses, for the first time, began to mount
- Did not want to use credit card or pull from accounts

The Pharmacist

- Began trading pills for cash at the horse track with patrons
- Felt horrible, guilty, shamed
- Compelled to keep going to cover up losses
- Eventually, hospital notices and films him taking pills into his bag

The Pharmacist

- Loses job
- Trouble ensues with pharmacy board
- Criminal charges are considered but not brought by DA
- Gambling ceases but urges do not and debt remains (to people)

The Pharmacist

- Finds help through internet search and wife's ultimatum
- At intake:
 - Stopped gambling for 2 months
 - No GA
 - Wife present and contributes
 - Minimizes subjective distress
 - Denies any co-occurring problems

The Pharmacist

- As treatment sessions continue
 - Tone of sessions are very flat / boring
 - Short responses only
 - Stoicism
 - Drowsy therapist
 - “what is the target of treatment?”

The Pharmacist

- Visits stop once client gets license to practice back
- Total of 8 sessions occurred
 - With minimal, apparent change

Lessons Learned

- Therapy with API PG requires cultural relevant training
- Treating spouse vs. treating individual
- False “motivation” vs. resistance vs. not-psychologically minded
- Therapeutic alliance may feel different

The Pathologist

- 55 year retired pathologist with Parkinson's disease
- Social gambler, lifetime
- 4 years ago started Parkinson's medication and within 3 months began to gamble more frequently and higher amounts

The Pathologist

- Within 6 months lost \$5 million dollars
- Stopped Parkinson's medications and gambling behavior stopped
- 2 years later, sued pharmaceutical company claiming they knew about this adverse effect but did not properly warn patients

The Pathologist

- Civil lawsuit filed
- Main issue before the court is to determine the issue of "causality" and "duty to warn"
- Judge eventually tosses out case, never makes it to trial
- 4 years later, more cases come forth, some win as more science comes out

Final thoughts

- Gambling disorder is hidden but when present can be devastating
- If you do forensic work, implement screening for gambling disorders
- California has an comprehensive, state-funded gambling disorder treatment program – No Cost!



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