



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

Gambling in California



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
Horsing: 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%

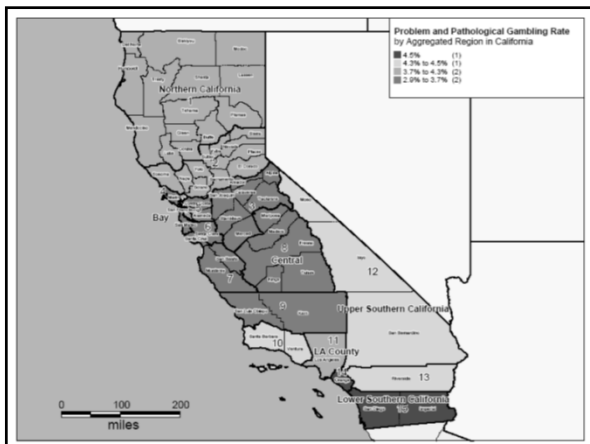
Pathological gambling 1.5%

~1,000,000 problem/pathological cases

Highest Risk: African-Americans,
Disabled, Unemployed

According to California Prevalence Data

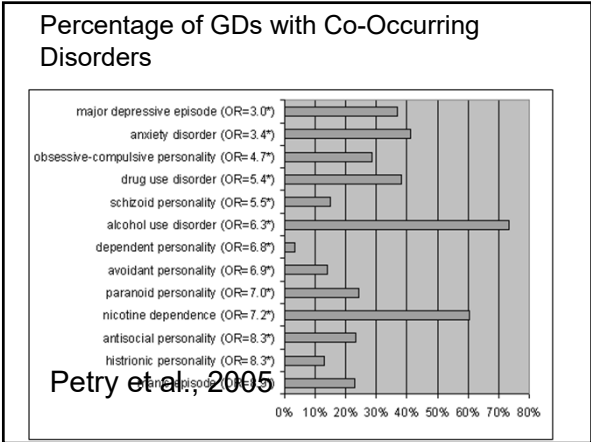
- Highest risk for gambling disorder:
 - Disabled
 - Unemployed
 - African Americans
 - Adolescents
 - Elderly (over 60)
 - Co-Occurring Substance or Mental Health Disorders



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

1-800-GAMBLER



The logo for CalGETS (California Gambling Education and Treatment Services) is circular. It features the word "CALIFORNIA" at the top, "OFFICE OF PROBLEM GAMBLING" at the bottom, and "CalGETS" in a large, stylized font across the center. Below "CalGETS" are the words "Gambling Education and Treatment Services". The logo is flanked by two stars.

Forensic Case Examples

Tommy

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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