Problem gambling: a response continuum

Associate Professor Peter Harvey
Flinders Centre for Gambling Research
September 2010
Perspectives from a Gambling Therapy Service
The context

- details based on the activities of the Statewide Gambling Therapy Service (South Australia)
- problem gambling \( \approx 1.6\% \) of population
  - 0.4\% high risk & 1.2\% moderate risk (2005 study, \( n = 17,000 \))
  - young people <18 years (1\% in risk range)
- mainly poker machine gamblers being treated...we treat over 500 people with gambling problems each year
- graded exposure therapy & CBT
- emerging on-line gambling problems
The context

- although the treatment is successful for most clients who complete a programme of therapy, there are many un-answered questions about the phenomenon of problem gambling...
  - the long-term outcomes of treatment are unclear
  - relatively few people seek and complete treatment
  - others overcome their problems without treatment
  - why are there so many victims of gambling
  - economic benefits vs human cost
Dialogue

- perspective based on running a gambling help service and a background in chronic illness care
- aim is to explore the experiences of others who work in this field in relation to...
  - the range of problems
  - direct and indirect causes of problems
  - treatment options
  - social and policy options
  - why is gambling causing so much harm
Background

- it appears that more & more people in Australia, for whatever reason, are falling victim to problem gambling...particularly via EGMs (around 2% of the population it is claimed)
- why is it happening now
- how is the problem defined
- how is it best treated, if at all
- future gambling problems
More questions than answers

In spite of our work being relatively successful with some clients...

- more questions are raised than answers provided re the phenomenon of problematic gambling
- client follow-up is difficult and therefore relapse data is not reliable...only get feedback from a biased group
- self-cure / natural recovery
- differing approaches by various support services
- what works best for whom...
Emerging questions

• how do we decide when gambling is a problem
• what kind of problem is it...is it the result of depressive illness or the cause of depression or both
• is it the individual’s problem or society’s problem?
• who should fix it
Gambling semantics

Defining the problem!

- problem gambling
- problematic gambling
- pathological gambling
- addictive gambling
problem gambling

Gambling is seen as a problem if it causes harm to the gambler or to others close to them

- a range of co-morbid conditions may accompany problem gambling (depression, anxiety, drug & alcohol abuse, relationship problems)
- many different situations may trigger episodes of excessive gambling (characteristics of venues and machines, drinking, family disputes, loneliness)
- gambling is a learned behaviour
- new learning is possible ie not gambling
pathological gambling

- DSM4 criteria (5 of the 10 = positive diagnosis)
  - often gambled longer than planned
  - often gambled until all available funds are gone
  - thoughts about gambling = loss of sleep
  - use savings for gambling while leaving bills unpaid
  - have made repeated, unsuccessful attempts to stop gambling
  - broken the law or considered this to finance gambling
  - borrowed money to finance gambling
  - felt depressed or suicidal because of gambling losses
  - you have been remorseful about gambling
  - gambled to get money to meet financial obligations

Assessing & screening for problem gambling

- The South Oaks Gambling Screen (SOGS) (based on the updated DSM4 criteria for mental health disorders)
- Diagnostic Interview for Gambling Severity (DIGS)
- Canadian Problem Gambling Index (CPGI)
- Victorian Gambling Screen (VGS)

examples of scales used

The South Oaks Gambling Screen (SOGS) (based on the updated DSM IV criteria for mental health disorders)
  • max score = 20
  • 1-4 = some problem
  • >5 = probable pathological gambler

Canadian Problem Gambling Index (CPGI)
  • max score = 27 (only 9 items re harm to self are scored)
  • 8-27 = high risk
  • 3-7.5 = moderate risk

Victorian Gambling Screen (VGS)
  • max score = 60
  • >21 = problem gambling
Emerging Perceptions of the phenomenon of Problem Gambling
pico-economics (PE)

a process of establishing behaviour to gain the best advantage in an addiction management situation by bundling goals and targets, focusing on Long-term, Larger Rewards (LLR) not Short-term Smaller Rewards (SSR); this process limits opportunities to ‘escape’ personal commitments and binds individuals to a strategy for achieving goals in relation to addictions

picoeconomics and control of personal rules

...some scientists came to doubt that 'addiction' picks out anything more robust and determinate than people with extreme degrees of incompetence at legislating and maintaining personal rules (bundling)...ie are diagnoses anything other than endpoints on a continuum of bundling difficulties meeting at a fuzzy and indeterminate borderline rather than a well defined point of discontinuity. p 118
Accuracy of screening

- there is a tendency to select false positives in the screening process because we don’t want to miss anyone who might be at risk: that is, the cut-off for diagnosing problem gambling may not be accurate

- cf HbA1c and diabetes assessments or blood pressure (these are more definitive whereas gambling screening is a less exact ‘science’)

- the screens have cultural bias and need to be validated for specific populations (eg Aboriginal people)

- the screens may be used inappropriately...ie CPGI is a baseline screening tool and should not be used for longitudinal repeated measures analysis
• All these questions notwithstanding, increasing numbers of people are seeking help for their gambling problems and...

• experiencing success in learning to manage their problems through a range of treatments *

the gambling story explored

- many people gamble, just as many people drink alcohol, but relatively few people become problem gamblers or problem drinkers

- (2-3)% of a given population would have problems with their gambling based on the criteria used for DSM4 assessment

- (5-10)% of those with gambling problems actually seek help for their problem *

* Productivity Commission (Aust 2009)
Of those gamblers who seek help

- most will try many times to stop gambling before being successful
- many people access help from a range of providers for disorders associated with their gambling (ie co-morbid conditions)
- some recover without support
- some cycle through the support systems again and again
SGTS model

- mental health nurses, social workers and psychologists with post graduate training in mental health sciences
- graded exposure therapy
- short programme of therapy (up to 12 sessions)
- inpatient option for some clients
- currently treating over 500 clients a year (80% EGM)
- longitudinal outcome data (eg gambling measures, K10, WASAS)
- peer support via past clients
Of those seeking help via SGTS*

- around 20% will make contact with the service, but not attend their screening appointment
- another 20% will begin treatment, but not complete a course of therapy (4 or more sessions)
- around 50% will complete a course of therapy and over 80% of those will achieve the goals they set for themselves when beginning therapy...i.e to overcome their gambling problem
- snap-shot of programme outcomes

* SGTS data: 2007-2010 (n = 1350)
(NB role of supporters/partners: 20%)
Other forms of support in South Australia

- crisis remediation and short term material support (shelter, finance, food, security)
- counselling
  - family, financial, relationships
  - avoidance, abstinence (controlled access)
- therapy
  - cognitive, behavioural, CBT, exposure, drugs and neurological interventions
- population health strategies
  - limiting supply, media, taxation
  - harm minimisation, pre-commitment, betting limits
  - consumer education & other policy initiatives
Support continuum

- gambling & co-morbid conditions treated
- gambling specific counselling
- family and financial counselling
- crisis response to complex situations
proportions of resources in SA

gambling help services budget proportions

counselling & special needs projects: 40%
formal therapy: 25%
crisis care: 25%
population strategies: 10%
what approaches are effective??

population-based strategies

- limit access to gambling (ie gaming machines)
- reduce number of venues and machines available
- control how machines work (rules around play speeds, bet limits and frequency of pay-out...NB new national political agenda)
- ensure venue compliance with advertising, inducements and customer easy access to money in a venue
- general information, public health advice
- education in schools and communities
- prevention...compare chronic illness paradigm
what treatments are effective??

• there is little evidence of the effectiveness of any one particular approach over another

• time in treatment, actual treatment used & other strategies are all concurrent factors in outcomes

• of those treatments available...
  • general counselling and support (social services)
  • CBT, BT with graded exposure, CT
  • avoidance strategies (gamblers anonymous)

...CBT related therapy shows the best evidence of achieving success with clients in controlled study environments
Emerging research questions

- to what extent is gambling a problem in our population (prevalence studies, social research, family violence and gambling)
- how many people are affected (prevalence)
- what are the best treatments
- how many people are treated
- how many recover and remain problem free (*relapse slide)
- how many people recover naturally without treatment
- are some people habitual clients of the system
- what population level strategies could be deployed to manage the emerging problem
Research continued…

- are certain people more prone to problems than others
- is treatment more effective in some populations than in others (eg age, social standing and different cultural groups)
- is this a disease best treated with drugs for some clients (eg Naltrexone therapy as per alcohol addiction)
- is the harm created as a result of gambling acceptable at the population level (cf smoking and alcohol industries)
- who should fund rehabilitation in gambling
- who is responsible for the downstream impacts & upstream prevention
Research continued...

...current SGTS studies address some questions...

- predictors of relapse study
- naltrexone pilot study
  - acceptability and preliminary effectiveness study
- inpatient exposure therapy study
  - effectiveness of intensive inpatient treatment
- pilot study in prison setting
  - prevalence & treatment for release programme prisoners
- RCT in South Australia
  - CBT and BT compared
- RCT (multi-site)
  - CT, BT, CBT, Behavioural Activation
  - supportive listening as control
Methodological concerns

- Accuracy of data collection (i.e., mainly self-report and no independent physiological measures to classify problem gambling behaviour or indicate treatment outcomes or effectiveness)

- Difficulty in establishing studies where the various components of treatment can be accounted for and controlled (e.g., current RCT project in SA)

- Therapist confounders (inconsistent methods used)

- Accuracy of self-report responses to measures and the need for objective measures of outcome

- Long-term follow-up & data reliability

- Drop out and partial completion of treatment

- Measuring the impact of population strategies
Future orientation

- the public health debate around gambling
  - should the issue be addressed via health systems
  - should the industry pay to rehabilitate people
  - is the individual responsible

- what is new research telling us about...
  - treatment effectiveness
  - cost effectiveness
  - sustainable outcomes of treatment

- emerging forms of gaming
  - more efficient EGMs
  - emerging on line gambling – open access
  - gaming linked to economic downturn
Future orientation

- self-management strategies
  - peer education approaches
  - client empowerment
  - self-help approaches (consumer support models)

- the pre-occupation with treatment
  - prevalence of co-morbid conditions
  - complications around what is a problem
  - lack of effective preventative strategies
  - complexities around consumer behaviour *

Statewide Gambling Counselling treatment for pokies and other gambling addiction in South Australia.

Is gambling a problem for you or someone close to you?

Gambling becomes a problem when it disrupts personal, family or job-related activities. People can find it difficult to resist the urge to gamble even when they want to stop. People may hide their gambling from others and severe financial problems can arise.

Statewide Gambling Therapy Service provides assessment, evidence-based treatment and follow-up counselling for problem gambling and other problems that can be related, like depression and anxiety. Treatment is available for the different forms of gambling e.g. pokies, TAB, card games, and Keno.

It is a free, effective and confidential service that will help you get control of your life.

Contact Us
Call, email, or use our Contact & Enquiry Form

Need Help?
One on one therapy, support groups and other services

Gambling Helpline
Get help 24 hours a day

Research
Outcomes research, improving services

More
Client Pool

- contact but not engaged
  - Lost initially to SGTS (20%)

- engage with treatment
  - < 5 sessions (30%)
  - 5-10 sessions (35%)
  - > 10 sessions (15%)

  - 1-2 sessions (20%)

- relapse to gambling
  - Treatment completed & discharged to follow-up

  - 1 month (65%)
  - 3 month (45%)
  - 6 month (20%)

  - 1 year (15%)
  - 2 years (5%)
  - 3 years (3%)
Client Characteristics (2008-09)

- 524 gamblers received face to face therapy
- 51.5% male
- Mean age 45.1 years
- 41.8% married/de facto
- 35.5% had at least one dependent child
- 74.8% Australian born
Age distribution

Age (years)

Clients (n)

0 10 20 30 40 50 60 70 80

Duration for which gambling had been problematic

Duration of problematic gambling

Clients (n)

- Up to 3 months
- 3 - 6 months
- 6 - 12 months
- 1 - 2 years
- 2 - 5 years
- 5 - 10 years
- 10 years or more
Suicidal Ideation

![Bar chart showing suicidal ideation levels across different groups.]

**Assessment Context Guide**
### Relapse Study Cohort (2008-9): n=127

<table>
<thead>
<tr>
<th>Measure</th>
<th>baseline</th>
<th>1 month</th>
<th>3 months</th>
<th>6 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary outcome</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VGS (Self-harm)</td>
<td>38.32±1.02</td>
<td>33.61±0.92</td>
<td>25.98±1.13</td>
<td>19.09±1.47</td>
<td>21.65±2.40</td>
</tr>
<tr>
<td>GUS</td>
<td>13.39±0.80</td>
<td>11.19±0.71</td>
<td>7.53±0.80</td>
<td>3.93±0.97</td>
<td>3.48±1.42</td>
</tr>
<tr>
<td>GRCS</td>
<td>64.61±2.00</td>
<td>58.40±1.80</td>
<td>48.07±2.05</td>
<td>37.82±2.46</td>
<td>36.17±3.50</td>
</tr>
<tr>
<td><strong>Secondary Outcome</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WSAS</td>
<td>15.10±0.75</td>
<td>12.28±0.70</td>
<td>7.74±0.77</td>
<td>3.71±0.89</td>
<td>5.68±1.19</td>
</tr>
<tr>
<td>DASS-21</td>
<td>26.60±1.37</td>
<td>23.57±1.29</td>
<td>18.59±1.40</td>
<td>13.82±1.58</td>
<td>14.0±2.09</td>
</tr>
</tbody>
</table>