

## A Primer on Gambling

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## I. Overview

### A. General Definitions:

1. Recreational Gamblers: gamble with no significant difficulty.
2. Problem or At-Risk Gamblers: demonstrate a pattern of gambling associated with a wide range of adverse reactions or consequences ranging from mild to moderate.
3. Pathological Gamblers: experience the most extreme negative consequences and, also, meet specified diagnostic criteria.
4. The American Psychiatric Association's next Diagnostic and Statistical Manual of Mental Disorders (DSM-V) may classify pathological gambling as an addiction.

### B. Adult Gambling in the United States (prevalence rates are difficult to determine)

1. 86% have gambled – most are recreational gamblers.
2. 2.9% may be problem or pathological gamblers (past year).
3. 5.4% may be/been problem or pathological gamblers (lifetime prevalence).

C. U.S. "Gross Gambling Revenue" (*the amount wagered minus the winnings returned to players, pre-operating expenses and pre-taxes*) has increased 158.5% in the nine years from 1999 (\$58.2 billion) through 2007 (\$92.3 billion). In Pa. (2008) there were 1 land based casinos and 6 racetrack casinos (slot machines only) which generated \$1.6 billion in gross gambling revenue.

D. There is debate on whether increased availability and accessibility to gambling, especially casinos, leads to higher numbers of individuals who (a) gamble and (b) become problem or pathological gamblers. Geographical proximity to casinos may be a factor: U.S. studies found a doubling of the rate of pathological gamblers for residents within 50 miles of a casino versus residents living 50 to 250 miles away and, also, found a 90% increase in the odds of becoming a pathological gambler if you lived within 10 miles of the casino.

E. When "machines", either stand alone or Internet/on-line, are the primary form of gambling, pathological gambling onset occurs significantly faster.

- F. Global Internet gambling grew from 452 on-line gambling sites (1996) to over 1,200 legal sites in 48 jurisdictions worldwide (2009). Revenue increased from \$3 billion (2001) to \$20.7 billion (2008) with 2010 estimates of \$24.47 billion. No one knows how many illegal sites are operating worldwide.
- G. High risk factors: parent(s) were/are problem or pathological gamblers; substance use disorder and/or mental illness; first started gambling in adolescence.
- H. Problem and pathological gambling can result in disciplinary complaints, malpractice actions, trust account thefts, other criminal activity, bankruptcy and divorce; other illnesses may be present: depression, substance abuse, hypertension; and there is a high risk of suicide.
- I. Pathological gambling is a treatable illness. Treatment and recovery work.

**II. US gross gambling revenue is steadily growing.**

- A. Eighty years of increasing availability and accessibility:

Date	Legal Gambling Activity
1931	Nevada legalized gambling.
1963	First state lottery: New Hampshire.
1978	Casinos legalized in New Jersey.
1979	First reservation-based commercial gambling (Seminole)
1990's	Riverboat casinos legalized in Louisiana, Illinois, etc.
1995	18 different Internet/online casino games (worldwide)
1996	452 online gambling sites (worldwide)
2009	1,200 <u>legal</u> online gambling sites (worldwide) + ? illegal sites
2009	PA: 7 casinos: 1 land-based, 6 racetrack (slot machines only)

B. US gross gambling revenue (amount wagered minus winnings): 10 years:

Date	Total Commercial Casino	Total Gaming
1999	\$22.2 billion	\$58.2 billion
2000	\$24.3 billion	\$61.4 billion
2001	\$25.7 billion	\$63.3 billion
2002	\$26.5 billion	\$68.6 billion
2003	\$27.02 billion	\$72.9 billion
2004	\$28.93 billion	\$78.8 billion
2005	\$30.29 billion	\$84.4 billion
2006	\$32.42 billion	\$90.9 billion
2007	\$34.13 billion	\$92.3 billion
2008	\$32.54 billion	Not available

### III. Prevalence by adult population:

- A. National Gambling Impact Study Commission (1999) - two principal studies:
- B. National Research Council (NRC) of the National Academy of Sciences: random digit phone dialing of 2,417 members of the general population
- C. National Opinion Research Center (NORC): national phone survey plus on-site interview of 530 gambling patrons
- D. Prevalence of disordered gambling in adults in the United States:
  - NRC: 1.8 million pathological gamblers meet past year criteria (0.9%)
  - NORC: 1.2 million pathological gamblers meet past year criteria (0.6%)
  
  - NRC: 4.0 million problem gamblers meet past year criteria (2.0%)
  - NORC: 1.4 million problem gamblers meet past year criteria (0.7%)
  
  - NRC: 3.0 million pathological gamblers measured over a lifetime (1.5%)
  - NORC: 2.5 million pathological gamblers measured over a lifetime (1.2%)
  
  - NRC: 7.8 million problem gamblers measured over a lifetime (3.9%)
  - NORC: 3.0 million are problem gamblers measured over a lifetime (1.5%)
- E. Variables in how studies are conducted can lead to differences in findings. Phone surveys without personal interviews may not be as complete.
- F. Those contacted or interviewed may be concealing their degree of gambling, misrepresenting their gambling or they may not accurately remember (due to age related memory loss, substance use disorders, mental illness, etc.).
- G. Also, the nature of the assessment tools can impact the results:
- H. Research based upon "lifetime" temporal bracketing may overstate prevalence as it will include "recovered" gamblers, and
- I. Reference based upon past year temporal bracketing may understate prevalence as it doesn't account for gamblers experiencing a temporary remission of their illness (i.e., they have not gambled or experienced problems in the past year).

#### IV. Why can most people gamble without experiencing problems and others cannot?

- A. No one knows for sure; researchers look to addiction, psychodynamic, psychobiological, behavioral, cognitive and sociological approaches for answers. Professor Alex Blaszczynski and Lia Nower have proposed a model (for empirical testing) involving 3 pathological gambling subgroups. Their model takes into account all of the above approaches but is based upon the assumption that not all pathological gamblers are alike. Some may be:
1. Behaviorally conditioned.
  2. Emotionally vulnerable.
  3. Antisocial impulsive.
- B. Behaviorally conditioned pathway: These pathological gamblers are essentially “normal” in character (no signs of pre-morbid psychological disturbance) “but simply lose control over gambling in response to the effects of conditioning and distorted cognitions surrounding probability of winning”; “pathological gambling is a transient state where fluctuations between heavy and excessive gambling are observed, a condition which also may remit spontaneously or with minimal interventions”; “may achieve sustained controlled gambling post-intervention”.
- C. Emotionally vulnerable pathway: The second subgroup is “characterized by disturbed family and personal histories, poor coping and problem-solving skills, affective instability due to both biological and psychosocial deficits, and later onset of gambling. Gambling is pursued as a means of emotional escape through dissociation or a medium aimed at regulating negative mood states or physiological states of hyper- or hypo-arousal.”
- D. Antisocial, impulsivist pathway: The third subgroup is “characterized by a biological vulnerability toward impulsivity, early onset, attention deficits, antisocial traits and poor response to treatment. Dysfunctional neurological structures and functions and dysregulation of neurotransmitter systems underpin this vulnerability.”
- E. “From a clinical perspective, each pathway contains different implications for choice of management strategies and treatment interventions.”
1. Behaviorally conditioned: counseling and minimal intervention programs.
  2. Emotionally vulnerable: medication and “psychotherapeutic strategies designed to enhance coping skills, deal with stress-related issues, and the provision of non-judgmental support”.
  3. Anti-social, impulsivist: medication and “intensive cognitive-behavioral interventions aimed at impulse control administered over longer terms”.

## V. Pathological gamblers and problem gamblers drain our society.

### A. NORC study found:

1. Estimated annual cost of job loss, unemployment benefits, welfare benefits, poor physical and mental health, and problem and pathological gambling treatment is approximately \$1,200 per pathological gambler per year and \$715 per problem gambler per year.
2. Estimated lifetime cost (bankruptcy, arrests, imprisonment, divorce legal fees, etc.) is \$10,550/pathological gambler and \$5,130/problem gambler.
3. Estimated aggregate costs of problem and pathological gambling caused by the factors cited above are: \$5 billion per year and \$40 billion lifetime.

### B. These estimates do not take into account the financial costs or the emotional trauma of any gambling related incidences of theft, embezzlement, suicide, domestic violence, child abuse, and divorce.

1. Bankruptcy: 19.2% of identified pathological gamblers in the NORC survey reported filing bankruptcy compared to 4.2% for non-gamblers and 5.5 % for low risk gamblers. Bankruptcies in Iowa increased at a rate significantly above the national average following the introduction of casinos; 9 of the 12 counties with the highest rates had gambling facilities in or directly adjacent to them.
2. Divorce: NORC survey, 53.5% of identified pathological gamblers reported having been divorced compared to 18.2% of non-gamblers and 29.8% of low-risk gamblers. Respondents representing 2 million adults identified a spouse's gambling as a significant factor in a prior divorce.
3. Homelessness: In 1998 the Atlantic City Rescue Mission reported that 22% of its clients are homeless due to a gambling problem; a survey of homeless providers in Chicago found 33% considered gambling a contributing factor; a national survey of rescue missions indicated gambling as a cause of homelessness in 18% of the cases; and interviews in Las Vegas yielded a 20% claim that gambling contributed to their homelessness.
4. Abuse and Neglect: Two NRC studies show between 25-50% of spouses of compulsive gamblers have been abused; 6 of 10 communities in NORC's case studies report an increase in domestic violence relative to the advent of casinos.

**VI. Attorneys who are pathological or problem gamblers harm our profession.**

- A. Violation of the Rules of Professional Conduct and the Code of Civility:
  - 1. Theft of attorney's trust account funds.
  - 2. Neglected clients and cases.
  - 3. Mishandling of cases.
  - 4. Missed deadlines and Statutes of Limitations.
  
- B. Clients are injured; the profession's reputation is damaged; the administration of justice is disrupted. Everyone loses.
  
- C. We have more disciplinary actions, complaints filed with the Lawyers' Fund for Client Security and legal malpractice lawsuits. All of these contribute to higher lawyer license fees, insurance premiums and lost productivity.

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## VII. Diagnostic criteria for a diagnosis of pathological gambling

(Please refer to the *Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> Edition, American Psychiatric Association a/k/a DSM-IV* for the exact language.)

A. Pathological gambling: persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:

- Preoccupation: with reliving past gambling experiences, handicapping, planning the next gambling venture, or thinking of ways to get money with which to gamble.
- Tolerance: need to gamble with increasing amounts of money in order to achieve the desired excitement.
- Withdrawal: is restless or irritable when attempting to cut down or stop gambling.
- Loss of Control: has repeated, unsuccessful efforts to control, cut back, or stop gambling.
- Escape: gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, or depression).
- Chasing: after losing, often returns another day to get even.
- Lying: lies to family members, therapist, or others to conceal the extent of involvement with gambling.
- Illegal Acts: has committed illegal acts such as forgery, fraud, theft or embezzlement to finance gambling.
- Risked Relationships: has jeopardized or lost a significant relationship, job or educational or career opportunity re: gambling.
- Bailout: relies on others to provide money to relieve a desperate financial situation caused by gambling.

B. This diagnostic tool has some limitations:

1. It is unclear whether to diagnose based upon a lifetime history or past year history; no provision for an “in remission” diagnosis.
2. Solution: meets 5 or more criteria within past year; or, has a lifetime history & exhibits 1 or more criteria within the past year.

## VIII. Other characteristics of pathological gamblers

- A. Keep in mind the earlier discussion on possible subgroups of pathological gamblers; there is no one profile used to identify the pathological gambler.
- B. Pathological gambling, although chronic, may exist on a continuum and the signs and symptoms may vary in intensity and duration.
- C. Pathological gamblers may indicate some or many of the following characteristics (discussed in the *DSM-IV*).
  - 1. Typically begins in early adolescence for males; later for females.
  - 2. Most are social gamblers for many years followed by an abrupt change to becoming a pathological gambler. Onset may be triggered by greater exposure to gambling or by some negative stressor.
  - 3. Gambling pattern may be regular or episodic.
  - 4. There is generally a progression in the frequency of gambling, the amount wagered, and the preoccupation with gambling and obtaining money with which to gamble.
  - 5. Periods of stress or depression usually increase the urge to gamble.
  - 6. Distortions in thinking (e.g., denial, superstitions, overconfidence of a sense of power and control).
  - 7. Believe money is both the cause & the solution of their problems.
  - 8. Highly competitive, energetic, restless and easily bored; or anxious and/or chronically depressed in search of escape and isolation.
  - 9. Overly concerned with the approval of others and may be generous to the point of extravagance.
  - 10. Workaholic or “binge” workers when not gambling.
- D. Pathological gambling is considered a “chronic” disorder not “acute”.
  - 1. Acute disorders may be healed with no further susceptibility.
  - 2. Chronic disorders, once fully developed, strongly tend to recur constituting a lifelong vulnerability.

**IX. The 3 (generally accepted) phases of pathological gambling: (1) winning, (2) losing and (3) desperation.**

A. The “winning phase”:

1. Starts with occasional gambling and frequent winning.
2. Followed by more frequent gambling, more wins, a feeling of excitement prior to and during the gambling, and increasing the amount bet.
3. The fantasies begin about winning and being a “big shot”.
4. A big win leads to unreasonable optimism and bragging about one’s prowess.
5. Begins to gamble alone and think more about gambling.

B. The “losing phase”:

1. The gambler begins losing more often and with higher amounts bet. Their lying increases to cover up the losses.
2. They can’t stop gambling and begin to borrow (legally) with which to gamble. They continue to lose more than they win.
3. Work and family are neglected as the preoccupation with gambling takes hold. Bills are paid late or not at all.
4. Financial problems mount and loans are taken from family and friends; however, the money is used for gambling not paying bills.
5. When family and friends no longer “bail-out” the gambler, illegal methods are used to get money are employed (e.g., bad checks, “borrowing” from trust accounts).
6. The gambler is seeking the “big win” which will pay off all of their debts and allow them to quit gambling. But that day never comes - either they don’t win or they can’t quit once they have won because they believe they can win again and set themselves up as financially secure for life. This is known as “chasing” their losses.

- C. The “desperation phase”:
1. There is a marked increase in the amount of gambling activity and time spent gambling.
  2. Continued losses, problems at work and home, and serious financial and legal difficulties adversely affect his or her reputation and self-confidence.
  3. Alienation from family and friends sets in as well as remorse, panic attacks, blaming others (“denial”) and more illegal acts to acquire more money with which to gamble.
  4. The gambler feels the hopelessness of his or her situation. Lawsuits, arrests, divorce, illness, depression and substance abuse can contribute to thoughts and attempts at suicide.
  5. Most untreated pathological gamblers end up in jail, hospitalized or dead. Their families, friends and employers are also harmed.
- D. The 3 phases of pathological gambling may not fit all gamblers. Some pathological gamblers may suffer from anxiety or a form of depression where his or her goal is to keep playing; winning is not the primary object – merely a means to provide the credit necessary to keep playing.
1. These pathological gamblers are seeking a way to modulate their mood states through escape and isolation. They are not the “winning phase” action seekers (who, although possibly suffering from another form of depression, are driven by competition, the need to win and the search for increasing stimulation). They do not seek the limelight nor do they boast about their winnings. They want to be left alone to “play” in peace.

## X. Co-morbidity: pathological gamblers suffer from other illnesses

The “2008 Risk and Protective Factors in Problem Gambling” project report by Professor Shane A Thomas (Monash University) and Professor Alun Jackson (University of Melbourne) cites the following findings:

### A. Study by Pietrzak, Morasco, Blanco, Grant and Petry (2007):

Rates of Gambling and Co-morbidity: aged 60 years of age and older			
	Non- & Irregular	Recreational Gambler	Disordered Gamblers
Alcohol use disorder	12.8%	30.1%	53.2%
Nicotine use disorder	8.0%	16.9%	43.2%
Mood disorder	11.0%	12.6%	39.5%
Anxiety disorder	11.6%	15.0%	34.5%
Personality disorder	7.3%	11.3%	43.0%

- B. *Perry, Stinson and Grant (2005)* studied findings from a large U.S. 2001 national sample of adult household residents and employed the National Institute on Alcohol Abuse and Alcoholism’s Use Disorder and Associated Disabilities Interview Schedule. They found the following rates of co-morbidity among pathological gamblers (significantly higher than previously cited findings):

Type of Disorder	Pathological Gamblers
Alcohol use disorder	73.2%
Drug use disorder	38.1%
Nicotine dependence	60.4%
Mood disorder	49.6%
Anxiety disorder	41.3%
Personality disorder	60.8%

- C. Does co-morbidity influence the preferred choice of gambling activity?
1. Some researchers suggest that some gamblers may seek to either reduce or to augment an arousal state:
    - Gamblers suffering from anxiety tend to select low skill activities to narrow their focus of attention and produce states of dissociation; thereby, reducing their anxiety.

- Similarly, gamblers suffering from chronic depression choose modes of a gambling that were socially isolating, repetitive, or monotonous to modulate the mood state.
- 2. Both the anxious and the dysthymic gambler seek out slot machines and video-draw poker machines as a form of self-medication; i.e., “electronic morphine”. They seek isolation, to be left alone in their quest for relief from their daily lives; they wish to forget, to dull the feeling, to escape from reality. Their goal is to play, not to win; winning is merely a means to have credits to keep playing.
- 3. A hyperactive subtype of depressed gambler is characterized as chronically under-stimulated and constantly seeking relief from boredom. They seek action – big payoffs, competition, skill-oriented forms of gambling, and the need to impress – and prefer sports betting, casino games, horse racing, etc. to machine gambling.

## **XI. Machine gambling and Internet gambling**

- A. “Rapid Onset of Pathological Gambling in Machine Gamblers”, Robert B. Breen and Mark Zimmerman, Brown University School of Medicine”:
- “The data suggest that a large majority of pathological gamblers presenting for treatment tend to focus on one, and *only one* primary form of gambling. When machines are the primary form, pathological gambling- onset occurs significantly faster.”
  - “In terms of stimulus variables, machines provide a rapid, continuous and repetitive means of betting. The lack of alternative responses or cues from quitting has been shown to prolong gambling when losing.”
  - “Machines also provide a continuous stream of visual and auditory stimuli that may promote responding. Machines provide partial reinforcement with frequent small wins and “near-misses”.
  - “Traditional forms of gambling generally offer less continuous action and frequently, more social interaction.” (e.g., alternative responses or cues which favorably influence quitting.)
  - “The ‘latency’ of pathological gambling-onset was defined as the time (in years) elapsed between the age of regular involvement in the primary

form of gambling and the age at which DSM-IV criteria were first met. Machine pathological gamblers had a significantly shorter latency of onset than did 'traditional' pathological gamblers." (emphasis added)

- "... gender was not associated with latency of pathological gambling-onset." "Lifetime co-morbidity of either substance use disorders or depressive disorders was also not associated with the latency of pathological gambling-onset." "Rather, the social, environmental, and stimulus features of mechanized gambling are implicated." (emphasis added)

B. "Internet Gambling & Addiction", Howard J. Shaffer, Ph.D., C.A.S., Harvard Medical School, Division on Addictions (2004):

- "The Internet has become the fastest growing electronic technology in world history."
- "... people do not interact with the Internet; they relate only to computers than, in turn, may interact with other computer by way of the Internet."
- "Electronic gaming devices are games of chance driven by algorithms stored on circuit boards, electronic 'chips' or CD-ROM." "The capacity for a machine to have 'memory' and follow rules distinguishes computers from mechanical machines."
- "A Video Lottery Terminal (VLT) is one term for an electronic gambling device." It can refer to an electronic gambling device such as electronic slot machine, electronic poker games, electronic lottery ticket dispensing devices, etc. Some electronic gambling devices have the capacity to connect to the Internet."
- "An exclusive focus on the construct 'Internet addiction' ... misleads clinicians by implying that this method of accessing information is actually the primary object of addiction. It is similarly misleading to suggest that Internet-based gambling is something different from gambling with electronic gambling devices in general."
- "...the risks for gambling on Internet linked computers are not meaningfully different from risks associated with gambling on computers that have no remote Internet link."

- “ Internet gambling does not have any ‘new’ pathology associated with it; the same issues pertain to all types of electronic gambling behaviors.”  
(emphasis added)

## **XII. Understanding addiction (see Howard Shaffer article cited above)**

- A. “Evidence supporting a broader conceptualization of addiction is emerging.”  
“...research suggests that addictive disorders might not be independent; each outwardly unique addiction disorder might be a distinctive expression of the same underlying addiction syndrome.”
- B. The addiction syndrome may organize “into three primary areas: (1) shared neurobiological antecedents, (2) shared psychological antecedents, and (3) shared experiences (e.g., manifestations and sequelae).”
- C. “Psychoactive drugs (e.g., alcohol, cocaine, and heroin) and behaviors (e.g., gambling) alike have the capacity to stimulate neurobiological systems in general and the brain’s dopamine reward system in particular.”
- D. “Recent functional magnetic resonance imaging studies reveal that money and beauty energize the reward system similar to the anticipation of cocaine among users. Hence, scientists have implicated dopamine as one neurotransmitter that plays a primary role in the development and maintenance of both drug and behavioral addictions. ...scientists theorize that the ‘reward deficiency syndrome’ is a result of dopamine system malfunction; this breakdown is complicit in vulnerability to addiction.”
- E. “...should not minimize the potential contribution of learning and memory in the hippocampus and emotional regulation in the amygdala in the development and maintenance of addiction.”
- F. “... regardless of the object of addiction (e.g., psychoactive drugs, gambling, Internet-based gambling), the neurobiological circuitry of the central nervous system is the ultimate common pathway for addictive behaviors.”
- G. In search of answers:
1. Does pathological gambling lead to alcoholism or depression?
  2. Does alcoholism or depression lead to pathological gambling?
  3. Is there a common central nervous system pathway that sets the stage for one or more of these illnesses to occur?
  4. What role does availability and accessibility play?
  5. What role does family and societal values play?

- H. In addition to Howard Shaffer's article see "A Pathways Model of Problem Gambling and Pathological Gambling" by Professor Alex Blaszczynski and Lia Nower, 2002 *Society for the Study of Addiction to Alcohol and Other Drugs*, on how all of the above contribute to an addiction to gambling, alcohol or other psychoactive drugs.

**XIII. Are you living with a pathological gambler? (✓ the box for each yes answer.)**

- Do you find yourself constantly bothered by bill collectors?
- Is the person in question away from home or on the computer for long, unexplained periods of time?
- Does this person ever lose time from work due to gambling?
- Do you feel this person cannot be trusted with money?
- Does this person faithfully promise that he or she will stop gambling (eg or plead for another chance), yet gambles again and again?
- Does s/he ever gamble longer than s/he intended to - until the last dollar is gone?
- Does s/he immediately return to gambling to try to recover losses or to win more?
- Does this person borrow money to gamble or to pay gambling debts?
- Has his or her reputation ever suffered due to gambling?
- Has this person committed illegal acts to finance their gambling?
- Are you hiding money needed for living expenses, knowing that you and the rest of your family may go without food and clothing if you do not?
- Do you search his/her clothing or wallet or otherwise check on his/her activities?
- Do you hide his or her money?
- Have you noticed a significant change in the person as his/her gambling progresses?
- Does this person try to make you feel guilty as a way of shifting responsibility for his or her gambling activities?
- Do you attempt to anticipate this person's moods and change your behavior to act accordingly?
- Do you try to control this person's life?
- Does he or she suffer from remorse or depression due to gambling, sometimes to the point of threatening suicide?
- Has gambling ever brought you to the point of threatening to break up the marriage, family or relationship?
- Do you feel that your life with this person is a nightmare?

*If you answered 'Yes' to even a few of these questions, you owe it to yourself to seek professional guidance on how to protect yourself and whether you can help the gambler.*

**XIV. Are you a pathological gambler? (✓ the box for each yes answer.)**

- Did you ever lose time from work due to gambling?
- Has gambling ever made your home life unhappy?
- Did gambling affect your reputation?
- Have you ever felt remorse after gambling?
- Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
- Did gambling cause a decrease in your ambition or efficiency?
- After losing did you feel you must return "asap" & win back your losses?
- After a win did you have a strong urge to return and win more?
- Did you gamble until your last dollar was gone?
- Did you ever borrow to finance your gambling?
- Have you ever sold anything to finance gambling?
- Were you reluctant to use "gambling money" for normal expenditures?
- Did gambling make you careless of the welfare of yourself and your family?
- Did you ever gamble longer than you had planned?
- Have you ever gambled to escape worry or trouble?
- Have you ever committed, or considered committing, an illegal act to finance your gambling?
- Did gambling cause you to have difficulty sleeping?
- Do arguments, disappointments or frustrations create an urge to gamble?
- Did you ever have an urge to celebrate good fortune by a few hours of gambling?
- Have you ever considered self destruction as a result of your gambling?

Most compulsive gamblers will answer 'Yes' to at least seven of these questions.

*If you answered 'Yes' to even a few of these questions, you owe to yourself to seek professional guidance to find out exactly what is wrong and what you can do to about it.*

## **XV. Assessment, treatment and recovery**

### **A. Assessment:**

1. Diagnosing a pathological gambler should only be conducted by a qualified healthcare professional experienced in both assessing and treating problem and pathological gamblers.
2. The assessment should also address issues of depression, substance abuse, chemical dependency and other serious health problems such as hypertension.
3. The goal is to make sure that all serious co-existing illnesses or health problems are identified in order to develop a comprehensive and effective treatment plan and, also, to assist in the selection of an appropriate treatment facility.

### **B. Treatment:**

1. Depending upon how far the illness has progressed, the existence of other co-existing illnesses and the type of insurance coverage in place, treatment consists of one or more of:
  - In-patient treatment - hospital and / or rehabilitation facility;
  - Out-patient individual or group counseling / therapy;
  - Appropriate (non-addictive) medication;
  - Attendance at Gamblers Anonymous or other 12 Step programs
  - Family members' attendance at Gam-Anon.
2. Appropriate treatment is difficult to find:
  - Insurance coverage for gambling is generally not available.
  - The availability of government funding for treatment may be non-existent or limited.
  - Individuals with gambling problems often enter the mental health system for other psychiatric disorders, not gambling.
  - There is a general lack of understanding of gambling within the mental health field.
  - No "gold standard" for treatment modality: short-term behavioral interventions, cognitive therapy, cognitive behavioral therapy, behavior therapy, aversive techniques, stimulus satiation, changing control and response prevention, imaginal desensitization therapy, imaginal relaxation, etc.

C. Recovery:

1. A pathological gambler can lead a life free of gambling and regain his or her health, marriage and family, friends, career, and financial security.
2. Recovery involves a willingness to both admit to having a problem and to the need to stop gambling; an honest appraisal of the situation; and acceptance of responsibility for his/her program of recovery including accountability for harms done as a result of the gambling.
3. For many pathological gamblers long term recovery is best maintained through Gamblers Anonymous. Its 12 Step Program suggests that the “recovering gambler”:
  - live within a budget and pay their bills;
  - make financial and other restitution; and
  - resolve legal and marital problems.
4. The “growth” of a recovering gambler is evident by their:
  - helping others trying to recover;
  - becoming more patient and understanding of others;
  - self-seeking and self-centeredness slips away;
  - the desire to gamble disappears;
  - leading a responsible life (financially and otherwise); and
  - there is a new meaning to a life full of gratitude and serenity –
  - the joy in living is often experienced for the first time.

*Pathological and problem gambling are treatable illnesses.*

*The suffering can be stopped. A good life is possible.*

*Help is only a phone call away.*

## Research and References

2006 California Problem Gambling Prevalence Survey – Final Report, Submitted to: California Department of Alcohol and Drug Programs, Office of Problem and Pathological Gambling, Dr. Rachael A. Volberg, Senior Research Scientist at NORC; Dr. Kari L. Nysse-Carris, Survey Director at NORC; and Dean R. Gerstein, Senior Technical Consultant (now Vice Provost at Claremont Graduate University, Claremont, CA)

A Massachusetts Listening Session with Gambling Treatment Practitioners: Exploring a Continuum of Treatment Services, Massachusetts Council on Compulsive Gambling and The Massachusetts Department of Health Bureau of Substance Abuse Services (February 15, 2008)

A Pathway Model of Problem and Pathological Gambling, Professor Alex Blaszczynski, University of Sydney, Australia; and Lia Nower, University of Missouri - St. Louis, USA; prepared on behalf of the Society for the Study of Addiction to Alcohol and Other Drugs, (2001)

Escape Mechanism: Women, Caretaking and Compulsive Machine Gambling, Natasha Dow Schull, Center for Working Families, University of California, Berkeley, Working Paper No. 41, (April 2002)

Industry Information, American Gaming Association website ([www.americangaming.org](http://www.americangaming.org))

Internet Gambling & Addiction, Howard J. Shaffer, Ph.D., C.A.S., Harvard Medical School, Division on Addiction (January 16, 2004)

Internet Gambling: Setting the Stage, AGRI Conference, Dr. Robert Williams and Dr. Robert Wood, University of Lethbridge, Alberta, Canada, (2009)

National Gambling Impact Study Commission Report, prepared by National Gambling Impact Study Commission to the President, Congress, Governors and Tribal Leaders (June 18, 1999)

Rapid Onset of Pathological Gambling in Machine Gamblers, Robert B. Breen, Ph.D., NCGC and Mark Zimmerman, Department of Psychiatry and Human Behavior, Brown University School of Medicine (no date)

Risk and Protective Factors, Depression and Co-morbidities in Problem Gambling, Shane A. Thomas, Professor and Director of Primary Care Research, Faculty of Medicine, Monash University, and Professor Alun C. Jackson, University of Melbourne, (2008)

Treatment of Compulsive Gambling – Analysis of Gambling Behavior, Erik Arntzen and Jorn Stensvold (The Summer, 2007)