

Building An Evidenced-Based Treatment System For Pathological Gamblers: From Research to The Real World

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Background

- **Co-Director**
 - UCLA Gambling Studies Program (2005)
- **Director**
 - UCLA Addiction Psychiatry Fellowship (2007)
- **Director**
 - UCLA Impulse Control Disorders Clinic (2005)

Overview

- Scope of the Problem
- Need for services
- Evidenced-Based Treatments
 - Current
 - In Development
- Role of Stakeholders

Gambling in California

- \$2.5 billion (1997) to \$13 billion (2003)
 - Horse race wagering (\$4 billion)
 - Lottery (\$3 billion)
 - Card rooms (\$1 billion)
 - Tribal casinos (\$5 billion)
- 60% Californians gambled last year
- Dramatic impact from the economy

The Range of Gambling Behavior

Social Gambler (85% of the population)



Problem Gambler (5-6%)



Pathological Gambler (1%)
(or Compulsive Gambling, Gambling Addict)

Pathological Gambling

DSM-IV Criteria

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

Consequences of Pathological Gambling

Financial	Ave. debt = \$45,000 45% of gross income
Relationships	Divorce, child abuse
Time	25 hrs/wk
Crime	Non-violent ; ~ 25%
Substance use disorders	4x risk (Meth, Alcohol)
Attempted Suicide	24%

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

Treatment Options in California (2008)

- Inpatient Treatment Programs
- Outpatient Treatment Programs
- Gambler's Anonymous
- Certified Gambling Counselors
- Helpline
- Emerging State Treatment Funds

Barriers to Treatment

- Cost
- Transportation
- Lack of treatment providers
- Denial / ambivalence
- Not wanting to change
- No insurance
- Cultural barriers

What are “Evidenced-Based Treatments?”

What is Evidenced-Based Treatment?

- Using the best clinical practices based on the scientific method
- Based on science, not pseudoscience
- Translate research into clinical practice

Why bother with Evidenced-Based Treatment?

- Should save money
- Should ensure integrity of treatments
- Should ensure consistency
- Makes it easier to adapt and change over time
- Easier to monitor

Evidence-Based Treatments for Pathological Gambling

- Self-help Workbooks
- Helpline Counseling
- Cognitive Behavioral Therapy
- Medications (No FDA-Approved)
- Psychotherapy (Treatment-as-Usual)
- Gambler's Anonymous

**What needs to be designed,
evaluated and implemented?**

Levels of Care

- Level 0: Prevention
- Level 1: Brief Intervention
- Level 2: Outpatient Care
- Level 3: Intensive Outpatient Programs
- Level 4: Residential Treatment

Programs to Build In California

- Increase Treatment Capacity
 - Licensed Healthcare professionals
 - Substance abuse AND mental health
- Statewide database systems
- Self-exclusion programs
- Test new treatment and prevention ideas
 - Self-Help Kiosks
 - Web-based Interventions
 - Ultra-brief treatments

Why Evaluation is Crucial

- Documents cost-effectiveness
- Quality improvement
- 360-degree feedback
 - Patients to providers to families
- Involves more stakeholders
- Comparisons with other states
- Advances understanding of PG

Stakeholder Involvement

- **Government**
 - Support treatment funding
 - Evidenced-based legislation
- **Gaming Industry**
 - Screening
 - Implementing safeguards
- **Mental Health and Substance Abuse**
 - Increasing treatment capacity / response

Stakeholder Involvement

- **Counties**
 - Coordination of care with other services
- **Communities**
 - Documentation to spot high-risk groups
- **Citizens**
 - Provide feedback and the voice of what's needed

Efficacy of a Self-Help Workbook for Problem Gamblers

Objectives : Workbook

1. Create a self-help workbook for PG
2. Test efficacy of workbook for PG
3. Publish workbook

Study Participants:

Recruited from the community

Newspapers, helpline, word-of-mouth, web advertising

Inclusion: SOGS > 2

English-speaking

Exclusion: Significant psychiatric d/o

Active substance abuse

Study Design

- Participants randomized to
 - Workbook (alone)
 - Workbook (guided)
- Study visits
 - Wk 0 : Screening
 - Wk 1,2,4,8,12: Treatment Sessions
 - Wk: 20, 52: Follow-up

Measurements

- **Primary Outcomes**
 - Gambling behaviors
 - Gambling urges / cravings
 - Quality of life measures
- **Secondary outcomes**
 - Mood / Anxiety symptoms
- **Patient feedback**

Results

- Enrollment began in March 2007
- First version of workbook created, revised, edited and printed.
- Available on OPG Website

Results

- 121 participants screened
(March 2007 – Summer 2008)
- 86 eligible
 - 40 Workbook Alone
 - 46 Workbook Guided

Results

Gender	Male: 65 (76%) Female: 21 (24%)
Education:	80% some college or more
Ethnicity	White: 38 (44%) Black: 27 (31%) Hispanic: 9 (10%) Asian: 8 (10%) Other: 3 (3%)

Employment	Unemployment: 31 (36%)								
Annual Income	39 (44%) made less than \$25,000								
Age of gambling problems	28.5								
Gambling Freq (Days gambled / 30 days)	<table border="1"> <tr> <td>0</td> <td>6 (7%)</td> </tr> <tr> <td>1-10</td> <td>45 (52%)</td> </tr> <tr> <td>10-20</td> <td>16 (19%)</td> </tr> <tr> <td>20-30</td> <td>18 (21%)</td> </tr> </table>	0	6 (7%)	1-10	45 (52%)	10-20	16 (19%)	20-30	18 (21%)
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Money Lost, last 30 days	~ \$3,200
Cigarettes	8 (17%)
Alcohol: >5 / wk	4 (9%)
SCI-PG	6.5
NODS	6.7 (10)
SOGS	8.8
G-SAS	25.2
BDI Scores	13

Follow-up data

	Workbook	Workbook + Guidance
G-SAS (Pre)	25.2	22.9
G-SAS (Post)	22.3	10.4
SDS Score	8.0	8.5
	8.8	3.0
Hours Gambled	6.89	1.53

Client Feedback

- No significant complaints
- Positive
- Interactive quality of book is most appealing
- Good for future reference

Next Steps

- Expand Workbook to Different Languages
- Increase Visibility of Workbook
- Interactive / Fillable Workbook
- Publish Results
- Ongoing evaluation
- Version 2.0?

**Effectiveness of a
Brief Telephone Intervention
for PG:
“Call to Change”**

Objectives : Helpline

1. Evaluate effectiveness of “Call to Change”
2. Expand helpline services to those likely to respond

Participants

- Problem Gamblers calling the California Helpline
- Offered to enroll in “Call to Change”; administered by BDA
- Inclusion: NODS >2 English Speaking
- Data collected by BDA

Study Design

- Week 0: Intake and Enrollment
- Week 1: Counseling
- Week 2: Counseling
- Week 4: Counseling
- Week 8: Counseling
- Week 12: Counseling
- Week 24: Follow-up
- Week 52: Follow-up

Measurements

- **Primary Outcomes**
 - Gambling behaviors
 - Gambling urges / cravings
 - GA Attendance
 - Transition to formal treatment
- **Secondary outcomes**
 - Mood / Anxiety symptoms
- **Patient feedback**

Results

- Enrollment began March – June 2007
- Target: 40
- Enrolled: 40
- Data available from 33

Results

Gender	Male:	20 (61%)
	Female:	13 (39%)
Age		42.1
Ethnicity	White:	17 (51%)
	Non-White:	16 (49%)
Education	HS or less:	10 (31%)
	HS or more:	23 (69%)

Results

Age First Gambled	24.9
Age of Onset of PG	37.8
Gambling Preference	Indian Casinos (85%) Nevada Casinos (3%) Card Rooms (9%) Sports (3%)

Results

	Baseline	Follow-Up (18/33)
NODS	8.4	2.1
\$ Gambled per week	\$1489	\$162
Hours Gambled	12.6	1.6

Results

	Baseline	Follow-up
Intend to gamble	23.6	10.1
Feel Better	44.9	11.8
Rid Discomfort	38.3	10.5
Control	35.7	65.3
Like to gamble	35.7	13.7

Next Steps

- Promisingly effective
- Need larger control trial
- Expand to different languages
- Cost-effectiveness data needed
- Web-based?
- How to decrease attrition

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