

***Problem Gambling in Massachusetts:
Cross System Services & Workforce Development
A Listening Session***

Thursday, June 19, 2008

Welcome, Introduction, and Overview

*Michael Botticelli, Director, Massachusetts Department of Public Health
Bureau of Substance Abuse Services*

Massachusetts state agencies represented:

- Massachusetts Department of Corrections (DOC)
- Massachusetts Department of Mental Health (DMH)
- Massachusetts Department of Public Health (DPH)
- Massachusetts Department of Transitional Assistance (DTA)
- Massachusetts Department of Youth Services (DYS)
- Massachusetts Parole Board (Parole)
- Massachusetts Rehabilitation Commission (MRC)

Problem Gambling Panel

*Michael Botticelli, Director, Massachusetts Department of Public Health
Bureau of Substance Abuse Services*

The Mass Council has convened Listening Sessions with treatment and prevention practitioners to examine the public health impact of possible expanded gambling in Massachusetts.

The focus of today's session is to explore the impact of problem gambling among the populations served in the Massachusetts' agencies represented today, to help us strategize and to help us advise others.

Kathleen Scanlan, Executive Director, Massachusetts Council on Compulsive Gambling

Described role of Massachusetts Department of Public Health and Massachusetts Council on Compulsive Gambling in addressing gambling problems in Massachusetts.

Richard LaBrie, Ed.D., Associate Director for Research and Data Analysis, Instructor in Psychology, Harvard Medical School

Presentation on: *Gambling and Co-occurring Disorders: Landmark Research from the National Comorbidity Study*

NESARC Comorbidity

Petry, N.M., Stinson, F.S., Grant, B.F. (2005) Pathological Gambling and Other Psychiatric Disorders: Results From the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry*, Vol. 66, 564-574.

NESARC Comorbidity

Prevalence of Lifetime Disorders Among Participants with Lifetime PG (0.6%)

Any Alcohol Disorder	73%
Any Drug Disorder	38%
Nicotine Dependence	60%
Any Mood Disorder	52%
Any Anxiety Disorder	41%
Any Personality Disorder	61%

NCS-R Comorbidity

Kessler, R. C., Hwang, I., LaBrie, R.A., Petukhova, M., Sampson, N. A., Winters, K. C., Shaffer, H. J. (2008) DSM-IV Pathological Gambling in the National Comorbidity Survey Replication. *Psychological Medicine*.
<http://journals.cambridge.org.ezp1.harvard.edu/action/displayIssue?iid=195388>

The distributions of lifetime gambling (LtG), problem gambling (PrG), and pathological gambling (PG)

	LtG	PrG	PG
9,282 respondents	%	%	%
Ever gambled (even once)	78.4	3.1	0.8
Gambled more than 10 times	54.5	4.5	1.1
Gambled more than 100 times	27.1	8.0	1.9
Gambled more than 1000 times	10.1	12.2	3.7

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Temporal Comorbidity

- 23.5% of respondents developed pathological gambling **before** any other psychiatric problem
- 74.3% of respondents developed pathological gambling **after** experiencing other psychiatric problems
- 2.2% of respondents developed pathological gambling and other psychiatric problems at **about the same time**

Take Home Message

- Respondents with any psychiatric disorder are **17.4** times more likely to develop pathological gambling than those without such problems
- No respondents reported having treatment for gambling problems
- About half (49%) reported receiving treatment for other mental problems.

Division on Addictions Web Site

www.divisiononaddictions.org

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www.expressionsofaddiction.org

Agencies Focus Group Discussion

Richard H. Dougherty, Ph.D., President, DMA Health Strategies, Inc., Facilitator

Does screening take place in your agency?

- DTA, DMH, DOC, Parole do not ask clients about their gambling
- “It is frightening to hear that families (in DTA care) may/do have this problem.”
- DOC: “We ask 1,000s of questions, gambling never comes up.”
- DSS: “Potentially a huge family issue that we are not addressing.”
- General sense expressed that if you ask, you will find it, particularly among at risk populations, i.e. homeless
- As a symptom of mania, gambling may be asked about within DMH

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*Hosted by the Massachusetts Council on Compulsive Gambling and
The Massachusetts Department of Public Health Bureau of Substance Abuse Services*

What should be the role of state agencies?

- Believe problem gambling to be a policy issue at the state level
- Using problem gambling continuum, are these people likely to be in state agency settings
- Developing evidence based practices
Demonstrate relevance to each agency: cost effectiveness aspect, make case for issue's attention
- Belief that the leadership on addressing this issue "should come from above."
- Michael Botticelli to take information back to Secretary Bigby for Cross Secretariat work

What steps can we take?

- Staff education and awareness -- seen as critical first step
- Information sharing, technical assistance and training
- Develop/begin to utilize screening and assessment questions; example -Parole Re-Entry Center assessments could add item(s)
- Develop policy guidelines for programs – how to intervene "on the job"
- Need for holistic approach that addresses multiple areas, which can be problematic within agency specific treatment planning
- Undertake some needs assessments within our populations
- Be prepared with an evidenced based response – determine what interventions we should use; what treatments are effective?
- Follow up with agencies – what are the things we like to address with agencies Agency specific technical assistance (Michael Botticelli)
- "Plug all the holes" (Richard La Brie)
- Consider growing internet gambling access and problems, with potentially different risk factors