

Problem Gambling and Stimulant Use

Presented by

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THE UNIVERSITY OF
SYDNEY



The University of Sydney Gambling Treatment and Research Clinic

- Founded in 1999, and funded by Office of Responsible Gambling
- Locations in Camperdown, Parramatta and Campbelltown
- Provided treatment to over 5000 clients
- Clients present with difficulties related to a range of gambling types:
 - EGMs (“pokies”)
 - Wagering- racing and sports betting
 - Casino table games (primarily baccarat, roulette and blackjack)
 - Poker
 - Lottery products



What is Problem Gambling?

- Problem gambling is a broad term
- Focus is on the harm that gambling causes, rather than diagnosis
- “Problem gambling difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community”
- Common harms seen
 - Financial
 - Relationships
 - Occupational or Educational
 - Psychological (anxiety and depression)
 - Forensic
 - Thoughts of suicide

Formal Diagnosis of Gambling

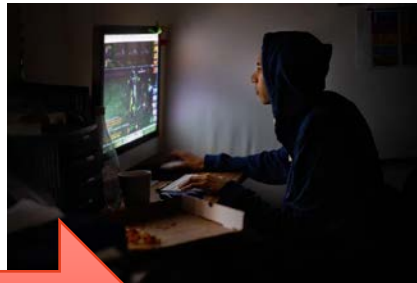
- Up until DSM-IV-TR, diagnosis of “Pathological Gambling” was given
- Criteria were specifically modelled on D&A disorders
- In DSM-5 (2013), changed to “Gambling Disorder” – seen as less stigmatising
- DSM-5 categorizes gambling disorder as “non-substance addiction” – move from previous grouping with “impulse control disorders”

DSM-5 Criteria for Gambling Disorder

- A. Four (or more) of the following in a 12 month period:
 - a. Tolerance (need to gamble more to gain excitement)
 - b. Withdrawal (restless or irritable when attempt to stop)
 - c. Repeated unsuccessful efforts to stop gambling
 - d. Preoccupied with gambling
 - e. Often gambles when feeling distressed
 - f. “Chasing” one’s losses
 - g. Lies to conceal the extent of involvement with gambling
 - h. Impact on relationships, career or education
 - i. Relies on others to provide money to bailout from gambling losses
- B. Behaviour is not better explained by a manic episode.

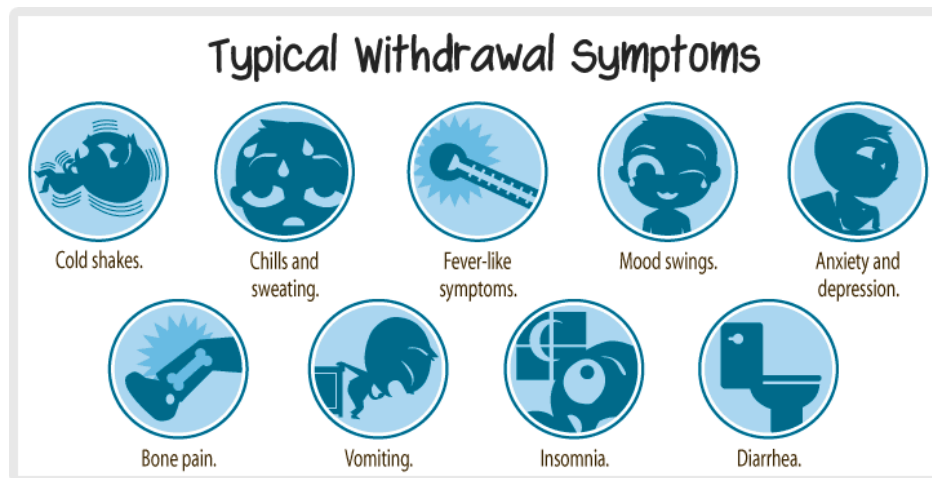
Gambling as an “Addiction”

- Problematic gambling is seen through the lens of “addiction”
- Links made between gambling and substance use disorders
- Other behaviours (e.g. sex, shopping, gaming)- viewed as “behavioural addictions”



Sydney University Model

- Long history of rejection of addiction model of gambling
- Founding Gambling Treatment Clinic Director, Michael Walker, wrote extensively on differences between gambling and substance use disorders (Walker, 1992, 1996)
- Key argument based on centrality of “tolerance” and “withdrawal” in substance use disorders
- While “tolerance” and “withdrawal”- like symptoms exist in gambling, they are very different



Sydney University Model

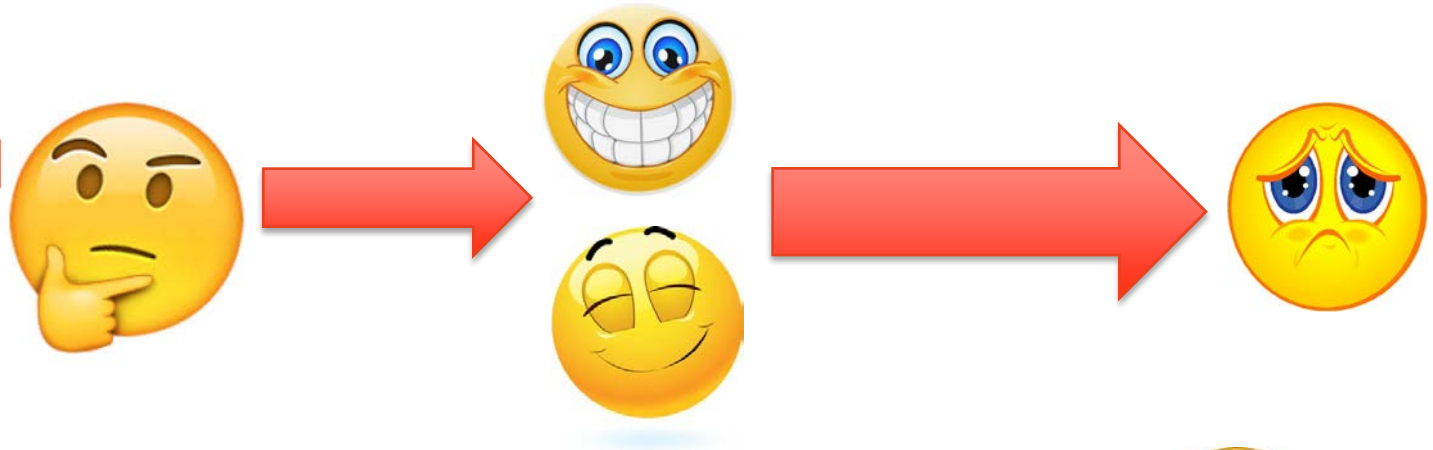
- Rejects the notion of “behavioural addictions”
- Current Gambling Treatment and Research Clinic Director, Alex Blaszczynski, has written on the “overpathologising” of everyday life through concept of “behavioural addictions” (Blaszczynski, 2015)



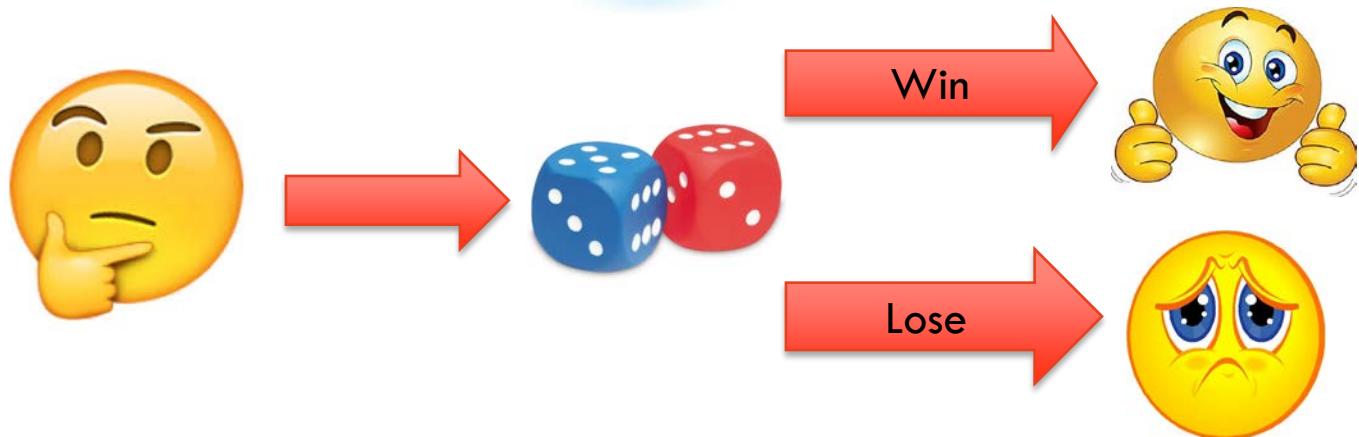
Sydney University Model

- Fadi Anjoul, current clinic co-director, has developed new ways of thinking about gambling
- Key difference between gambling and D&A issues is the “bivariate” nature of gambling

Drugs and Alcohol



Gambling



Gambling and Stimulant Use – the theory

- Central driver of gambling is “positive expectancy”
- Key role of early gambling experiences
- Individuals may “know they won’t win”, but each individual bet driven by desire to end “up”
- Minimise or discount possibility of losing
- Erroneous beliefs about likelihood of winning and/or how gambling operates
- Can be secondary motivators

Gambling and Stimulant Use – the theory

- Effects of stimulants include
 - Self-confidence and/ or Grandiosity
 - Decreased sensitivity to punishment
 - Hypersensitivity to reward
 - Decreased need for sleep
- Increased confidence and grandiosity leads to inflated sense of ability to win (especially on wagering – racing and sports)
- Increased focus on the “up” side of gambling
- Further minimising possibility of losing, or ending down
- Can have longer sessions that would otherwise
- Still requires existence of erroneous beliefs about gambling

Gambling and Stimulant Use – the research

- Most research on gambling and drug use lumps all drug use together
- Can lead to inflation of co-morbidity rates
- Most common co-morbidity of gambling- nicotine dependence (60.4% of those with a gambling diagnosis –Petry et al, 2005)
- Limited research specifically on stimulants
- Ethier et al., 2020- study of community gamblers
- Those who displayed problematic cocaine use were twice as likely to be problem gamblers
- Of gamblers who use cocaine regularly, 70% had an apparent gambling problem

Gambling and Stimulant Use – the research

- Geisner et al., 2015 – study of US college students
- Over 4000 at baseline, 200 “at-risk” followed-up
- Included all stimulants
- Those who used stimulants reported three-fold higher rates of problem gambling
- **For those who already gamble,** stimulant use predicted increased gambling at 12 month follow-up

- Richard et al., 2018- study of 6500 US high school students
- First to examine different impacts of different stimulants
- Crack cocaine and methamphetamines related to higher rates of gambling problems

Gambling and Stimulant Use – in the clinic

- Very rare to have clients present with co-morbid issues with opioid drugs
- Cannabis use rates comparable to general population and rarely associated with gambling behaviour
- Stimulant use typically reported associated with gambling, and with increased gambling severity
- Recreational use of stimulants relatively common
- Gambling almost always pre-dates stimulant use
- Clients often wish to control/ stop gambling without changing their stimulant use – needs to be discussed carefully
- For those with stimulant-related problems, only condition where recommended seek treatment prior to commencing gambling treatment