Problem Gambling and Addiction

January 1994

Nova Scotia

Department of Health

Drug Dependency Services

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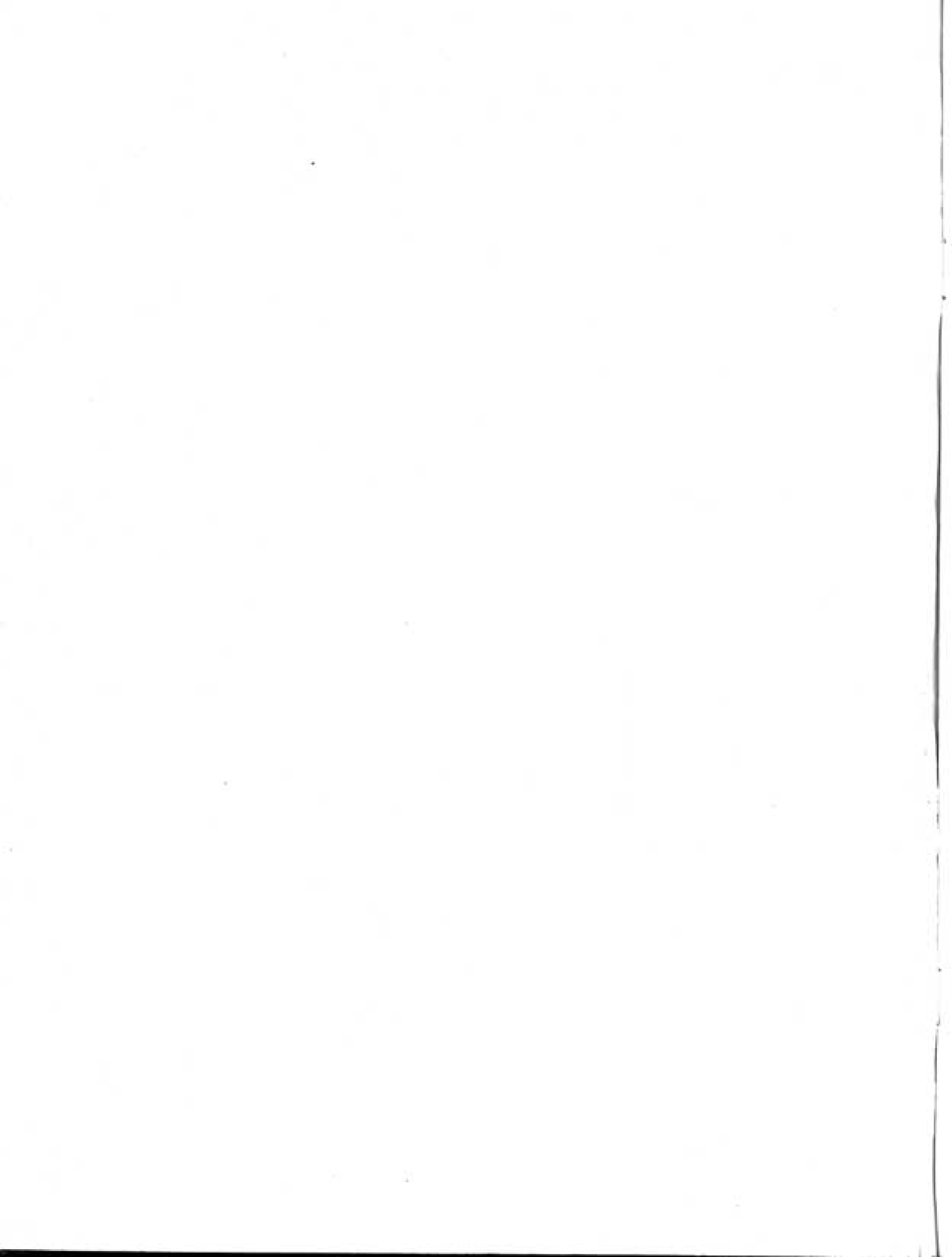
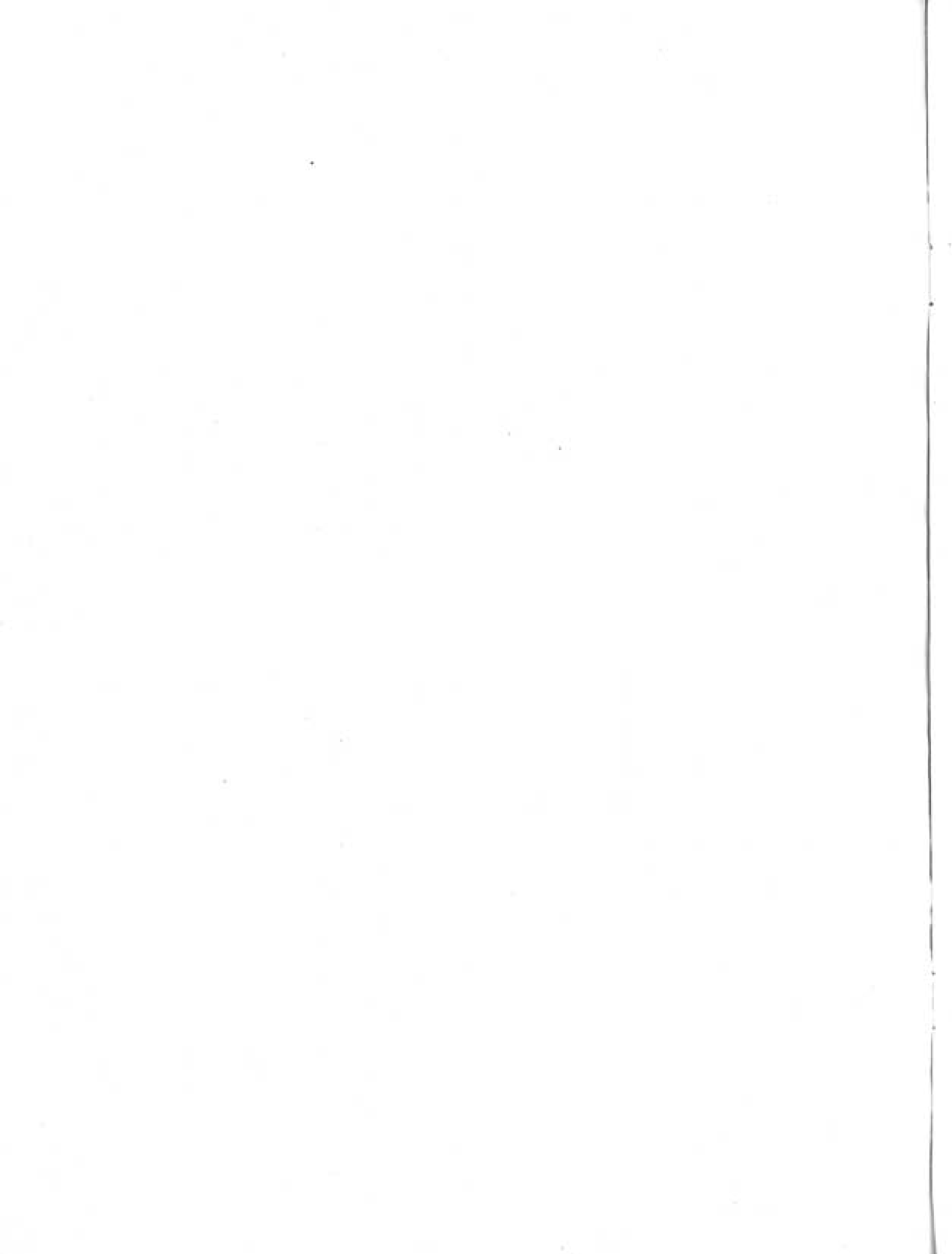


Contents

Introduction 1
Mission Statement of Drug Dependency Services 1
Executive Summary 1
Overview of Gambling 2
History of Gambling in North America 2
Legalized Gambling in Canada 3
Gambling Addiction 3
Prevalence of Gambling in Nova Scotia 5
Conclusions 7
Problem Gambling and Addiction: A Working Definition 8
Prevention and Treatment: Policy and Goals 9
Policy Statement 9
Goals 9
Treatment Considerations 9
Continuum of Problem Gambling and Addiction 10
Prevention and Community Education/ Employee Assistance Programs 11
Community-Based Awareness Information and Education 11
Regional Treatment/Rehabilitation Services for Problem Gambling and Addiction 12
Introduction 12
Treatment and Rehabilitation—Outpatient Programs 13
Case Finding—Gambling Population 14
Assessment Process 15
Gambling Assessment and Awareness Program (GAAP) 17
Inpatient Programs 19
Adolescents and Gambling Addiction 19
Spirituality and Problem Gambling and Addiction 20
Families and Problem Gambling and Addiction 20
Canadian Foundation on Compulsive Gambling (Atlantic Division) 21
Training Program: Staff and Community 22
Staff Training 22
Community Training 22
Treatment Outcome Study Approach 23
Description of Program 23
Duration of Program 23
Method of Evaluation 23
Purpose of Outcome Study 23
Treatment Outcome Study Approach 23
Bibliography 24
Appendix 25
Informal Screen 27
Gambling Profile 27
Resource List on Gambling 30
Spirituality and Problem Gambling and Addiction 33



Introduction

In January 1993 the Nova Scotia government mandated the Drug Dependency Services Division of the Department of Health to develop prevention and treatment programs for individuals and their families experiencing difficulties with gambling addiction and its related problem areas.

This document represents the collective work of senior staff in consultation with leading professionals in the field of gambling and addictions.

The purpose of this document is to give a general overview of the various components of a current and up-to-date approach to the prevention and treatment of gambling addiction.

In keeping with its mandate to provide addiction services to the community, Drug Dependency Services initiated a multi-disciplinary program approach that is comprehensive in its program design.

The focus of this approach will be based on a highly portable day program concept provided in the province through the Outpatient Services of Drug Dependency.

Mission of Drug Dependency Services

To provide prevention and treatment services to individuals, families and communities; and, in so doing, promote alcohol, drug and gambling dependency-free lifestyles for Nova Scotians.

Principles

Foster healthy lifestyles by eliminating or reducing the harmful impact of alcohol, other drugs and gambling on individuals, families and communities.

Prevention will emphasize the mobilization of individuals and communities to promote dependency-free lifestyles. Treatment requires a growing commitment by the individual and society to change in attitude, behaviour and lifestyle. Treatment and rehabilitative services are client centred, decentralized, comprehensive, innovative and monitored.

Drug Dependency Services is committed to providing decentralized client-centred services which emphasize prevention, promotion of healthy lifestyles, and the least-intrusive treatment at the earliest possible point in time. These services are developed with the participation and collaboration of communities and other agencies.

Because of the complex nature of alcohol, other drugs, and gambling dependencies, a full range of services is required along with the flexibility to adapt to ever-changing needs. These services will be delivered by qualified and competent professionals guided by a Code of Ethics and adherence to the principle of confidentiality.

All services will be continuously monitored and evaluated to ensure high standards of quality care and cost effectiveness. It is recognized that a variety of outcome measures will be necessary for appropriate evaluation of the wide range of programs offered.

The attainment of quality and excellence shall be achieved as the result of application of research, program monitoring methods, environmental scanning, cooperative research projects and the communication of research findings.

Executive Summary

Problem gambling, and the resulting addiction, continues to be a growing concern across Nova Scotia. In keeping with the Mission Statement of Drug Dependency Services—to provide prevention, education and treatment services to individuals, families, and communities; and in so doing to promote a dependency-free lifestyle—this chapter has been developed.

The chapter describes a series of programs consisting of education and prevention for those wanting to become aware of gambling and its impact on society and the individual. For those experiencing more serious problems, which may lead to addiction, a treatment / rehabilitation program has been developed to evaluate, assess, and recommend an individualized treatment plan.

The goals of education and prevention are the primary focus of the chapter, as well as that of understanding the concept of responsible gambling and the treatment of addiction. Emphasis is placed on rehabilitation services, which encompass Inpatient Services, Day Programs, Outpatient Services, self-help, and community awareness. Types of treatment available through Inpatient and Outpatient Services are key elements.

The final portion of the chapter examines the Gambling Assessment and Awareness Program, therapist intervention, contractual intensive treatment, inpatient program, adolescent addiction, and the goals and strategies of the Canadian Foundation on Compulsive Gambling (Atlantic Division), spiritualitiy, families, and the Treatment Outcome Study. The Appendix starting on page 25, contains information on completing Drug Dependency's Gambling Profile form, a list of print resources on gambling, and information on spirituality and problem gambling, including a Spirituality Self-Assessment Scale.

The dependency field is an evolving one, and in order to anticipate future needs, constant monitoring and feedback are required. To this end, Drug Dependency Services will be examining how gambling affects our communities, its prevalency rates, and its impact on youth, as well as what is needed in the future to address these ongoing concerns for Nova Scotians.

Overview of Gambling

History of Gambling in North America

Our society in Nova Scotia and Canada is increasingly becoming a North American society as we develop closer and stronger ties to our neighbours to the south. The Free Trade Agreement (FTA) and the North American Free Trade Agreement (NAFTA) are two examples of the development of a more North American concept of viewing ourselves. Examining the historical development of gambling in North America is a useful springboard from which to try to understand the Canadian experience (Lesieur, 1992).

The Canadian experience has in many ways been paralleled by the United States. In the United States, legalized gambling has gone through three major waves. These waves are characterized by widespread availability of gambling. Initially, the Native peoples of North America did foster and culturally support the idea of gambling before the settlement of North America by Europeans. The first real wave of regulated gambling helped finance the colonies and contributed to the funding of some American educational institutions such as Harvard and Yale.

In Canada there is acknowledgement of this first wave in the colony of Louisbourg, 18 December 1754. Almost 240 years ago the French settlers' entertainment included playing various card games, so much so that playing cards were extremely popular in Louisbourg. The town's permanent population of about 5,000 increased to about 8,000 or 9,000 in the summer with the arrival of more fishermen and sailors. Some 7,200 decks of cards were imported—that's almost enough for every person in Lousibourg to have a deck each.

Thirty years later the following item appeared in a Halifax newspaper. "LOTTO RAISES FUNDS FOR HALIFAX SCHOOL: After selling the first batch of 5,000 tickets at 20 shillings each, as advertised on Sept. 25, 1781 the public school lottery has raised £750 of the £1500 needed to build a school." Prizes totalled £4250, with the biggest prize set at £2000." The House of Assembly had passed an act the previous October permitting the lottery to defray the cost of erecting "a proper and convenient building."(Legrand, 1990. p. 132)

Because of corruption and cheating, prohibition and regulation eventually occurred. The second wave of gambling took place between the Civil War and the closing of the 19th century. Gambling provided the Southern States with desperately needed funding during the Reconstruction period. The expansion of settlers into the West also encouraged the spread of legalized gambling activities. Once again, however, scandals and illegal activities curtailed most gambling activities and gambling became illegal in Nevada and Arizona in 1909. The first half of the 20th century was also a period of repressive legislation (Lesieur, 1992). In Canada, various forms of gambling seemed to go hand in hand with the development of the railway system linking the east and west, as well as with the Klondike Goldrush era.

The third wave is the one in which society in North America currently finds itself. Casinos were legalized in Nevada in 1931, with expansion of legalized gambling activities in other States and in Canada. Since 1988, Indian tribal gambling and other gambling legislation has resulted in a dramatic nationwide expansion of gambling.

Expansion of provincial / state-sponsored legalized, regulatory gambling is not confined to North America but is now occurring in countries throughout the world.

Legalized Gambling in Canada

Legalized public gambling in Canada is a recent phenomenon, and it has two specific components: true lotteries and other games of chance. "Prior to 1969, the Criminal Code of Canada prohibited such gambling activities except for para mutual wagering on horse races, very small scale occasional and private lottery schemes run for charitable purposes, and lottery schemes operated at an agricultural fair." (Osborne, 1992) In 1969, the federal government relaxed the strict criminal prohibitions on gambling to provide certain exemptions from the criminal prohibition attached to both true lotteries and quasi lotteries. The reason for this delegation of authority to the provinces is perhaps found in the Minister of Justice's words:

> "We are assessing public opinion in this country. We feel that public opinion is not unanimous about (gambling) and that it might vary from region to region. We are, therefore, leaving it to the regions, as that public opinion may be interpreted by their provincial governments, that their provincial Attorney Generals have control over whether or not there should be lotteries permitted within provincial boundaries." (Standing Committee on Justice and Legal Affairs, *Proceedings*, 1968–69, p. 331)

Within the Province of Nova Scotia gambling is regulated under *The Lotteries Act* and *The Theatres and Amusements Act*, as well as the regulations to these acts.

Currently in Canada two types of casino models are in operation, which will be referred to as the British Columbia and Manitoba models.

The British Columbia Model. The British Columbia model is a charity casino with the net proceeds divided among the casino operator, the charity, and the Province.

The Manitoba Model. The Manitoba model is a casino owned and operated by the Province itself. This particular casino is located in a hotel in the city of Winnipeg.

A number of other provinces have publicly indicated they are considering casino operations. Ontario will be piloting a casino in Windsor (model type yet to be announced), and Quebec has yet to make details available regarding where it will operate its casinos. New Brunswick has announced it will not permit casino gambling in that province.

Regardless of how the casino is operated, there is a certain type of "glitz," which is attractive and seductive to some people. In Nova Scotia, we had the opportunity to observe at first hand a commercial-style betting operation during the mid-1970s when the Atlantic Winter Fair operated black jack betting tables at the old Halifax Forum site. This practice was discontinued by government when the fair site was relocated to the Truro area for an interim period. It should also be noted that "charitable" casinos attract a different type of clientele from the large Las Vegas or Atlantic City commercial casinos.

Gambling Addiction

Recent investigations place prevalency rates of gambling addiction at 4.8 per cent of the adult population, which is approximately 675,000 Nova Scotians; therefore, the number of potential addictive gamblers in Nova Scotia would be approximately 32,500 individuals. Caution must be exercised when using these numbers as they are estimates based on prevalence studies conducted in the United States and, as such, cannot be applied literally in Canada or to Nova Scotia. Only one prevalence study has

been conducted in Canada: in Quebec in 1991 (Ladouceur, 1991). The overall results indicated that 2.6 per cent of the Quebec sample were problem gamblers, and 1.2 per cent were pathological gamblers. The results also showed that 88.3 per cent of the respondents had gambled at least once in their lives and that 55.2 per cent of them had gambled more than once during the year preceding the survey.

The interesting question that this raises is whether, as more and varied forms of legalized gambling are introduced, this will in turn lead to an increase in prevalence rates of compulsive gambling. The research to date tends to support the proposition that more forms of available legalized gambling will in turn lead to an increase in compulsive gambling.

> "In 1974, fewer than one percent of the United States adult population were recognized as compulsive gamblers while the comparable rate for Nevada (excluding those who had moved to the State) was 2.5% (Kallick, Suits, Dilman and Hybels, 1979). More recently surveys done in New York, New Jersey, Maryland, and Iowa in the United States and Quebec in Canada, revealed that the extent of problem and pathological gambling in Iowa where there is less legalized gambling was about half of that in the other United States studied and Quebec." (Lesieur, 1992).

There has been much work done in the alcohol and other drug research field on this area of accessibility and its relationship to consumption, which in turn has a directly proportional relationship to the level of alcohol problems that a given society will experience.

Compulsive gambling affects not only gamblers directly, but also the families and employers of gamblers. Therefore, in any discussion of this area, it would be remiss not to mention the devastating effects that these people experience.

Gambling addiction* (including pathological or compulsive gambling) may affect anyone; however, it is treatable. Some of the signs of gambling addiction are as follows:

- **Spends large amounts of time gambling.** This allows little time for family, friends, work, or hobbies.
- **Promises to cut back on gambling.** The addictive gambler may be unable to reduce or stop gambling for any length of time.
- **Starts to place larger, more frequent bets.** Larger bets are necessary to get the same level of excitement.
- **Growing debts.** People with gambling problems are secretive or defensive about money. They may borrow money from family members, friends, neighbours, colleagues at work, banks.
- **Refuses to explain or lies about behaviour.** The addictive gambler may be missing from home or work for long periods of time.
- **Frequent highs and lows.** Addictive gamblers are irritable, withdrawn, or restless, if unable to gamble. They miss the thrill of the action or may be thinking about debts and lies.
- **Boasts about winning.** The person with a gambling problem loves to relive a win but will make light of losses when others express their concern. Wins and losses may also be kept a secret.
- **Prefers gambling to a family celebration.** Problem gamblers may arrive last or miss their children's birthday parties, school events, and other family gatherings.
- **Interested in new places to gamble close to home and away.** The addictive gambler may insist on a vacation at a place with a casino, race track, etc., even if the family is not interested.

Following the above signs, addictive gamblers continually feel an uncontrollable urge and preoccupation to gamble. They will lie, cheat, steal, beg, and borrow more money so they can keep gambling. Dependency on gambling can result in loss of rational control, interfering with work, disrupting family life, and threatening financial security and well-being. Gambling, like other addictions, is a progressive disorder. Interventions can prevent the irreversible downward spiral of this disorder and return the individuals and their families to healthy, happy, and productive lives.

* For the purpose of the this report the terms problem, compulsive, and problematic are used interchangeably.

To this end, treatment-rehabilitation resources are available through Drug Dependency Services. These include outpatient and daypatient services for the majority of referrals, offering professional assessment and counselling for addictive gamblers and their families. Seeking professional help with a qualified peer counsellor or therapist often helps by relieving the emotional symptoms or pain that may result when a person is under the tremendous emotional stress produced by this problem.

There is a network of self-help groups developing in Nova Scotia called Gamblers Anonymous (GA). GA is based on the "Twelve Steps" program developed by Alcoholics Anonymous (AA). GA provides confidential help and caring for gamblers, as well as a program called Gamanon, which is a support group for the family and friends of the gambler.

Once again, gambling addiction is treatable. Help can be obtained by contacting the nearest office of Drug Dependency Services or the Canadian Foundation on Compulsive Gambling, Atlantic Division. (See page 21 for address and phone number.)

The final component of the announcement by government was with respect to the establishment of a Lottery Commission. Its first task was to conduct a comprehensive review of the legislation and regulations that cover gambling within the Province of Nova Scotia.

Prevalence of Gambling in Nova Scotia

During the period between February 22 and May 3, 1993, Omnifacts Research Limited conducted a province-wide survey of 810 randomly selected people, 18 years of age and over, and 300 randomly selected adolescents, 13 to 17 years of age, on behalf of the Nova Scotia Drug Dependency Services.

The primary objectives of the study were to

- develop a working definition of pathological gambling
- examine the range of gambling behaviour among Nova Scotians
- determine the prevalence rates of persons who fall under the working definition of "possible problem" and "probable pathological" gamblers for both adolescents and adults and attempt to develop a profile of people who may be predisposed to gambling addiction
- explore the co-occurrence of gambling with substance abuse
- explore public opinion over the control of gambling activities in Nova Scotia, as well as treatment for people who cannot control their gambling behaviour.

Based on the information collected and the subsequent analyses, the following observations may be made:*

- Within Nova Scotia, approximately 20 per cent of adults and 40 per cent of adolescents have never participated in a gambling activity for money. The largest amount of money ever gambled on one day among youths ranged from $1–$500, with a median of $3. In contrast, among adults the range was $1–$50,000, with a median of $10.
- The gambling activity engaged in by the largest number of people two or more times per week was the purchase of scratch-and-win and other lottery tickets (19.4 per cent), followed by video gambling (5.4 per cent).

*Observations concerning sub-groups of possible problem or pathological gambling most often did not reach statistical significance, but this is likely the result of the size of the sub-groups. Nonetheless, the results concerning these sub-groups should be regarded with prudence.

- A striking change occurred when possible problem and probable pathological gamblers were examined by themselves. The gambling activities frequented most by the adult problem gamblers were video gambling machines (pathological 58 per cent, problem 28 per cent), lottery tickets (pathological 36 per cent, problem 24 per cent), and playing cards for money (pathological 21 per cent, problem 12 per cent). The average expenditures on **all gambling activities** over a "typical" week was $5.92 for youths with a possible problem as opposed to $7.11 for youths with a probable pathological gambling addiction, and $17.76 for adults who were potential addictive gamblers as contrasted with $117.07 for probable adult addictive gamblers. In terms of the highest weekly expenditure per gambling activity, the "typical" median average of $95.00 was spent on video gambling, $120.00 was spent on card games, and $100.00 was put towards bingo. However, utilizing multiple regression, it was determined that video gambling has the strongest link to pathological gambling among adults (B=.328). Playing cards or sports games for money and betting on animals were all tied as the second strongest link (approximate B=.120). Purchasing lottery tickets and playing bingo had almost no effect.
- Games of choice among adolescents were first playing pool or other sport games for money (5 per cent), followed closely by lottery tickets (4 per cent). The median amount spent on these activities was $10.00 in a "typical" week. When holding adolescents with a possible gambling addiction constant, "shooting pool" (pathological 22 per cent, potential 15 per cent), video machines (pathological 22 per cent, potential 8 per cent), and playing cards for money (pathological 22 per cent, potential 8 per cent) were all basically tied as the most favoured activity. The most amount of money was spent on video gambling devices (median=$13.50). It should be noted that playing video gambling machines in a video arcade surpassed all of the gambling activities among possible problem and probable pathological gamblers (approximately 30–33 per cent had played two or more times per week in the past year). Examining all of the gambling activities and video games with multiple regression, it was determined that video gambling had the strongest connection to adolescent gamblers with a potential addiction, and that video machines, playing cards for money, and shooting pool or playing other games for money were all weakly linked to gambling problems (approximate B=.120).
- The rate of possible addictive gamblers was found to be significantly higher among youths (8.7 per cent) than adults (3.1 per cent). Although not statistically significant, youths were also found to have a higher rate of possible pathological gambling as well (youths=3.0 per cent versus adults at 1.7 per cent).
- There appears to be slightly different behavioural and attitudinal patterns among youths who displayed signs of potential addictive gambling compared to adults in the same category. For example, youths were more likely to argue over monies won or lost while gambling and admitted more readily than adults that they had a problem controlling their gambling. However, they felt less guilty about their gambling and felt for the most part that gambling was their own affair. Adolescents were also more likely to think that there are tricks to gambling and to think of it as a harmless pastime. Finally, youths were more likely to report that one or both of their parents gambled too much.
- The adult problem / pathological gambler was found to be a young to middle-aged male, unmarried (if a problem gambler) and married if a pathological gambler; however, the latter are almost twice as likely than the general population to have been divorced or separated. Slightly over 50 per cent have a total family income of $40,000 per year. Possible pathological gamblers are less likely to believe myths about "tricks to successful gambling" or "beating the odds" than either possible problem or non-problem gamblers. The pathological group also reported more often that they have difficulties controlling their gambling, that they "chase" their losses, that they have been criticized about and have argued over their gambling, that they would like to stop gambling but cannot, and that they have hidden signs of their gambling from significant others. Potential addictive gamblers displayed many of these characteristics, but usually to a lesser degree.

- In the youth sub-sample, male adolescents were much more likely than females to fall under the potential categories, but only slightly more likely to be identified as pathological gamblers. Gambling among adolescents began at 13 with potential showing at 14 and signs of pathology emerging by 15 years of age. Unlike their adult counterparts, the adolescent gamblers who displayed evidence of addiction are not knowledgeable about the myths of gambling. In particular, potential addicts were more likely to think that they could "beat the odds," to believe that gambling is a harmless pastime, and to think of compulsive gambling as a bad habit that anyone can control. Adolescents with gambling addictions were criticized about their gambling and tended to argue over monies that they had won or lost gambling. Finally, youths that probably are pathological gamblers tended to miss school or work as a result of their gambling more than the problem or non-problem group.
- In the adult sub-sample a fairly clear but weak connection between substance abuse and gambling problems was established in that 15 per cent of the potential and probable pathological categories were told by others that they had a substance abuse problem, believed themselves to have a problem, and claimed to drink or use drugs from 'fairly often' to 'almost all the time.' Notice that the use of drugs and / or alcohol was more prevalent among gamblers with potential problems, but just because a person drinks or uses drugs while gambling does not necessarily indicate that they have an alcohol or drug addiction. The results are exploratory and speculative at best. There was little association found between the two problem areas in the adolescent sample.
- A slight majority of the sample thought that gambling should be controlled by the government, but youths were more likely to think this way than adults. Twelve per cent of the sample indicated that gambling should not be controlled by either the government or the private sector; this would seem to indicate that they would like to see video gambling withdrawn or want permissive gambling with no controls. People who felt this way were also very likely to believe that gambling is a fairly or very serious problem, that it is not a harmless pastime, and that compulsive gambling is an illness.
- A slight majority of the sample were of the opinion that treatment for gambling addiction should be made available through public funds. Respondents of this belief also were inclined to state that the gambling problem in Nova Scotia is fairly to very serious and a problem that affects everyone.

Conclusions

The South Oaks Gambling Screen was utilized to determine the prevalence of problem gambling among adults and adolescents in Nova Scotia. Among 810 adults, it was established that 4.5 per cent of people 18 years of age or older in Nova Scotia have a problem with their gambling, and that 11.8 per cent of adolescents (13–17) exhibited signs of problem or pathological gambling. Although adolescents displayed clearly different attitudinal and behaviour patterns, it still remains an open question as to why youths are more likely to be problem gamblers than adults. One possibility is that the South Oaks Screen is not as valid and reliable for youths as for adults. An examination of this point showed that adolescents are picked up by different questions on the screen than adults, but it could not be established that youths are not more prone to be addictive gamblers.

Nonetheless, apart from the findings on adolescents, this study replicates much of the study that was done in New Brunswick. The general population preferred lottery tickets over other gambling activities; however, pathological and potential pathological gamblers were found to be linked most often with video gambling machines regardless of age; both adolescents and adults with problems were most likely to be drawn to video gambling, although the relationship was somewhat weaker in the former category than the latter. It was noted that video games in video arcades were weakly associated as a predictor of addictive gambling among youths, and that this is something that should be explored further.

The profile of the adult addictive gambler in Nova Scotia matches that found in the literature: young to middle-aged males, a slight majority of whom earn less than $40,000 per year and have high school or less as an educational background. Addictive gamblers were also more likely to mention that at least one of their parents had a gambling addiction, more so than the general population. However, a majority of addictive gamblers did not claim this, which is at odds with the literature. It is impossible to compare the

profile of the adolescent gambler here as no other studies are known to have examined gambling addiction among youths. Another study should be targeted at the youth population with a large enough sample to ascertain the full extent of gambling among the province's adolescents. In addition, this study was intended as a prevalence study, but an inquiry into the motivations behind gambling should be commissioned for both youths and adults.

There appears to be a slight correlation among substance abuse and gambling; however, this should be measured as part of a larger study to determine how widespread the phenomenon is.

Finally, it is clear that a majority of Nova Scotians would like to see gambling controlled by the public sector (if allowed at all), and this raises interesting questions in light of the recent developments to bring a gambling casino into the Halifax region. It is felt, from the evidence uncovered in the study, that potential addictive and pathological gamblers may be predisposed to become this way. Education and treatment should be set up to ensure that the gambling problem in Nova Scotia does not become any larger than it is at present. The costs of this social problem could be enormous if left unattended.

Problem Gambling and Addiction: A Working Definition

The term "problem gambling" was selected because it is the most general in its description of gambling and its impact on individuals, families, and community. By definition, it includes any aspect of gambling behaviour that negatively affects family, personal, or avocational pursuits. Problem gambling is considered a more all-encompassing term that includes, but is not limited to, other terms such as compulsive or pathological gambling.

On occasion, gambling literature will use problem, compulsive, pathological, and other terms interchangeably. For the purpose of this document, problem gambling represents the most generic description and will be used to facilitate early educational and treatment involvements with those individuals and their families experiencing lifestyle difficulties with gambling.

Operationally, the term "problem gambling" will be viewed as covering the entire continuum of the gambling involvement, beginning with the most harmless and extending to the most serious. Other terms such as "social," "professional," "compulsive," "intensive," and "pathological" can be inserted along the continuum as they apply to the individual gambler's circumstance, situation, and symptoms as they are presented during the assessment.

Problem and pathological gamblers have many similarities; that is, they gamble to escape from depression, uncertainties, insecurities, and other intolerable feeling states in their lives. They solve their problems omnipotently, resulting in a temporary sense of triumph or grandiosity. However, even though there are many similarities, the crucial differences are that problem gamblers do not show progression, they have a different response to winning and losing, and they do not chase. The problem gambler and the habitual or controlled gambler are at present the target group of the education and prevention programs. If successful, this target group will become part of the early detection program. Through this intervention, some problem gamblers may be deterred from the more serious problems of pathological gambling.

R.J. Rosenthal, M.D., states clearly that problem gamblers have personality and coping problems and turn to gambling as a solution (Rosenthal, 1992). This is not to

say that they may not eventually become pathological gamblers. It is important, however, to know where these other types fit. This is essential if we are to understand what pathological gamblers are like early in their careers and if we are to acknowledge those people who gamble problematically (heavily, even excessively) without becoming pathological.

Gambling addiction is both complex and puzzling. Approximately 3.5–5 per cent of those who wager on games of chance gamble beyond the point at which they would like to stop. Almost every person in our culture is a potential gambler, either of the harmless or dangerous variety. For some people, the experience of gambling for fun can stimulate the tendency to gamble excessively or problematically. Gambling addiction of all types include the following in a variety of combinations and intensity:

- habitual chance taking.
- gambling that blocks all other activities.
- having an attitude of unrealistic optimism about winning that does not understand defeat.
- failing to stop when winning.
- despite initial caution, eventually risking too much.
- enjoying the subjective thrill of gambling, although excessive gambling brings pain to the gambler and their family.

By not paying attention to the distress of others, addicted gamblers can generate chaos all around them. They are constant in their individualism.

The three phases of gambling addiction have been described by Dr. Robert Custer, a pioneer in the field of gambling: the winning phase, the losing phase, the bailout phase. At this point, gambling destroys the whole support network—work, family life, and health. Depression, suicidal thoughts, and suicide attempts become more frequent (Custer, 1985).

The time it takes to go from a first casual bet to gambling addiction can range from 1 to 20 years. The development of gambling addiction is more rapid among younger gamblers.

Prevention and Treatment: Policy and Goals

Policy Statement

It is the policy of Drug Dependency Services to provide prevention and treatment services relative to problem gambling.

Goals

The goals of Drug Dependency Services are to

- develop education and prevention programs and raise the levels of public awareness
- provide counselling services to addictive gamblers and their families throughout the province
- design, develop, and implement day / evening treatment programs for addictive gamblers and their families
- provide training programs relevant to gambling addiction for Drug Dependency Services staff and allied helping professionals
- work in cooperation with mental health professionals relative to the education on gambling addiction
- inform allied professionals about the addictive properties of gambling and the treatment available.

Treatment Considerations

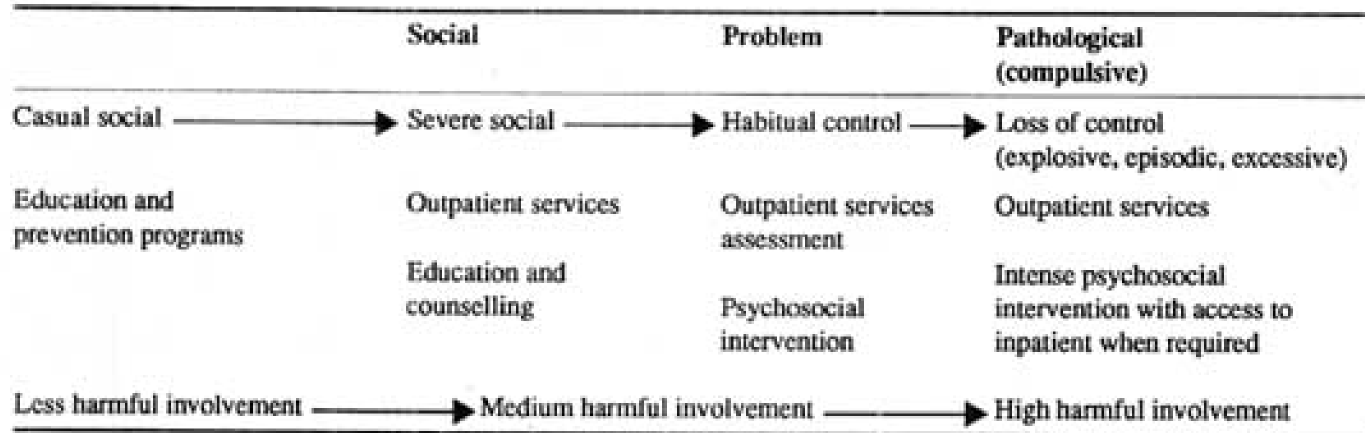
Gambling addicts and their families are proficient in self-deception. Intervention by skilled interventionists—clinical therapists / community health workers—is one treatment approach. Gamblers Anonymous (GA) meetings and family counselling should be mandatory.

Continuum of Problem Gambling and Addiction

Gambling may be seen as a continuum from social gambling to pathological gambling. The pattern may be occasional, frequent, or daily. The consequences may be mild, moderate, severe, or fatal. Gambling can affect all aspects of life.

Gamblers need to recognize they have a problem if changes are to occur. After this recognition, they should then actively address the issue of positive change.

Problem Gambling and Addiction Continuum



	Social	**Problem**	**Pathological (compulsive)**
Casual social →	Severe social →	Habitual control →	Loss of control (explosive, episodic, excessive)
Education and prevention programs	Outpatient services Education and counselling	Outpatient services assessment Psychosocial intervention	Outpatient services Intense psychosocial intervention with access to inpatient when required
Less harmful involvement →	Medium harmful involvement →		High harmful involvement

Prevention and Community Education / Employee Assistance Programs

Community-Based Awareness Information and Education

Prevention and Community Education / Employee Assistance Programs provide opportunities to create awareness, education, and training relevant to problem gambling.

The goal of prevention requires the creation of awareness and the personalization of the issues relevant to total health.

The goal of education and training is to prepare allied helping associates to recognize the impact of gambling addiction and to identify relevant roles.

The response will require the increasing public awareness of the following issues.

Gambling Dynamics. The public is generally not aware of the full range of gambling dynamics that occur in everyday life. The term gambling is usually associated with high-stakes card playing or race tracks. In order to increase public awareness, it will be important to identify a range of activities from bingo to lottery tickets. Schools and / or service clubs often encourage the sale of tickets for prizes and churches or clubs may hold casino nights.

No attempt is made to pass judgement on various activities; however, it is important to increase the level of awareness so that all activities involving wagering where the outcome is uncertain are readily identified as gambling.

Signs of Problem Gambling ond Addiction. The various signs of gambling addiction are very similar to problems seen in other addictions. It will be important to identify some of the more common signs so that individuals can assess for themselves where they are in the spectrum of developing a gambling addiction. Not all people will develop a gambling problem; however, people need an increased awareness as to the progressive nature of gambling addiction if they are able to prevent the problem from becoming more serious. Indicators of a developing problem are

- spending large amounts of time gambling
- promising to cut back on gambling
- starting to place larger, more frequent bets
- growing debts
- refusing to explain or lying about gambling behaviour
- frequent highs and lows
- boasting about winning
- preferring gambling to a family celebration
- interest in new places to gamble close to home and away.

Prevention of Problem Gambling and Addiction. This is one of the more difficult areas to address. Very little work has been done in the area of prevention of problem gambling and addiction, and the issues will need to be explored in depth. The key issue will be the development of an understanding of a definition of problem gambling as well as a growing awareness of the various signs and symptoms. It will be important to provide opportunities for individuals to personalize the information so that problem gambling and addiction can be prevented.

Understanding the Concept of Responsible Gambling. Gambling, as alcohol use, requires responsible consideration. This is a very personal issue. It requires that individuals identify values and priorities in their lives to determine what is risk-taking gambling and what is gambling addiction.

Treatment Services. The community must be educated to appreciate that addictive gambling is a treatable disorder. It must also be made aware that treatment resources are available.

The educational response requires an opportunity for individuals and groups to move from an awareness level to a level where the information is integrated into their lifestyle. This will be necessary for the application, understanding and prevention concepts initiated through awareness.

The third major thrust will require the training of key community members to apply the gambling concepts to their target audiences. For example, probation officers would be trained to present a diagnostic screening instrument to their clients.

Regional Treatment / Rehabilitation Services for Problem Gambling and Addiction

Introduction

Many Canadians occasionally place a bet or play a game of chance. For the majority, this type of gambling is just an enjoyable diversion, or at most a serious pastime. For some, however, gambling becomes a desperate escape from the pressures and hardships of everyday life. Sometimes called the "invisible addiction," gambling can eventually have the same devastating effects as drug or alcohol addiction.

Drug Dependency Services, through its Regional Outpatient Program Services, provides specialized professional help for problem gamblers and their families. A team of addiction professionals, experienced in the treatment of compulsive / pathological gambling, offers Outpatient Services to individuals and their families struggling with problem gambling.

These Regional Program Services are integrated with the Community Education and Prevention / Employee Assistance Program (EAP) section of Drug Dependency Services to provice information, education, and referrals for problem gamblers and their families.

Drug Dependency Services is convinced of the benefits of developing strong support systems. To this end, a close cooperation is maintained and encouraged with self-help groups such as Gamblers Anonymous (GA) and GamAnon. Other interest groups, such as the Canadian Foundation on Compulsive Gambling, Atlantic Division, and Regional Local Committees on Drug Dependency provide opportunities to work together.

Who Is the "Addicted Gambler"?

Estimates are that 4.8 per cent of the adult population, as many as 32,500 people in Nova Scotia alone, use gambling to avoid their problems, to relieve stress, or to escape from a reality too painful to endure.

Addictive gamblers are males and females from all age groups, races, and social classes. Whether it is in video gambling outlets or sport betting, horse-racing, bingo, the lottery, the stock market, or casinos, these individuals lose sight of everything in their overwhelming need to stay "in action." The amount of money lost may range from hundreds to millions of dollars, but the process, which ultimately leads to emotional collapse and financial ruin, is the same.

When gambling gets out of control—or when it causes difficulties in one's personal, business, or family life—sensitive and professional assessments, intervention, and treatment can help the individual understand and address the problem.

Types of Treatment Provided by the Regional Outpatient Services

Drug Dependency Services offers a broad range of services for addictive gamblers through its regional program of services, including therapy for individuals, groups, and couples, family therapy, and relapse prevention. Recovery from gambling addiction means abstinence from gambling; it must also include repairing the emotional and financial damage done to family and friends.

Drug Dependency Services supports immediate and ongoing memberships in the fellowship of Gamblers Anonymous (GA) for gamblers and GamAnon for their spouses, children, family members, and friends.

Frequently an addicted gambler suffers from other addictions as well, such as alcoholism, or from underlying affect disorders: panic anxiety, bi-polar, major depression. All individuals seen at Drug Dependency Services are therefore given a thorough assessment to identify and meet the special needs of such "dual-diagnosed" individuals.

Recognizing the unique needs of problem gamblers, the treatment staff works closely with each client to develop a treatment / recovery plan that meets individual goals. All treatment is confidential. The treatment goals are life without the disruption of gambling, restitution of debt, and a renewed healthy lifestyle or an improvement in quality of lifestyle.

Types of Treatment Provided by the Regional Inpatient Services

The decision to consider inpatient treatment for an addicted gambler is made during the assessment process. The factors that would be considered include

- an inability to stop gambling
- co-addiction—with detoxification implications
- significant co-morbid pathology
- lack of sufficient support from family or others
- physically or emotionally exhaustion
- severe depression
- suicidal thoughts
- contemplation of some criminal activity
- severe panic or desperation
- serious neglect of health

Inpatient care should be strongly considered if depression, anxiety, criminal activity, or suicidal thoughts have become predominant.

Treatment / Rehabilitation—Outpatient Programs

Treatment and rehabilitation are seen as a process that provides the individual and family with a broad range of therapeutic experiences within both professional and para-professional disciplines. This process should be long enough and comprehensive enough to establish the beginning of lifestyles and behaviours that are productive.

Value is placed on many styles of therapeutic intervention and support, including professional care and the ongoing support offered by self-help groups. All these approaches have their place in treatment and rehabilitation and are encouraged through a team effort.

The primary function of an outpatient clinic is to provide the identification, assessment, treatment, and rehabilitation of individuals suffering from gambling addiction. This is accomplished through multi-disciplinary services offered from intake and assessment to case closure.

The goal is to treat gambling addiction and related problems and to support personal growth and integration of the individual and the family in a healthy lifestyle.

Goal of Treatment and Rehabilitation Programs

Gambling addiction is a psychosocial disorder, which is treatable. The goal of treatment is to enable clients to overcome their abuse of compulsive gambling and make a healthy adjustment to abstinence. Participation of the family and significant others in rehabilitation programs is recommended to ensure a successful outcome.

Approaches to Treatment

Outpatient Services Programs at Drug Dependency Services provide a comprehensive, multidisciplinary treatment team approach and offer the client an effective, and individualized counselling program. A wide range of therapeutic methods allows for the gradual return to a healthy and productive life.

Assessment

Following the intake registration procedure to the outpatient services, each client will receive a thorough assessment, screening and interview. This is to determine the type, extent and intensity of therapeutic intervention required.

Services Offered

Group Therapy

Group therapy is a crucial focal point of treatment. Each client will be assigned to a group, which meets at regularly scheduled times. The group process enables clients to increase defenses and recognize more clearly the adverse effects of their disorder. While benefiting from the unique and focused support of peers in recovery, clients are encouraged to relate to group members in an open and honest manner, and to help each other identify and resolve emotional and personality factors that may be contributing to their gambling abuse.

Family Therapy
A family intake process and appropriate counselling services will be offered to family members or significant others to evaluate the family situation, to gather information concerning the client, to offer any assistance, and to acquaint the family with the client's treatment program. The family members will be provided with an opportunity to discuss their own feelings and concerns in a constructive and therapeutic manner, and to participate in recovery planning and follow-up as well as to assess their own needs through supportive and group counselling.

Peer Counselling
Individual counselling by peers (recovering persons) provides a strong, emotional identification for the client with the objective of providing support, confrontion, and problem solving. The emphasis is primarily upon abstinence, financial planning, and other personal, reality-based concerns.

Education / Treatment Interventions
Appropriate films, audio-visual material, and discussion groups provide the client with information concerning substance and gambling abuse. Reading materials and lectures by professional staff supplement the educational process while allowing clients to gain a full understanding of the complexities of their problem.

Stress Management
In stress management sessions clients will be helped to understand stress and to identify sources of stress in their own lives. An understanding is gained of the relationship between stress and its effect on us physically and emotionally. Strategies for coping with stress will be described, and a variety of techniques, including relaxation skills, will be experienced.

Life Skills Counselling
Life skills counselling is planned on an individual or small group basis. It could include introduction to leisure education and to independent living skills such as basic budgeting, home management and care of clothing, problem solving, vocational rehabilitation, technical training, and résumé writing.

Art Communication Skills
Art communication skills are a non-verbal form of communication and self-expression. They promote creativity and self-awareness as well as individual growth and learning. Art communication skills help in evaluating a client's progress while assisting the client in developing a clearer understanding of the important issues surrounding the process of recovery. No art ability or experience is required, nor should this be compulsory; rather it should be seen as an adjunct to therapy that may be appropriate for some.

Gamblers Anonymous
There is a strong emphasis on Gamblers Anonymous (GA) and its principles and philosophy. Clients are encouraged to attend GA meetings within the community on a regular basis. Relevant GA reading material provided to clients will supplement the educational process and help them to recognize the important role GA will play in their individualized recovery. There are weekly STEP meetings where the 12 Steps of GA are discussed. Family members will also be exposed to GA and encouraged to attend GamAnon meetings regularly and to review relevant literature.

Case Finding—Gambling Population

When dealing with any client population, case finding and assuring a smooth referral process are essential ingredients for optimal client care. Development of an orderly approach to creating awareness of the dynamics associated with gambling addiction is a necessary first step in this process. One key to providing a responsive treatment spectrum is networking within each region with agencies, professional groups, and self-help members who are likely referral sources or who may participate in an educational or treatment process.

Drug Dependency Services supports a networking process with agencies and associations. The purpose of networking is to create an awareness of the problems, the process of referral, and the various drug dependency services available.

Within Drug Dependency Services, case finding is a part of an expanded assessment process that includes the use of screening instruments to indicate gambling addiction. On both an inpatient and outpatient basis, clients who initially indicate a chemical dependency problem may also have experienced problems with gambling. If the gambling problems are not detected, the chance of relapse will be increased. Therefore, screening relative to gambling will be a standard part of all dependency assessments.

The identification of the problem, the delivery of services, and the recovery process for gamblers and their families requires a knowledgeable participating community.

Some of the key groups, agencies, and associations are

- Housing and Consumer Affairs (provincial)
- Consumer and Corporate Affairs (federal)
- Mental Health Centres and offices
- Family service bureaus
- Gamblers Anonymous / GamAnon
- Correctional Services Canada (Institution and Parole Services)
- Adult Probation Service
- Social Workers' Association
- Psychological Association
- Nova Scotia Employee Assistance Programs Association
- Chartered Accountants Association
- Barristers Society
- Physicians
- National Defense (federal)
- Schools and universities
- Community health services
- Canadian Foundation on Compulsive Gambling—Atlantic Division
- Churches

Assessment Process

The assessment process is made up of a number of information-gathering procedures, beginning with the initial intake form and going on to a variety of screening techniques and collaboration with other professionals, and including an in-depth interview by the assessing staff person. The final result of this process is a comprehensive overview of the addicted gambler's profile, which will assist in the determination of the treatment plan. This process is also continued as an individual proceeds through the planned treatment interventions; at this stage case management is essential to ensure that the individual's treatment needs are being identified and met. The desired outcome of this process is the establishment of treatment goals and objectives to assist individuals in making the desired changes in their lifestyles to establish control, wellness, and abstinence from gambling.

Assessment

Assessment may be viewed as the first step in treatment. The purpose of assessment is to determine the presence, stage, and impact of gambling behaviour with a view to developing an appropriate intervention plan.

Two levels of assessment are described:

1. **Screening.** Screening is appropriate for all individuals presenting for assessment. Some type of gambling screen should be included in the assessment of all Drug Dependency Services' clients.
2. **Comprehensive Assessment.** Comprehensive assessment is appropriate for individual gamblers and their significant others presenting with a gambling problem or for individuals who have been identified as having potentially problematic behaviour through a screening instrument.

Screening for Gambling Addiction

What Is a Screen?

A screen is a brief assessment that leads to a decision regarding the need for a more comprehensive assessment. It may take the form of an interview, a paper and pencil test, or a series of questions delivered to groups for "self-assessment."

When Should Someone Be Screened?

Screens are appropriate in a variety of circumstances, including the following.

- *The first step in an assessment of an individual presenting with concerns regarding gambling.* For an individual who is known to gamble and whose level of gambling is beginning to be of concern to the individual or family / significant others, a screen may provide a concrete marker of the level of problematic gambling and / or serve as a starting point for a comprehensive assessment.

  Suggested instrument: 20 Questions, South Oaks Gambling Screen

- *As part of the assessment for individuals presenting to Drug Dependency for problems other than gambling.* The high degree of co-occurrence of gambling and alcohol / drug problems suggests the inclusion of gambling screening questions in assessment of all Drug Dependency clients.

  Suggested instrument: Informal Screen

- *As part of assessment battery.* A gambling screen should be included in assessment packages where utilized.

  Suggested instrument: 20 Questions, South Oaks Gambling Screen

- *Informal Assessments.* Some Drug Dependency personnel may be involved in pretreatment contacts or other informal interactions with potential clients or their families / significant others. A less formal screen may be utilized in these circumstances.

  Suggested instrument: "20 Questions"

- *Group presentations.* Screens may be useful to Drug Dependency staff when presenting information on gambling addiction to community or other groups. This may take the form of illustrating problematic gambling, or to allow a "self-test" for groups.

  Suggested instrument: "20 Questions" or GamAnon 20 Questions

Types of Gambling Screens

South Oaks Gambling Screen

The South Oaks Gambling Screen is the only validated screening device currently available. It is a paper-and-pencil test consisting of 16 questions, which is scored and leads to three possible categories: No problem; some problem; or probable pathological gambling. In order to maintain validity, it is important that administration is standardized and that items on the screen not be altered.

"20 Questions"

Two "20 Questions" screens are available. One is for the individual who is being screened, the other for family or significant others. These are modelled after similar questionnaires used in AA, NA, and other self-help groups. They are less formal in nature, and six or seven positive replies are suggestive of a gambling problem.

Informal Screen (Appendix p. 27)

In the context of an assessment for problems other than gambling, it is appropriate to explore gambling behaviour as part of the assessment. No specific instrument is recommended, however, possible questions are suggested.

Comprehensive Assessment

When a gambling problem is identified, either by an individual presenting for service or through a screen, a complete and thorough assessment is indicated. As with assessments of alcohol and / or other drug abuse, such an assessment should be broad-based in exploring all areas of the individual's life that might relate to, or be impacted by, gambling.

Areas that might not be covered in a drug / alcohol assessment are those that relate specifically to gambling behaviour. These include (but are not necessarily limited to) the following.

- history of involvement with all forms of gambling
- current gambling behaviour (specific behaviour, frequency, amount spent, etc.)
- how gambling is financed and impact on individual's financial situation
- changes over time in gambling behaviour (e.g., increase in time spent, money spent, etc.)
- previous attempts to abstain from gambling; feelings when not gambling
- guilt versus desire to gamble
- reaction to gambling losses, i.e., "chasing"
- impact of gambling on social, occupational, or recreational behaviour

With thorough investigation of the above areas, a DSM-III-R diagnosis of Pathological gambling is possible.

An assessment of gambling behaviour *only* is not considered to be a comprehensive assessment. Other areas to be explored could include

- family history and developmental milestones
- education / vocational history
- drug-alcohol use
- friendships / significant relationships

- emotional functioning, including anxiety and / or suicidal ideation
- history of abuse (physical, sexual, emotional)
- history of legal involvement
- medical history
- leisure activities
- supports available
- previous treatment
- financial history
- traumas / losses
- military history

Gambling Assessment and Awareness Program (GAAP)

Treatment Orientation Day / Evening Program

Facilitator

Clinical Therapist
Community Health Worker
Counsellor Attendant (as needed)

Target Population

Persons who have been formally assessed by Drug Dependency Services staff and who do not require inpatient service.

Purpose of Program

To educate, re-educate, motivate persons toward follow-up treatment by promoting awareness of gambling dependency issues and recovery choices, and providing core knowledge of the dynamics of gambling dependency.

Frequency and Duration

Every two weeks—(15 hours per week).

Place

Regional Outpatient Services

Group Membership

Usually 8–12

Referral Source

Drug Dependency Staff
Community agencies
Gamblers Anonymous
Canadian Foundation on Compulsive Gambling, Atlantic Division

Dynamics and Nature of Addiction Content Part I

- Myths and Misconceptions
- Definition of Gambling Addiction

  * Pathological * Compulsive *Problem
- Progression of Gambling Addiction
- Definition of Basic Terms

Part II

- Definition of Types of Gambling:
  * Social * Professional
  * Problem * Criminal
- Most Commonly Abused Gambling Devices
- Effects of Gambling Addiction
- Warning Signs of Gambling Addiction

Part III

- Identification of Personal Gambling Pattern

  20 Questions — DSM III-R

Denial Content

- Definition of Denial
- Faces of Denial
- Reactions to Denial
- Identification of Personal Denial Pattern

  Audio-Visual Aid: "Denial"

Stress Content

- Definition
- Sources of Stress
- Reactions to Stress

  * Physical * Emotional
- Relationship between Stress and Gambling Addiction

- Reduction and Prevention of Stress
- Identification of Personal Stressors

Audio-Visual Aid: "Living With Stress"

Impact of Addiction on Family and Relationships Content

- Types of Relationships
- Family as a System
- Rules and Roles Within Gambling Family

  Family's Compensation / Benefits of addicted member.
- Family Denial
- Reactions of Parents, Children, Spouse, Siblings
- Treatment Needs

Relapse Content

- Reasons for Relapse
- Symptoms of Relapse
- Stages of Relapse
- Suggestions for Handling Relapse
- Identification of Personal High-Risk Situations

Audio-Visual Aids: "Planning for Success"

Self-Help Content

- Purpose of Self-Help Group
- What Gamblers Anonymous does and does not do
- Types of Meetings
- How to Connect
- 12-Step Program
- Definition of Spirituality

Audio-Visual Aid: "The Twelve Steps of GA"

Recovery Content

- Recovery Process
- Issues to Address in Abstinence from Gambling
- Common Worries and Attitudes
- Treatment Resources—Drug Dependency Services
- Identification of Personal Recovery Issues

Psychotherapeutic Intervention Day / Evening Program

The therapist / counsellor provides therapeutic intervention to the addictive gambler or family members through the identification of the problem areas. A formal assessment will determine the appropriate recommended treatment and counselling.

The assessment component is an ongoing process by which the client and the staff evaluate the addictive gambler's circumstances so that a tentative treatment plan can be developed. This treatment plan may indicate individual counselling, family and group counselling / therapy, or all three, for varying periods of time. Part of this process may also include referral to Gamblers Anonymous and GamAnon for family members.

Contractual Intensive Treatment

Contractual Intensive Treatment model is a design of treatment intended to accommodate those problem gambling individuals who require a more time- and content-intensive psychotherapeutic intervention than is available through normal outpatient services such as weekly and bi-weekly individual counselling or group therapy.

It provides a treatment intervention similar to the short-term intensive inpatient program but delivered on an outpatient–day program basis. It encourages the individual to accept responsibility by entering into a contract for participation in this treatment time frame. Finally, it is accommodating in terms of space, location, and travelling time in that its design is highly portable. It is developed in a scheduled module fashion over a five-day period enabling individuals to remain close to their homes and families while accessing a more intensive structured psychotherapeutic intervention.

This approach highlights the importance of involving the family members and significant others in the treatment plan, thus establishing a more integrated, supportive, and realistic intervention.

Inpatient Programs

Drug Dependency Services believes that a daypatient service program can meet the treatment needs of most individuals who are experiencing the negative lifestyle effects related to their gambling. This belief is based on the understanding that addictive gamblers respond well in therapy in a supportive, open environment.

However, it is also recognized that access to inpatient services may be required for a number of individuals who, upon assessment, demonstrate symptoms that are more intense in how gambling affects their behaviour, such as severe depression or suicidal ideation. In these situations referral to Drug Dependency's Primary Care Inpatient Services or to Mental Health Inpatient Services may be required.

Adolescents and Gambling Addiction

Although there has not been a great deal of research in the area of gambling addiction within the adolescent population, prevalence studies have suggested that adolescents may be at a higher risk than adults to develop gambling problems. There is also evidence that the pattern of gambling among adolescents is different from adult patterns. Drug Dependency Services has recognized the need to develop programs for drug and alcohol abuse that are targeted specifically for adolescents and their families. Similarly, adolescents with gambling problems will require services specifically geared towards their developmental needs.

The following are some specific issues relevant to gambling in adolescents.

- Consideration must be given to their age and the impact of age on access to gambling activities.
- Adolescents are in a developmental period of transition; gambling addiction can interfere with normal adolescent development.
- The impact on the gambler and the family will be different when the adolescent is identified as having a problem (as opposed to the parent or spouse).
- School and the impact of gambling on school performance must be considered.
- Child protection issues may emerge for adolescents under the age of 16.
- Gamblers Anonymous may not be as useful with adolescents as it is with adults.
- Adolescents and adults should not be mixed in treatment programs.

These and other issues will need to be addressed in the development of gambling treatment services for adolescents.

Spirituality and Problem Gambling and Addiction

Spirituality is that dimension of our lives that deals with meaning: a reason for living. It is often basic to the way we live our lives because it provides the way we view the world and the way we view our relationships with others.

Drug Dependency Services recognizes the value of this dimension and sees it as one of the important components in the provision of comprehensive programming. (See Appendix, p. 33.)

Families and Problem Gambling and Addiction

The cost of living in a family with a problem gambler is much more than the financial loss. The physical, mental, and emotional problems and loss of spiritual self are all consequences of living with a compulsive gambler.

As the problem progressively manifests itself within the addicted gambler the family also goes through its own stages. This problem does not discriminate.

Services should made available for family members of the addicted gambler. The family members must feel safe in entering treatment because of their vulnerability. They must know that they do not have to serve a life sentence because of a loved one's gambling addiction.

The Canadian Foundation on Compulsive Gambling (Atlantic Division)

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Goal

The goal of the Canadian Foundation on Compulsive Gambling is to reduce the incidence of compulsive gambling in the population of the Atlantic Provinces.

Mission Statement

The Canadian Foundation on Compulsive Gambling (Atlantic Division) exists to foster research, education, prevention, and treatment of the effects of compulsive gambling on addicts, their families, friends, and co-workers in the Atlantic Provinces.

Objectives

To foster and advocate programs to

- rehabilitate people with a gambling addiction
- provide referral counselling and support to all those affected by a gambling addiction
- prevent people from becoming addicted to gambling
- act as a referral resource to provincial treatment / rehabilitation programs and to self-help through the provision of a 1–800 line and referral counselling service.

Strategies

The foundation will

- foster research into the incidence, nature, and impact of addictive gambling; as well as its cause(s) and treatment
- foster the provision of treatment to addicts, their families, and others affected by compulsive gambling
- foster programs and projects to educate the general public about the nature, cause, impacts, incidence, diagnosis, treatment, and prevention of compulsive gambling addiction
- foster the setting up of self-help groups for compulsive gamblers and their families in areas where they do not exist, and to act as a clearing house for information and research to self-help groups

Training Program: Staff and Community

Staff Training

The core staffing for the gambling program will come from three professional disciplines: an educational officer; clinical psychotherapist; and a peer counsellor / community health worker. These three positions will be responsible for the work and ongoing service of the gambling program. In addition to these staff positions there will be the supportive and collaborative staff structure of the existing Drug Dependency Services.

The training designed for these positions involves a general orientation to chemical dependency and a general training regarding addictions with a special focus on gambling addiction. An additional objective of the training program is to facilitate an opportunity for team building among the staff working in the area of gambling addiction as well to assure a provincial consistency of prevention and treatment initiatives.

In order to achieve a level of competency and expertise as a gambling staff professional, the education officer, the clinical therapist, and the peer counsellor are required, beyond their academic credentials, to participate in an intensive training program dealing with aspects of gambling addiction. In addition, Drug Dependency Services believes that it is important for staff to become familiar with and to attend a number of self-help group meetings—Gamblers Anonymous and / or GamAnon—and to prepare, submit, and present case studies on clients receiving counselling for gambling problems.

Community Training

Community training is directed to professionals who may have involvement with addicted gambling individuals and / or their families. Two levels of professional involvement will be addressed. The first level is for the professionals who provide direct service, i.e., mental health clinical staff, social workers, psychologists, psychiatrists. The second level is for the professional groups that provide concomitant programs and resources, i.e., debt counsellors, legal aid workers.

In developing strategies for training, the existing prevalence studies, professional articles, and resource persons in the area of gambling will be used to focus the training.

Specific training around identification and treatment issues is being designed for targeted professionals such as health services, financial, judicial and community services. The prevalence study results should be framed in various ways to meet the specific needs of the selected groups. For example, physicians, nurses, psychologists, and social workers will require the data to be presented in a way that is relevant to their role in servicing the problem or addicted gambler.

Treatment Outcome Study Approach

Description of Program

This is a day program model, which offers a number of outpatient services, such as assessment, educational therapy, clinical psychotherapeutic intervention, and a contractual intensive treatment program for individuals unable to cope with their gambling problem. These programs are designed to be portable, comprehensive, multi-disciplinary, intensive, and accommodating.

Duration of Program

The day program model will be initiated at the intake interview and will proceed over a period of time during which a variety of psychotherapeutic interventions will be applied as directed by assessment. A follow-up program will be undertaken through structured sessions or in cooperation with self-help referral and involvement.

Method of Evaluation

Three methods of evaluation will be considered: (1) the self-report interview, (2) the mail out questionnaire of self-report, and, (3) an evaluation component built into the program design.

Purpose of Outcome Study

The purpose of the outcome study is to determine the efficacy of the proposed treatment approaches to problem gambling and to determine scientifically that such program approaches are demonstrable and replicable.

Treatment Outcome Study Approach

The basic premise on which regional treatment for gambling addiction operates is that excessive gambling is a disorder of impulse control, which may be determined as being pathological, a disorder of an addiction-type, or a serious problem impacting on the healthy lifestyle of the individual. Consequently, treatment is designed to uncover the underlying dynamics that precipitate disorders of impulse control and contribute to the chaotic lifestyle of the gambler. Treatment is conducted in the community in a time-limited fashion; it is aimed at helping the client develop a sense of control.

Outpatient Services is staffed by a casework supervisor, one clinical therapist and / or one community health worker. It operates on an appointment basis, five days a week, including evening appointments and group sessions.

Prior to being accepted for treatment, clients are evaluated for their gambling addiction according to the South Oaks Gambling Screen (SOGS) Questionnaire, followed by an interview with the clinical therapist and / or community health worker.

The client is evaluated for two 90-minute sessions. During this period, assessments are made of the client's motivation for treatment, financial status, vocational status, involvement with Gamblers Anonymous, family relationships, legal issues, and gambling patterns. Although most clients are evaluated individually, there are occasions in which the spouse and children are asked to be involved in the evaluation process.

Upon completion of the second session, a diagnosis is made and a treatment plan formulated with the client's full participation. Attendance at Gamblers Anonymous is often recommended, and initial Gamblers Anonymous contact is made through the Outpatient Services. A therapeutic contract is made for a specific length of time, depending on the severity of issues presented. This contract is reviewed several weeks before the scheduled termination of treatment. The length of treatment may be extended and new treatment goals may be determined. During this intake process, data regarding the initial status of the client is recorded on specially designed forms. At termination, similar forms are used to record data regarding the status of the client.

The therapeutic services provided at the Outpatient Services are individual, family / marital, and group therapy. Individual and family / marital therapy have been the primary modes of treatment utilized. It is understood that with the client's initial participation in individual and family therapy, information is obtained more readily, and setting priorities regarding clinical issues is more efficiently accomplished. After individual and family therapy, clients often enter group therapy to enhance interpersonal and communication skills.

It is also important to note that evaluations often reveal the need to reassess and redesign program direction as stated:

> Evaluation of treatment outcome (and treatment process) requires that we be receptive to information that is not always positive with respect to our efforts. Our responsibility as providers of treatment is to optimize the quality of treatment. This requires a willingness to make changes in our procedures and revisions in our theories of clinical practice whenever the data indicate that improvement will follow such change. Theories of practice historically arise from practice and are then confirmed through research. Once confirmed, such theory returns to guide practice. Our clinical practice is always guided by theory, whether articulated or not (Gambino & Shaffer, 1979). If practice is to lead to theory refinement, evaluation of treatment must occur on a continuing basis. Theory and practice can thus interact through the evaluation process. Once confirmed by research, improved theory betters practice and better practices leads to refinements for the next stage of theory development." (Shaffer, Stein, Gambino & Cummings, 1989, p. 344)

Bibliography

American Psychiatric Association. *Diagnostic and Statistical Manual of Disorders, DSM-III-R*, 3rd ed. Washington, DC: American Psychiatric Association, 1987.

Custer, Robert, and Harry Milt. *When Luck Runs Out: Help for Compulsive Gamblers and Their Families*. New York: Warner Books, 1985.

Ladouceur, Robert. "Prevalence Estimates of Pathological Gambling in Quebec." *Canadian Journal of Psychiatry*, 36,10 (December 1991): 732–734.

Legarda, J.J., R. Bario, & J.M. Abreu. "Prevalence Estimates of Pathological Gambling in Seville (Spain) A Research Report." *British Journal of Addiction*, 87 (1992): 767–770.

Legrand, J. *Chronicle of Canada*. Paris: International Publishing, 1990.

Lesieur, H.R. "Pathological Gambling, Work, and Employee Assistance." *Journal of Employee Assistance*, 1,1 (1992): 56–74.

Lesieur, Henry R., and Sheila B. Blume. "The South Oaks Gambling Screen (SOGS): A New Instrument for the Identification of Pathological Gamblers." *American Journal of Psychiatry*, 144,9 (September 1987): 1184–1188.

Osborne, Judith A. "Licensing without Law: Legalized Gambling in British Columbia." *Canadian Public Administration*, 35,1 (1992): 56–74.

Standing Committee on Justice and Legal Affairs. *Proceedings*. Ottawa: Queens Printer, 1968–69.

Rosenthal, R.J. "Pathological Gambling." *Journal of Psychiatric Annals*, 22,2 (1992): 72–78.

Shaffer, H.J., S.A. Stein, B. Gambino, & T.N. Cummings, eds. *Compulsive Gambling Theory Research and Practice*. Lexington, MA: D.C. Health, 1989.

Appendix Problem Gambling and Addiction

Informal Screen

Questions regarding gambling behaviour should be included in any complete assessment of an individual presenting for service through Drug Dependency. When the individual is not presenting with gambling-related difficulties (i.e., is presenting with alcohol- and / or drug-related problems), the issue of gambling should be broached and pursued in more detail as is warranted. An example of such a process is given below. (This is not meant as a specific format to be followed but is given as an example.)

Initial Questions

1. Do you ever play games of chance such as bingo, lotteries, cards, or video lotteries, dice?
2. How about other types of gambling such as the track, casinos, the stock market, or betting on sports?
3. If yes to any of the above:

   How often do you gamble?

   How much money would you typically spend?

Clinical judgement must determine whether to pursue this further. If, for example, the client says "yes" to buying lottery tickets once a week, spending $2.00 a week, further questioning is probably not warranted. If the gambling behaviour appears potentially problematic, the next step would be administration of a formal screen or comprehensive assessment.

Gambling Profile

How to Complete the Gambling Profile

The following form is to be completed for all registered clients who have indicated that problem gambling is an issue requiring intervention. The Client Information forms for these individuals must have the TREATMENT ISSUE category updated if required. The following guidelines are to be used for completing the Gambling Assessment.

Identifying Data

1. Client Name: Provide full name
2. Case Number: Enter client's case number
3. Facility / Department: Enter the facility code
4. Date

Gambling Type

Select the type(s) of gambling that the client participates in. Check off all that apply.

01 **Video Lotto Terminals**—All video poker and lottery games for cash payouts

02 **Track**—Includes gambling on horse racing, dog racing, auto racing, etc.

03 **Sports Betting**—Includes legal and illegal gambling on the outcome of sporting events, i.e., betting pools, etc.

04 **Cards**—Includes any card game that is played for stakes

05 **Bingo**—Attendance at organized bingo games having cash payouts

06 **Lotteries**—Includes all government and privately licensed lotteries

07 **Casinos**—Gambling at licensed gaming establishments

08 **Stock Market**—Includes speculation on stock exchanges, commodities, and futures markets, etc.

XX **Other**—Include here forms of gambling that do not fall into any of the above categories.

Frequency

For each TYPE of gambling selected, check the appropriate frequency range. Select **one** per type only.

Total Amount ($) Gambled per Month

Place a check mark in the bucket for the dollar range that covers the amount that the client gambles, on average, per month. Select **one only**.

Source of Funds Gambled

Place a check in the bucket(s) for the source(s) or funds the client gambles with. Select **all that apply**.

1 **Income / Salary**—Includes income from wages, investments, annuities, employment pensions, inheritances, gifts, etc.

2 **Household Income**—Includes household expense money for homemakers not employed outside the home, allowance monies, etc.

3 **Government Assistance**—Includes social assistance payments, UI, Workers Compensation payments, disability pensions, seniors' pension, supplements, etc.

4 **Personal Borrowing**—Includes money borrowed from family, friends, and acquaintances

5 **Institutional Borrowing**—Borrowing from banks, trust companies, and other financial institutions

6 **Pawning Goods**—Includes money derived from pawning or sale of personal goods.

7 **Illegal Activities**—Includes money obtained through illegal activities such as loan sharking, theft, fraud, etc.

How Long Has Gambling Been a Problem?

Place a check in the bucket describing the length of time the client has experienced problems with gambling. Select **one only**.

Attempts Made to Quit Gambling

Place a check in the bucket indicating the number of attempts that the client has made to quit gambling activities.

In Which Areas Has Gambling Had Adverse Effects?

Adverse effects are defined as negative consequences resulting from the individual's gambling activities. Place a check in the buckets describing those life areas adversely affected. Select **all that apply**.

1 **Marital / Relational**—Adverse effects in relations with spouse, significant others, or family members: for example, divorce, separation, absences, violence.

2 **Employment**—Adverse effects in employment situation: for example, deterioration in quality of work performance, increased absenteeism, reprimands, EAP referrals, suspension, or termination.

3 **Legal**—Adverse legal effects including charges, investigations, lawsuits, convictions, probation, parole, or restitution.

4 **Financial**—Adverse effects in financial situation: for example, unpaid debt resulting in collection efforts, overdue notices, termination or denial of credit, and poor credit rating.

5 **Social**—Adverse effects in the social sphere including loss of or avoidance by friends, loss of community standing, ostracism from gambling activities, violence, or threats.

6 **Physical Health**—Adverse effects on physical health: for example, increase in medical complaints (i.e., ulcers / stress), deterioration in self-care behaviours (i.e., changes in patterns of sleep, eating, exercise, and relaxation).

7 **Mental Health**—Adverse effects on mental health status: for example, increase in psychological complaints, such as depression, agitation, emotional stress, inability to concentrate, etc.

8 **School**—Adverse effects in educational arena: for example, deterioration in grades, increased absenteeism, disciplinary reprimands, missed or postponed deadlines, suspension, expulsion, or quitting.

Distance Usually Travelled to Gamble

Place a check in the bucket that describes the distance the individual normally travels in order to gamble. Select **one only**.

Self-Help Attendance Last Year

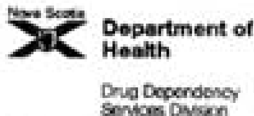
Place a check in the bucket(s) denoting the type of self-help contact the individual has had in the previous 12 months. Select **all that apply**.

1 **None**—No self-help contact.

2 **Gamblers Anonymous**—Attendance at GA meetings.

3 **Substance Related**—Includes AA, NA, etc.

4 **Relational Self-Help**—Includes AlAnon, Alateen, NarAnon, GamAnon, etc.



Nova Scotia Department of Health

Drug Dependency Services Division

Gambling Profile

CLIENT NAME ______________________________

CASE NUMBER [| | | | | |]

FACILITY / DEPARTMENT [| |]

DATE [Day | Month | Year]

TYPE	FREQUENCY (One Per Type Only)					
☐ Video Lotto Terminals	☐ Daily	☐ 2 - 6 Per Week	☐ Weekly	☐ Bi-Weekly	☐ Monthly	☐ 2 - 11 Per Year
☐ Track	☐ Daily	☐ 2 - 6 Per Week	☐ Weekly	☐ Bi-Weekly	☐ Monthly	☐ 2 - 11 Per Year
☐ Sports Betting	☐ Daily	☐ 2 - 6 Per Week	☐ Weekly	☐ Bi-Weekly	☐ Monthly	☐ 2 - 11 Per Year
☐ Cards / Games	☐ Daily	☐ 2 - 6 Per Week	☐ Weekly	☐ Bi-Weekly	☐ Monthly	☐ 2 - 11 Per Year
☐ Bingo	☐ Daily	☐ 2 - 6 Per Week	☐ Weekly	☐ Bi-Weekly	☐ Monthly	☐ 2 - 11 Per Year
☐ Lotteries	☐ Daily	☐ 2 - 6 Per Week	☐ Weekly	☐ Bi-Weekly	☐ Monthly	☐ 2 - 11 Per Year
☐ Casinos	☐ Daily	☐ 2 - 6 Per Week	☐ Weekly	☐ Bi-Weekly	☐ Monthly	☐ 2 - 11 Per Year
☐ Stock Market	☐ Daily	☐ 2 - 6 Per Week	☐ Weekly	☐ Bi-Weekly	☐ Monthly	☐ 2 - 11 Per Year
☐ Other ________ (Specify)	☐ Daily	☐ 2 - 6 Per Week	☐ Weekly	☐ Bi-Weekly	☐ Monthly	☐ 2 - 11 Per Year

TOTAL ($) AMOUNT GAMBLED PER MONTH:

- ☐ 1 - 50
- ☐ 51 - 100
- ☐ 101 - 300
- ☐ 301 - 500
- ☐ 501 - 999
- ☐ 1000 +

SOURCE OF FUNDS GAMBLED: (Check All That Apply)

- ☐ Income / Salary
- ☐ Household Income
- ☐ Government Assistance
- ☐ Personal Borrowing
- ☐ Institutional Borrowing
- ☐ Pawning Goods
- ☐ Illegal Activities

HOW LONG HAS GAMBLING BEEN A PROBLEM?

- ☐ Less than one year
- ☐ 1 - 3 years
- ☐ 4 - 6 years
- ☐ 7 + years

ATTEMPTS MADE TO QUIT GAMBLING:

- ☐ Never
- ☐ 1 - 4
- ☐ 5 - 9
- ☐ 10 +

IN WHICH OF THE FOLLOWING AREAS HAS GAMBLING HAD ADVERSE EFFECTS? (Check All That Apply)

- ☐ Marital / Relational
- ☐ Employment
- ☐ Legal
- ☐ Financial
- ☐ Social
- ☐ Physical Health
- ☐ Mental Health
- ☐ School

DISTANCE USUALLY TRAVELLED TO GAMBLE?

- ☐ 1 - 10 km
- ☐ 11 - 50 km
- ☐ 50 - 200km
- ☐ Over 200 km

SELF-HELP ATTENDANCE LAST YEAR? (Check All That Apply)

- ☐ None
- ☐ Gamblers Anonymous
- ☐ Substance Related
- ☐ Relational Self-Help

EMPLOYEE SIGNATURE ______________________________ STAFF I.D. [| | | | |]

Resource List on Gambling

"The sure way of getting nothing for something."
Wilson Mizner

This resource list represents some of the items on gambling and problem gambling found in the library of Drug Dependency Services. It is not intended as a comprehensive treatment of the subject. Prevention information on gambling is in the developmental stages.

Books

Allison, Loraine. *When the Stakes Are Too High: A Spouse's Struggle to Live with a Compulsive Gambler.* St. Meinrad, IN: Abbey Press, 1991.

The author describes the pain and humiliation of life with a problem gambler.

Custer, Robert, and Harry Milt. *When Luck Runs Out: Help for Compulsive Gamblers and Their Families.* New York: Warner Books, 1985.

Illustrated with case histories, this self-help classic provides problem gamblers with guidelines for recognizing the problem and starting on the road to recovery.

Davis, Bertha. *Gambling in America: A Growth Industry.* New York: Franklin Watts, 1992.

This easy-to-read look at the American gambling industry covers casinos, horse racing, lotteries, and sports betting. Additional chapters focus on problem gamblers and legalization.

Eadington, William R., and Judy A. Cornelius, eds. *Gambling and Commercial Gaming: Essays in Business, Economics, Philosophy and Science.* Reno, Nevada: Institute for the Study of Gambling and Commercial Gaming, College of Business Administration, University of Nevada, 1992.

Based on the proceedings of the Eighth International Conference of Risk and Gambling, this academic volume examines the industries of gaming, including the casino business, lotteries, pari-mutuel horse racing, and sports wagering. Bibliographical references make it useful for the researcher.

Manteris, Art, and Rick Talley. *Superbookie: Inside Las Vegas Sports Gambling.* Chicago: Contemporary Books, 1991.

A fascinating look at high-stakes bookmaking in Las Vegas. Describes the city's colourful history and its infamous characters, past and present.

Moody, Gordon. *Quit Compulsive Gambling: The Action Plan for Gamblers and Their Families.* Wellingborough, England: Thorsons Publishers, 1990.

Written by the honorary founder of Gamblers Anonymous, this British book provides problem gamblers and their families with realistic ideas for breaking the habit and regaining control of their lives.

McGurrin, Martin C. *Pathological Gambling: Conceptual, Diagnostic, and Treatment Issues.* Sarasota, Fl.: Professional Resource Press, 1992.

Presents an historical overview of gambling and discusses the treatment of problem gambling using illustrative case studies.

Rosecrance, John. *Gambling Without Guilt: The Legitimization of an American Pastime.* Pacific Grove, Calif.: Brooks / Cole, 1988.

The author provides a framework to explain what goes on in the mind of a gambler. He also examines the flourishing gambling industry and its future.

Ross, Gary. *No Limit: The Incredible Obsession of Brian Molony.* New York: William Morrow, 1987.

The compelling story of the Canadian banker and compulsive gambler, Brian Molony, whose obsession led to the biggest bank swindle in history.

Shaffer, Howard J., et al., ed. *Compulsive Gambling: Theory, Research and Practice.* Lexington, Mass.: D.C. Heath, 1989.

A fascinating glimpse into the theories of problem gambling, models for treatment, and policy implications. A chapter devoted to current research focuses on the noticeable gaps in the literature of gambling.

Journal Articles

Berman, Linda. "Compulsive Gambling: The Invisible Illness." *Student Assistance Journal*, (January / February 1990): 17–22.

Discusses gambling among adolescents and the role of student assistance programs in the school system. Useful for teachers.

Brenner, Gabrielle A. "Why Do People Gamble?: Further Canadian Evidence." *Journal of Gambling Behavior*, 2,2 (Fall / Winter 1986): 121–129.

Examines the characteristics of lottery ticket buyers.

Campbell, Colin S. "Gambling in Canada." In *Canadian Criminology: Perspectives on Crime and Criminality*. Toronto: Harcourt Brace Jovanovich, 1991.

Provides a history of gambling in Canada and discusses the state and gambling revenues.

Filteau, Marie-Josée, et al. "Le Jeu Pathologique: une Revue de la Littérature." *Revue Can. de Psychiatrie*, 37 (Mars 1992): 84–90.

Griffiths, Mark. "Fruit Machine Gambling: The Importance of Structural Characteristics." *Journal of Gambling Studies*, 9,2 (Summer 1993): 101–120.

This article discusses the importance of structural characteristics, such as payout ratio, skill, win probability, near miss, and colour in fruit machine gambling. It demonstrates that the characteristics of fruit machines have the potential to induce individuals to gamble excessively.

Prevalence

Culleton, Robert P. "The Prevalence Rates of Pathological Gambling: A Look at Methods." *Journal of Gambling Behavior*, 5,1 (Spring 1989): 22–41.

Examines three different ways of determining prevalence of problem gambling.

Dickeson, Mark, and John Hinchy. "The Prevalence of Excessive and Pathological Gambling in Australia." *Journal of Gambling Behavior*, 4,3 (Fall 1988): 135–151.

Estimates prevalence rates for poker machine playing and off-course betting in the Australian Capitol Territory.

Elia, Christopher, and Durand F. Jacobs. "The Incidence of Pathological Gambling among Native Americans Treated for Alcohol Dependence." *The International Journal of the Addictions*, 28,7 (1993): 659–666.

The first study to measure problem gambling in a native population.

Ladouceur, Robert. "Prevalence Estimates of Pathological Gambling in Quebec." *Canadian Journal of Psychiatry*, 36,10 (December 1991): 732–734.

Presents the results of a province-wide study in Quebec based on telephone interviews. Current prevalence of problem gambling is 1.2 per cent.

Volberg, Rachel A., and Henry J. Steadman. "Prevalence Estimates of Pathological Gambling in New Jersey and Maryland." *American Journal of Psychiatry*, 146,12 (December 1989): 1618–1619.

Surveys gambling behaviour of 1,750 adults in New Jersey and Maryland. Shows differences exist between problem and pathological gamblers in the general population and those entering treatment.

Haustein, Jochen, and Georg Schurgers. "Therapy with Male Pathological Gambler: Between Self Help Group and Group Therapy—Report of a Developmental Process." *Journal of Gambling Studies*, 8,2 (Summer 1992): 131–142.

Contains recommendations for the treatment of gamblers in group therapy.

Lesieur, Henry R., and Sheila B. Blume. "The South Oaks Gambling Screen (SOGS): A New Instrument for the Identification of Pathological Gamblers." *American Journal of Psychiatry*, 144,9 (September 1987): 1184–1188.

This gambling screen is a 20-item questionnaire based on the criteria of DSM-III. Presents a useful method of screening clinical populations of alcoholics and substance abusers, as well as general populations, for problem gambling.

Lesieur, Henry R., and Richard J. Rosenthal. "Pathological Gambling: A Review of the Literature (Prepared for the American Psychiatric Association Task Force on DSM-IV Committee on Disorders of Impulse Control Not Elsewhere Classified)." *Journal of Gambling Studies*, 7,1 (Spring 1991): 5–39.

A useful review of the literature on problem gambling. Outlines the career of a problem gambler. Looks at research into gambling and family issues, children, crime, and financial difficulties. Provides information on treatment outcome studies.

Lorenz, Valerie C. "Some Treatment Approaches for Family Members who Jeopardize the Compulsive Gambler's Recovery." *Journal of Gambling Studies*, 5,4 (Winter 1989): 303–312.

Case studies show that interpersonal conflict is a frequent reason for the problem gambler's relapse. Treatment suggestions help members of the gambler's family participate in the recovery process.

McConaghy, Nathaniel. "A Pathological or a Compulsive Gambler?." *Journal of Gambling Studies*, 7,1 (Spring 1991): 55–64.

A case study of a 65-year-old female gambler.

Information Pamphlets

Are You At Risk Of Becoming A Problem Gambler?. Halifax: Nova Scotia Department of Health. Drug Dependency Services Division, 1993.

Compulsive Gambling. Baltimore: Compulsive Gambling Center.

Compulsive Gambling ... Willowdale, Ont.: Canadian Foundation on Compulsive Gambling (Ontario).

Do You Know Someone With A Gambling Problem? Halifax: Nova Scotia Department of Health. Drug Dependency Services Division, 1993.

Early Signs of Compulsive Gambling. Center City, MN: Hazelden, 1986.

Gamble With Your Head ... Not Over It!. Willowdale, Ont.: Canadian Foundation on Compulsive Gambling (Ontario).

Heineman, Mary. *When Someone You Love Gambles*. Center City, MN: Hazelden, 1988.

High Stakes. Willowdale, Ont.: Canadian Foundation on Compulsive Gambling (Ontario).

Lorenz, Valerie C. *Standing Up To Fear*. Center City, MN: Hazelden, 1989.

A Lottery Agent's Guide To Compulsive Gambling. Baltimore: National Center for Pathological Gambling.

Teen Gamblers. Baltimore: Compulsive Gambling Center.

Newspaper Articles

January 4, 1992: "Gambling Group Had Odds Against It." *Globe and Mail.*

February 26, 1992: "Video Gambling: High Stakes." Mail-Star.

April 18, 1992: "Quebec Plans Casinos, Report Says." *Globe and Mail.*

May 2, 1992: "Casino Gambling Overdue—and Overdone." *Globe and Mail.*

May 11, 1992: "Manitoba Sets Gambling Pace." *Globe and Mail.*

May 21, 1992: "Indian Casinos One Way to Renewal." *Globe and Mail.*

July 29, 1992: "N.B. Considers Casinos to Increase Revenues." *Globe and Mail.*

August 7, 1992: "The Real Gambling Addict: Government." *Globe and Mail.*

January 21, 1993: "N.S. Clamps Down On Video Gambling: $50,000 Set Aside to Create Canada's First Program for Addicts." *Globe and Mail.*

January 23, 1993: "Recorking the Genie." *Mail-Star*.

Spirituality and Problem Gambling and Addiction

When some of us see the word "spirit" we think of that old YWCA or YMCA triangle, "Body, Mind and Spirit.." We are part body, part mind, and part spirit. We human beings are made up of three dimensions: the physical, the mental, and the spiritual. We are unified persons; that is we are totally biological, totally mental, and totally spiritual. When something is wrong with one of these areas it affects the other two. We are singular beings who can be viewed as fully biological beings, as animals. There is no part of us, including our minds, that cannot be understood biologically. We are also fully chemical beings; all of the processes in us can be analyzed chemically, from the working of our liver to endocrine and cerebral aspects of our emotional states. We are also mental beings. Psychology and psychiatry and their subdisciplines study us as well. Just as our thoughts can be analysed chemically; so also, our bodily processes can be understood psychologically.

We are not isolated individuals, apart from our social relationships. Therefore, the disciplines of sociology and economics study us in relationships with others in various levels of social organization. All this leads us to realize that we are also totally spiritual beings. The distinctive task of the "spiritual" disciplines such as theology and philosophy is to study human beings in terms of their reasons for living. *What is it to be human? Is there a right and wrong? What am I here for?*

These are spiritual questions; but their answers, and the seeking of their answers have a bearing on our whole lives. Dr. Viktor Frankl has called it "Man's Search For Meaning." If persons believe that they have no capacity to affect the world around them, and that there is no relationship between *effort* and reward, that spiritual attitude can have biological and psychological results.

Gambling, for example, will result in habits being formed. Psychologically, gamblers come to love the rush of excitement, or the high, that comes from winning and become dependent on it. *Spiritually* they have come to find meaning for their lives in the activity of gambling; it gives shape, purpose, and worth to their day-to-day living.

Addictions have a dual capacity to give meaning and to destroy what meaning we might have had. We pursue this promise of meaning by using or maintaining our addictions; yet it leaves us void of hope and meaning.

Even more, the devastating biological, psychological, economical, and sociological consequences of addiction, whether this be substance addiction or process, add their own twists to a meaningless life, creating a sense of futility.

By the time we have become addicts, the experience to which we have become addicted has become the central activity in our lives. It has affected our physiological selves, at least in terms of becoming a habit in our brains. It has affected our psychological selves, for we view the world as a place to gratify our addiction and panic if we think it won't. It has affected our spiritual selves, for it provides a clear centre of worth and meaning to us.

This is why in recovering from addiction it is important to deal with the whole person. Stopping a behaviour is the first step, but only a first step. We then have to learn *a new way of life*. This is where 12-step programs are of much help. At the very least, meetings can become our central activity instead of the addiction. But the new way of life is something that needs to become a habit just as the addiction formerly was. It has a physiological, psychological, sociological, and a spiritual dimension to it.

What Is Spirituality?

Spirituality is the dimension of our lives that deals with meaning—reason for living. It is often basic to the way we live our lives because it provides the way we view the world and the way we view our relationships with others.

The development of a system of spiritual beliefs cannot take place in isolation; it needs to be nurtured in a community that is comprised of not only teaching but by its care for us, its rites and rituals, its everyday way of live. As spiritual beings we are nurtured by every other dimension of our being—by eating, by learning, by music, by imagining, by caring and being cared for, by keeping healthy and fit. All these are spiritual disciplines.

Our spirituality is human life as it is learned and shaped by meaning and value, it is all of human life and not just a part of it. It affects all of human relationships with self and others. What we believe to be meaningful and worthwhile will affect how we experience the world, ourselves, and others. It will affect our physical well-being as well as our social relationships; it will determine if we will experience a need for one or more addictive experiences.

Recovering from addiction is a way life in which we are totally engaged. To speak of spirituality is to refer to the whole of life.

Spirituality Self-Assessment Scale

The following test will help you assess various aspects of your spiritual life.
It should be noted that few of the statements have any religious connotation; spirituality is not equated with religion.

	Never	Sometimes	Often	Always
1. I live in the Here & Now	❑	❑	❑	❑
2. I know there is a power greater than I.	❑	❑	❑	❑
3. I turn the negative things in my life into the positive.	❑	❑	❑	❑
4. I regularly practise some form of meditation or prayer.	❑	❑	❑	❑
5. I feel very open to learning about myself from others.	❑	❑	❑	❑
6. I exercise regularly.	❑	❑	❑	❑
7. I am amused about or laugh at myself.	❑	❑	❑	❑
8. I am able to concentrate or focus on what I am doing.	❑	❑	❑	❑
9. I accept "what is."	❑	❑	❑	❑
10. I regularly take time off for myself for recreation.	❑	❑	❑	❑
11. I regularly work at a self-help program.	❑	❑	❑	❑
12. Even though I do not always get what I want, I see everything that happens to me as "perfect," i.e., just the way it should be.	❑	❑	❑	❑
13. I love someone and feel loved by someone important to me.	❑	❑	❑	❑

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