The Nexus of Substance Misuse Prevention and Problem Gambling Prevention

Introduction

This information sheet captures highlights from the Great Lakes Prevention Technology Transfer Center (PTTC) webinar, the "Nexus of Substance Misuse Prevention and Problem Gambling Prevention." Gambling disorders are highly comorbid with other mental health and substance use disorders. Understanding the overlap between these two behavioral health problems offers an opportunity for prevention specialists to share data, create effective strategies, stretch limited resources, develop new contacts and build relationships, and avoid duplication of efforts.

Intersection

The webinar begins with an examination of the intersection between problem gambling and substance misuse. This delves into not only how often the two co-occur and why, but also how they are similar as behavioral health issues and—perhaps more importantly—how they differ. The details below offer insight into the connection:

- Co-occurrence rate between substance misuse and problem gambling: 25%–63% (Center for Substance Abuse Treatment, 2005).
- Problem gambling rates among those who misuse substances are 4 to 10 times more likely than that of the general population (Spunt, 1998).
- In a survey of youth and addictive behaviors, gambling occurs at higher rates than alcohol, tobacco, and other drug use (Derevensky, 2018).
- Teens who gamble are more likely to use illegal drugs (Massachusetts Department of Public Health, n.d.).

How are these two behavioral health issues similar?

- Definitions for both substance misuse and problem gambling include use and behavior that result in a negative impact on a person's life. The diagnostic criteria for problem gambling in the Diagnostic and Statistical Manual of Mental Disorders were modeled after the substance misuse criteria to reflect the similarities (Jazaeri and Habil, 2012).
- Working with youth is a priority for both prevention fields. The brain does not fully
 develop until individuals reach their early twenties, meaning teens may act impulsively or
 make poor decisions (New York Council on Problem Gambling, n.d.).



- Anticipating a win in gambling can produce the same effects on the brain as euphoria-inducing drugs (Jazaeri and Habil, 2012).
- Other similarities:

Legal and illegal forms
 Regulated and promoted by state
 Stigma

Negative consequences
 Culture influences use
 Recovery is possible

How are substance misuse and problem gambling different?

- While parental (and teacher) perception of harm is high for drug use, alcohol use, and drinking and driving, perception of harm for gambling is comparatively low.
- For problem gambling, cognitive therapies can modify underlying cognitive distortions, such
 as unrealistic confidence in winning (Jazaeri and Habil, 2012). Prevention and treatment of
 problem gambling often rely on educating at-risk populations about mathematical probability
 and demonstrating that skill and knowledge have little influence on gambling outcomes.
 Cognitive distortions in substance misuse—that is, underestimating one's use or its impact
 on family members—are typically seen as peripheral or defense mechanisms (Jazaeri and
 Habil, 2012).
- Treatment for problem gambling includes a significant focus on financial assessment (access to cash, credit card use, and debt management) (Jazaeri and Habil, 2012).
- Other differences:
 - Gambling is often a hidden addiction.
 - One can't physically overdose on gambling or be tested for it.
 - Fewer resources are available for the prevention and treatment of gambling problems.

Types of Gambling

Prevention practitioners should keep in mind the wide range of activities that can be considered gambling:

LotteryKeno

Raffles
 Scratch tickets
 Casinos
 Blackjack
 Dice games
 Sports betting

Private wagering
 Arcade games and claw games

Racetracks
 Bingo
 Video games (e.g., "loot box" purchases, which are virtual prizes of unknown value

Video poker
 purchased in free-to-play games)



Some types of gambling may be more likely than others to co-occur with substance use disorders, for example, the use of slot machines in casinos (Center for Substance Abuse Treatment, 2015).

Shared Risk and Protective Factors

How can prevention professionals address both issues? We can begin by understanding the shared risk factors underlying both problems as well as the protective factors that buffer the impact of risk factors. **Risk factors** increase the likelihood of substance misuse or problem gambling (Communities that Care, n.d.). **Protective factors** mitigate risk by reducing the impact or by encouraging healthy strategies to cope or respond (Communities that Care, n.d.). The following are risk and protective factors that can influence both problem gambling and substance misuse.

Shared Risk Factors

The risk factors listed below can impact the risk of both problem gambling and substance misuse. These risk factors are divided into sections based on the social domain in which they are experienced.

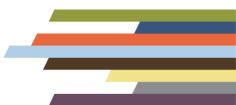
Individual/Peer	Family	Community
 Poor impulse control High sensation seeking Early use or exposure Behavioral problems Depression Childhood trauma Peer gambling/use 	 Family history of addiction Lack of parental objections and/or knowledge Familial attitudes 	 Accessibility Lack of community awareness Social acceptance Media, such as alcohol and lottery ads

Shared Protective Factors

The protective factors listed below can provide protection against future problem gambling and substance misuse (Wanner, 2009):

- Social bonding and support
- Parental supervision
- Adaptive coping strategies
- Emotional intelligence

- Resilience
- Interpersonal skills
- Social competence
- School connectedness



Collaboration Strategies

Organizations can collaborate when working through the steps of the Strategic Prevention
Framework (assessment, capacity, planning, implementation, and evaluation). The Substance Abuse and Mental Health Services Administration (SAMHSA) guide presents a way to understand and address behavioral health problems at the community level (SAMHSA, 2019). You can also find more collaboration resources in the Prevention Collaboration in Action Toolkit.

Key Takeaways

Be aware of how gender, culture, and age often impact drugs of choice, gambling participation, and substance use patterns.

For example, gamblers seeking treatment are generally White, middle-aged men, while gamblers in the general population tend to be women, minorities, and people who have less education. Awareness of important cultural traditions, including popular games and holidays, can aid prevention and treatment efforts.

Focus on populations.

The Institute of Medicine framework or "the continuum of care" delineates levels of risk (Washington State Health Care Authority, n.d.). For both problem gambling and substance misuse prevention programs, a clear understanding of the population of focus can sharpen messaging and point to resources and partners.

- Universal: This level encompasses the interventions designed to address the general population, not just those individuals at risk. For example, advertising practices or policies that limit access for youth.
- **Selective:** This level of interventions focus on populations with increased risk factors or reduced protective factors.
- Indicated: This level includes interventions for individuals already engaged in harmful behaviors.

Document and evaluate.

Document the story of your intervention, any necessary adjustments, and the expected outcomes.



Apply strategies from other prevention efforts. For example:

- Center for Substance Abuse Prevention's Six Prevention Strategies (Community Prevention Institute, n.d.):
 - Information dissemination: Increase awareness of the nexus through videos, social media, pamphlets, webinars, and more.
 - Education: Partner with substance misuse programs in schools or parenting classes.
 - Alternative activities: Redirect youth away from problem settings and sponsor recreational events.
 - Problem identification and referral: Identify those most at risk.
 - Community-based process: Assess community needs, train educators and prevention specialists, and encourage interagency collaboration.
 - Environmental strategies: Advocate for community-wide strategies. For example: ID checks for lottery purchases or casino entry.
- Seven Strategies for Community Change from the Community Anti-Drug Coalition of America (CADCA, n.d.):

These initiatives can reinforce one another to achieve change for individuals and a community through the following:

- Providing information
- Building skills
- Providing support
- Enhancing access and reducing barriers
- Changing consequences (incentives or disincentives)
- Physical design
- Modifying policy
- Massachusetts Center of Excellence on Problem Gambling Prevention (MCOEPGP) recommends prevention practices that accomplish the following:
 - Change the conditions in the environment
 - Support the development of knowledge and skills
 - Ensure prevention efforts are tailored to a population's level of risk
 - Ensure prevention efforts are integrated into existing public health prevention efforts
- Resources for evidence-based programs include the following:
 - The Athena Forum
 - Blueprints for Healthy Youth Development
 - Massachusetts Center of Excellence on Problem Gambling Prevention
 - SAMHSA's Evidence-Based Practices Resource Center



Learn More

Due to limited resources—and community perceptions and messaging—problem gambling has not always been fully addressed in impacted communities. Prevention professionals can increase the number of individuals they reach by learning more about the nexus between substance misuse and problem gambling highlighted in this <u>webinar</u>, collaborating with partner organizations, and adapting evidence-based programs to their populations.



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