Comments On NIDA 2016-2020 Strategic Plan

National Council on Problem Gambling
January 30, 2015

The National Council on Problem Gambling (NCPG) is pleased to provide comments on the NIDA 2016-2020 Strategic Plan. NCPG’s vision is to improve health and wellness by reducing the personal, social and economic costs of problem gambling. Our purpose is to serve as the national advocate for programs and services to assist problem gamblers and their families. Our mission is to lead state and national stakeholders in the development of comprehensive policy and programs for all those affected by problem gambling.

Gambling addiction is a significant public health concern characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences. The American Psychiatric Association defines gambling disorder as: “Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress” that meets at least four of nine criteria.¹

The past-year prevalence rate of problem gambling in adults in the US is 2.2%.² In addition to those presenting with the disorder, millions of individuals representing spouses, children, parents, family members, employers, neighbors and the general community are negatively impacted by this disorder.

Strategic Priority: Basic Neuroscience

In order to increase knowledge of factors involved in risk and resilience of addiction gambling addition should be included in NIDA research. The new DSM 5 Substance-Related and Addictive Disorders category includes gambling addiction, "reflecting evidence that gambling behaviors activate reward systems similar to those activated by drugs of abuse and produce some behavioral symptoms that appear comparable to those produced by the substance abuse disorders." It is likely that the prevention of gambling addiction will reduce costs and consequences of other disorders, as "at a minimum, the rate of problem gambling among people with substance use disorders is four to five times that found in the general population."³

Several of the high risk populations identified in the current NIDA Strategic Plan have been found to be at higher risk for gambling problems. Adolescents are one such group, as 2.1% of youth are classified as past-year problem gamblers, and another 6.5% meet two to four criteria for pathological gambling and are therefore considered at-risk for a gambling problem. Adolescents with gambling problems are twice as likely to binge drink and to use illegal drugs. In addition, student behavior surveys have consistently shown that gambling participation is correlated to elevations in all known risk factors, and decreases in all known protective factors, for youth as they relate to substance use and anti-social behaviors.

Other high-risk groups include males (prevalence of problem gambling in men has been found to be 2 to 3 times higher than in women) and racial/ethnic minorities; individuals with a family history of gambling (elevated rates of problem and pathological gambling have been found in twins of males with gambling problems); veterans and individuals with disabilities.

**Strategic Priority: Clinical and Translational Science.**

There are no FDA approved medications for gambling addiction, though there are promising clinical trials. In addition, dopamine agonist medications were much more likely to be associated with reports of impulsive behaviors compared to other drugs reported in the FDA database, and gambling was the most frequent behavior.

**Strategic Priority: Public Health**

Gambling addiction is an emerging public health priority given the unprecedented amount of existing and expanding gambling. Legalized gambling is now available in 48 states and 80% of adults gambled at least once in the year; 15% at least weekly. The estimated six million adult problem gamblers are five times more likely to have co-occurring alcohol dependence, four times more likely to abuse drugs, three times more likely to be depressed.

As problem gambling is integrated into health systems, treatment for gambling problems will reduce social costs generated by untreated problem and pathological gamblers and may provide cost savings for states through improved recovery rates and decreased demand on traditional public sector substance

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6 Advancing Health Through System Reform-Problem Gambling. NCPG (2009).
8 Moore TJ, Glennullen J, Mattison DR (2014) Reports of pathological gambling, hypersexuality, and compulsive shopping associated with dopamine receptor agonist drugs. *JAMA Internal Medicine*. Published online October 20, 2014
abuse and mental health systems. Individuals with gambling problems report committing crimes to finance their gambling at extremely high rates, and studies of arrestees find rates of gambling problems 3 to 5 times higher than the general population.10 Undetected and untreated gambling problems may exacerbate relapse and recidivism. By providing recovery and therapeutic approaches that are appropriate for problem gamblers and their families, it is hypothesized that recovery rates will increase for a wide variety of health and substance abuse disorders.

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