DSM-5, ACA, & Gambling Disorders: Opening The Door Wider To Prevention, Treatment, and Recovery

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
U.S. Department of Health & Human Services

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“...we need to see [to] it that men and women who would never hesitate to go see a doctor if they had a broken arm or came down with the flu, that they have that same attitude when it comes to their mental health.”

President Barack Obama
Gambling Disorders Prevention, Treatment, and Recovery: Building the Foundation

2013 NATIONAL SURVEY OF PROBLEM GAMBLING SERVICES

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Prepared by Problem Gambling Solutions, Inc.

Prepared for:

NCPG
National Council on Problem Gambling

APGSA
Association of Problem Gambling Service Administrators
Today’s Topics

- Overview
- DSM-5
- ACA
- Recovery-Oriented Systems of Care
- Snapshot of SAMHSA Resources
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Gambling Disorders (GDs) & SUDs: Intertwined Public Health Challenges

“I’m really in trouble with my gambling. It is out of control. I just got into a recovery program for my drinking. It seems like whenever I gamble, I have a much harder time not drinking. And when I drink, my gambling really takes off.

I just wish I could stop.”

– George, age 32

http://www.masscompulsivegambling.org/stuff/contentmgr/files/75736a05fb001ca0be5cf405f4759f3b/download/2011_gd_sud_factsheet.pdf
Gambling Disorders and SAMHSA’s Mission

SAMHSA’s mission is to reduce the impact of MH/SUDs on individuals, families, and communities.

- SAMHSA recognizes the interdependencies of gambling disorders and MH/SUDs, and the importance of addressing these co-occurring disorders in a cogent, coordinated, comprehensive manner.
Gambling in the U.S.

- Approximately 85% of U.S. adults have gambled at least once in their lives; 60% in the past year.
  - 2 million (1%) of U.S. adults are estimated to meet criteria for pathological gambling in a given year.
  - Another 4-6 million (2-3%) are estimated to be problem gamblers.
Consumer Spending by State: FY2012 Lottery Sales, 2012 Casino Revenue, 2011 Tribal Gaming Revenue

Notes:
1. Citing confidentiality, the following state’s tribal gaming revenues are not included: AL, AK, CO, MS, NE, NV, NC, TX, and WY
2. Figure does not depict legal gaming revenue originating from; pari-mutual wagering, card rooms, social gaming, and charitable gaming

Gambling and MH/SUDs in the U.S.

According to the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC):

- 73.2% of pathological gamblers had an alcohol use disorder
- 38.1% had a drug use disorder
- 60.4% had nicotine dependence
- 49.6% had a mood disorder
- 41.3% had an anxiety disorder
- 60.8% had a personality disorder
- 15-20% attempt suicide

While the SSAs in some states oversee GD services in conjunction with overall MH/SUD services, other states have a separate authority with specific oversight of GD services or do not have a specific public authority designated for oversight of GD services (e.g., AL, AK, Washington D.C.*).

Surveys indicate that funding streams for GD services vary widely, frequently including funds from the state gaming and/or tribal gaming industries; and less frequently including Medicaid and/or 3rd party private reimbursement.

Total number of states reporting publicly funded problem gambling services increased from 37 in 2010 to 39 in 2013.

Total amount of public funding allocated for problem gambling services in the U.S. was $60.6 million in 2013.

- On a state-by-state basis, the amounts ranged from Washington, D.C. and the 11 states that provided zero dedicated funding to CA that reported $8.7 million in funding.

2013 Per Capita Public Allocation for Problem Gambling Services by U.S. States

Includes only funds line itemed for problem gambling services and passing through a state agency. Missing states do not fund problem gambling services through legislative actions or utilize state agency budgets line itemed for problem gambling services. U.S. average is based on all 50 states, including the 11 states without public funding but not including Washington, D.C.

Per Capita Funding Trends for Problem Gambling Services

Average per capita funding level across all states with public funding dropped slightly between 2010 and 2013 from 34 cents to 32 cents per capita.

Individually, a nearly equal number of states reported decreased funding (n=20) as those that reported funding increases (n=19) since the 2010 survey.

Moving Forward: Granular, State-Level Metrics are Essential

➔ To better identify need and unmet needs, and to determine the most effective, efficacious funding streams, it is imperative that we obtain state-level data that documents in even greater detail: GD epidemiology; treatment need and unmet needs; treatment services provided; funding streams; treatment outcomes; and treatment barriers.

➔ With this ever more granular data in hand, DSM-5 and the ACA open the door to more comprehensive, integrated, and evidence-based (EB) GD services especially for our underserved, high risk, and vulnerable populations.
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DSM-5 Reflects a More Holistic Approach to Health, Consistent with Health Reform & the ACA

- DSM-5 eliminates the multiaxial system (Axes I, II, III, IV and V) to document diagnoses, functioning, and psychosocial factors.
- Instead, DSM-5 provides a diagnoses list to reflect the whole person, not separating mental disorders from physical and general medical conditions.

DSM-5: Reclassification of Gambling

- Contains significant changes to “Substance-Related and Addictive Disorders”.
  - Places “Gambling Disorder” in “Substance-Related and Addictive Disorders”, under “Non-Substance-Related Disorders”.

- Change reflects scientific research findings that indicate that GD is similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology, and treatment.

DSM-5 Gambling Reclassification Implications

- Opens the door to coverage under MH/SUD-related provisions of the ACA & health reform.
- Improves diagnostic accuracy and screening efforts.
- Supports more appropriate treatment and services.
- Facilitates integration/bundling of services and payment processes with MH/SUDs services and primary care (e.g., SBIRT).
- Increases public health awareness, and raises visibility among health care providers, insurers, and policy makers.
- Accelerates research and development of more robust, evidence-based practices.
DSM-5 and Insurance

- DSM-5 was developed to facilitate seamless transition into immediate use by clinicians and insurers to maintain continuity of care.
- Represents a step forward in more precisely identifying and diagnosing mental disorders.
- Completely compatible with the HIPAA-approved ICD-9-CM coding (and updated ICD-10-CM).
- Can be used immediately for diagnosing mental disorders.
  - Change in format from a multi-axial system may result in a brief delays while insurance companies update claim forms and reporting procedures to accommodate new format.

DSM-5: The Science behind the Medicine

- DSM-5 provides the scientific, medically necessary framework for advances in GD health care, policy, and legislation, *but its messages must be effectively communicated.*
GDs and Associated Medical Conditions:
Key Message for Insurers & State Policy Leaders

- Obesity
- Heart disease
- High blood pressure
- Digestive problems
- Muscular tension
- Insomnia
- Ulcers
- Migraines
- And more...
Evidence indicates that gambling activates reward systems similar to those activated by drugs of abuse, & produces symptoms often comparable to SUDs.
Problem gamblers with frequent alcohol use have greater gambling severity and more psychosocial problems resulting from gambling than those without alcohol use histories.

Adolescents who are moderate to high frequency drinkers are more likely to gamble frequently than those who are not. *(Grant, Potenza, et al, 2010)*

For individuals with alcoholism and gambling disorders, addressing both problems simultaneously leads to better outcomes. *(Hodgins and el-Guebaly, 2002)*
Gambling and Drugs (Cocaine Example): Key Message for Insurers & State Policy Leaders

- Research indicate that cocaine-addicted individuals are nearly two times more likely to have serious gambling problems than those who are not cocaine-dependent.
- Cocaine may artificially inflate a gambler’s sense of certainty of winning and skill, contributing to increased risk behaviors.
- Pathological gamblers may use cocaine to maintain energy levels and focus during gambling and sell drugs to obtain gambling money.
  - Research also suggests a positive correlation between methamphetamine abuse and pathological gambling.
Early Education and Intervention is Vital: Key Message for Insurers & State Policy Leaders

Treatments for SUDs & Pathological Gambling: Key Message for Insurers & State Policy Leaders

SUDs & behavioral addictions like Pathological Gambling often respond positively to similar treatments:

- Recovery support services – including peer recovery support and 12-step programs
- Motivational enhancement
- Cognitive behavioral therapies

Naltrexone is used to treat alcohol/opioid dependence, and has shown efficacy in controlled trials for the treatment of pathological gambling.

- IM naltrexone can control gambling cravings/behavior while mitigating issues with adherence and toxicity.
This isn’t about placing a person in the least intensive level until they “fail” that level. This is about making sure we give people all the care they need...If patients go to a less intensive level than is needed, and end up getting worse—the patient, his or her family, and budgets suffer.

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The ACA Opens the Door to Expanded GD Coverage & Improved GD Services...

- Expanded Coverage:
  - Medicaid
  - Marketplace Exchanges

- 10 Essential Health Benefits

- MHPAEA (Parity)

- Prevention Services

- EBP Health Care Integration
But the ACA Relies on State Actions to Translate the Opportunities into Realities

- Medicaid expansion & benefits are determined by the states
- States define the benchmark plans for the Marketplace Exchanges
- States help determine parameters of the 10 Essential Health Benefits
- States enforce MHPAEA
- States ensure provision of Prevention Services
- State policies can support integrated EBP
States Determine Medicaid Policies for Screening, Prevention, and Treatment of GDs

- Understanding the cost and co-morbidity of GDs with other medical conditions should inform State Medicaid policies.
  - Prevalence of these conditions in the Medicaid population
  - Health and economic benefits of prevention, treatment, and recovery programs
The Cost Benefit of Gambling Intervention

- Various studies put the cost of gambling addiction from $5,000 a year to $15,000 a year per addict.

- Providing services for pathological gamblers can save the State money across other systems, reducing costs in terms of the criminal justice system, child neglect and abuse, domestic violence and other systems.
The Toll of Co-Morbidities

Co-morbid MH/SUDs, as well as other health conditions, affect the ability of a pathological gambler to achieve abstinence. A recent study found that:

- Pathological gamblers with a drug diagnosis during their lifetime were less likely to have a minimum 3 month period of abstinence.

- A lifetime history of mood disorder also predicted a longer time to reach a minimum 3 months of continuous abstinence.

- A history of alcohol problems predicted an increase in the odds of experiencing a relapse from abstinence.

A sequential addiction pattern is common: a person with a history of alcohol dependence – even with many years of recovery – can develop a gambling problem.

Former drug/alcohol abusers may “switch addictions” to problem gambling.

For some addicts in recovery, picking up a new addiction is seen as helping to manage stress or giving them some sense of control over their lives.

Gambling can represent an attempt to self-medicate or to escape negative mood states.
Status of State Medicaid Expansion Decisions, March 2014

- Implementing Expansion in 2014 (27 States including DC)
- Open Debate (5 States)
- Not Moving Forward at this Time (19 States)
Reviews Medicaid and its role in financing services and treatment for mental health disorders and substance use disorders.

Discusses services included in state Medicaid plans; the role of the provider; reimbursement; and other factors related to Medicaid.

http://store.samhsa.gov/product/SMA13-4773
ACA Marketplace Exchanges: States Determine Benchmark Plan Benefits

Get Covered: A one-page guide to the Health Insurance Marketplace

Here’s a quick rundown on the most important things to know about the Health Insurance Marketplace, sometimes known as the health insurance “exchange.” Follow the links for more information on each topic.

You Can Still Apply for Health Coverage!

Affordable health coverage options are available all year, including Medi-Cal.

Big life changes or losing health insurance may qualify you for Covered California coverage now, even though open enrollment is over.

Apply Now  Account Login
How To Pay
States help Define the Parameters of the ACA’s 10 Essential Health Benefits

1) Ambulatory patient services
2) Emergency services
3) Hospitalization
4) Maternity and newborn care
5) Mental health and substance use disorder services, including behavioral health treatment
6) Prescription drugs
7) Rehabilitative and habilitative services and devices
8) Laboratory services
9) Preventive and wellness services and chronic disease management
10) Pediatric services, including oral and vision care
U.S. Mental Health Parity and Addiction Equity Act: State Enforcement is Critical

- Requires insurance groups that do offer coverage for mental health or substance use disorders, to provide the same level of benefits that they do for general medical treatment.

ACA Mandated Free Prevention Services: Youth, GDs & MH/SUD Co-morbidities

- Behavioral assessments for children of all ages
  - Ages: 0 to 17 years
- Developmental screening for children under age 3, and surveillance throughout childhood
- Alcohol and Drug Use assessments for adolescents
- Depression screening for adolescents
- And more...
Results from two U.S. national surveys found that only about 1 in every 10 pathological gamblers ever seeks treatment or attends a Gamblers Anonymous meeting.

Primary care providers can learn to recognize indications of possible problem or pathological gambling and ask appropriate questions.

“The dentist may notice it because an appointment is missed or a bill goes unpaid. The doctor may have to ask, ‘Why aren’t you taking that high blood pressure medication?’ only to find that the money to buy it had been gambled away.” (Joanna Franklin, Program Director, U of Maryland School of Medicine Center on Problem Gambling)

Korman, C. (9/20/12) University of Maryland launches problem gambling center. Baltimoresun.com
Study examined the prevalence and potential impact of disordered gambling of individuals (N=684) undergoing residential SUD treatment found few had sought help for gambling (15.9%) & only 14.3% reported having gambling addressed in their SUD treatment.

Findings:

- "residential SUD treatment facilities have considerably high rates of individuals screening positive for lifetime disordered gambling (21%).”
- “Residential treatment centers represent a prime opportunity to identify gambling disordered individuals and refer them for specialized treatment and/or provide treatment.”

Screening, Brief Intervention & Referral to Treatment (SBIRT) can be an effective way of identifying those with GDs.

Integrating GD SBIRT within primary care and other health care settings would:

- Identify patients who don’t perceive a need for treatment,
- Provide them with a solid strategy to reduce or eliminate substance abuse, and
- Move them into appropriate services.
Screening example: Brief Biosocial Gambling Screen

- During the past 12 months have you become restless, irritable, or anxious when trying to stop/cut down on gambling?

- During the past 12 months have you tried to keep your family or friends from knowing how much you gambled?

- During the past 12 months did you have financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?

  • One “Yes” answer suggests individual is at risk for a gambling disorder

National Center for Responsible Gaming
TAP 33: SBIRT Technical Assistance Publication

- Describes core elements of SBIRT.
- Provides general administrative & managerial information, including cost-effectiveness, reimbursement, & sustainability.
- Includes case examples.

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Recovery-Oriented Systems of Care (ROSC)

- Recovery-Oriented Systems of Care provide a coordinated network of community-based services and supports that is person-centered.
- ROSC builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of SUDs and other addictions.

- **ROSC is already being successfully integrated into many problem gambling treatment programs.**
Operational Elements of a ROSC

- **Collaborative decision-making** – empower and support the individual
- **Continuity of services and supports** – coordination and seamless connections between services & support
- **Service quality and responsiveness** – evidence-based, gender-specific, culturally relevant, trauma-informed, family-focused
- **Multiple stakeholder involvement** – involves all segments of the community
- **Outcomes-driven** – performance data used to improve service delivery
- **Recovery community/peer involvement** – peer-to-peer recovery support services included
Benefits of ROSC for Treating Gambling Addiction

- Addressing quality of life issues through a holistic approach decreases the risk of relapse and increases the chances for a successful recovery for pathological gamblers.

- Recovery support services in conjunction with clinical treatment help to establish a more continuous treatment response.

- The ROSC approach ultimately means that the program focuses on reducing the acute and severe relapses that pathological gambling clients often experience.
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Soon-to-be Published SAMHSA Advisory Publication on Gambling

→ * Gambling Problems: An Introduction for Behavioral Health Service Providers *

- HHS Publication No. (SMA) 14-4851, Printed 2014
- Recently cleared and will be available soon for download at SAMHSA’s publications webpage: [http://store.samhsa.gov/home](http://store.samhsa.gov/home)
Collaborates with and is a member of the Midwest Consortium on Problem Gambling and Substance Abuse.
ATTC Resources include...

2014 webinar series on gambling diagnosis, epidemiology, treatment, & health policy considerations

http://vimeo.com/95521992

http://vimeo.com/attcnetwork/videos
SAMHSA Collaboration: Problem Gambling Toolkit

Collaboration of CSAT/SAMHSA, the National Council on Problem Gambling, and the Association of Problem Gambling Service Administrators.

Toolkit includes:

- *Substance Abuse Treatment for Persons with Co-Occurring Disorders (Problem Gambling)*
- *Problem Gamblers and Their Finances: A Guide for Treatment Professionals*
- *Personal Financial Strategies for the Loved Ones of Problem Gamblers*
TIP 42: *Substance Abuse Treatment for Persons with Co-Occurring Disorders*–

- Provides information about the field of co-occurring substance use and mental disorders, and captures the state of the art in the treatment of people with co-occurring disorders, including problem gambling.
The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers.

The NREPP website helps states, territories, community-based organizations, and others to identify service models that may address your particular regional and cultural needs, and match your specific resource capacity.

http://www.nrepp.samhsa.gov/
Brief Self-Directed Gambling Treatment (BSGT) is designed for individuals who choose not to enter or are unable to access face-to-face treatment.

- BSGT uses a motivational interviewing and cognitive behavioral treatment model.
- Participants complete a 45-minute motivational interview by telephone with a doctoral-level therapist and then receive a self-help workbook through the mail.
- The goal of the telephone intervention is to help clients increase their motivational levels and confidence about making change, as well as to heighten interest in the contents of the workbook.
NREPP Program Example: Stacked Deck

Stacked Deck: A Program To Prevent Problem Gambling

• A school-based prevention program that provides information about the myths and realities of gambling and guidance on making good choices, with the objective of modifying attitudes, beliefs, and ultimately gambling behavior.

• The intervention is provided to students in 9th through 12th grade as part of a regularly scheduled class such as health education or career management.
SAMHSA supports integrated treatment for co-occurring disorders.

Through grants, publications, technical assistance and support, SAMHSA promotes integration at the State, community and agency levels.
Dual Diagnosis Capability in Addiction Treatment

- SAMHSA’s Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index is a program-level assessment used to inform addiction treatment agencies and others about a program’s ability to provide co-occurring services.

- The DDCAT measures an addiction treatment program’s co-occurring capability in seven domains that are rated on a continuum from Addiction Only Services to Dual Diagnosis Capable to Dual Diagnosis Enhanced. The measure can be used to plan for and track improvement over time.
Closing Thoughts: Still to be done...
Still to be Done: Develop the Workforce

- Support national gambling addiction professional minimum competency standards.
- Develop ongoing data collection of information about the changing characteristics of the client population and the workforce available to help them.
- Continue dissemination of research findings and evidence-based clinical and organizational practices through the ATTCs and other mechanisms.
Still to be Done: Develop Core Principles of Effective Treatment

- Place clients in level of care most appropriate for individual.
- Include motivational interviewing techniques.
- Develop treatment designs that are specific to the clinical needs of problem gambling clients.
- Include a family program component.
Still to be Done: Improve Public Perception

➔ Promote stigma reduction for persons in treatment and recovery:
  • Respect their rights
  • Treat recovering persons like those suffering from other illnesses

➔ Support educational initiatives that inform the public about the effectiveness of treatment.

➔ Promote the dignity of persons in treatment and recovery.
Still to be Done: Collaborate, Communicate, Coordinate

- Work with your SSAs, Medicaid agencies, & other state and local agencies
- Work with your insurance commissioners & legislators
- Reach out to federal departments & agencies, and seek federal and state technical assistance
Emergent Challenges

- Rapidly expanding gambling gateways
- Youth gaming and gambling
- Aging baby boomers and gambling
- Internet gambling
- Chronic feedback loops: Gambling, MH/SUDs including tobacco, & other health conditions
- Government supported expansion of gambling:

  Revenue projections need to include societal & economic toll of GDs & related co-morbidities!
Thank You!!!
Westley.Clark@samhsa.hhs.gov