

## **Comments On SAMHSA's Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018**

National Council on Problem Gambling  
August 18, 2014

The National Council on Problem Gambling (NCPG) is pleased to provide comments on SAMHSA's Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018. 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.<sup>1</sup>

The past-year prevalence rate of problem gambling in adults in the US is 2.2%.<sup>2</sup> 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 Initiative 1: Prevention of Substance Abuse & Mental Illness**

Objective 1.1.3: include gambling addiction. 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."<sup>3</sup>

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<sup>1</sup> American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Washington, DC: American Psychiatric Association (2013).

<sup>2</sup> Williams, R. and Volberg, R. Population Prevalence of Problem Gambling, Ontario Problem Gambling Research Center (2012).

<sup>3</sup> Problem Gambling Toolkit for Substance Abuse Professionals. SAMHSA (2009).

Objective 1.3.2: include brief screens for gambling problems in clinical and professional practices. Problem gamblers have high rates of suicidal behavior, up to one quarter of Gamblers Anonymous members reported a suicide attempt in one study.<sup>4</sup> In addition, several of the high risk populations identified in Leading Change 2.0 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.<sup>5</sup> Adolescents with gambling problems are twice as likely to binge drink and to use illegal drugs and 3 times more likely to be involved with gangs, fights and police.<sup>6</sup> 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.<sup>7</sup>

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.<sup>8</sup>

## **Strategic Initiative 2: Health Care and Health Systems Integration**

Objective 2.1.2 and Goal 2.4: include gambling addiction. Ensure the Essential Health Benefit (EHB) on behavioral health specifically encompasses gambling addiction, as most plans do not currently routinely cover this disorder.<sup>9</sup> To demonstrate the interaction of mental health, substance abuse, primary care and problem gambling as a catalyst for increased cost and burden to the existing health system, consider the following: 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, eight times more likely to have bipolar disorder, three times more likely to experience an anxiety disorder and have significantly elevated rates of tachycardia, angina, cirrhosis.<sup>10</sup>

Individuals with problem and pathological gambling, compared with other gamblers and non-gamblers, had higher rates of receipt of past-year

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<sup>4</sup> DeCaria C, Hollander E, et al. Diagnosis, neurobiology, and treatment of pathological gambling. *J Clin Psychiatry*. (1996) 57:80-83.

<sup>5</sup> Welte, J, Barnes, G, et al. The Prevalence of Problem Gambling Among US Adolescents and Young Adults: Results from a National Survey. *J Gambl Stud* (2008) 24:119-133.

<sup>6</sup> Gealt, R, O'Connell, D. Gambling with Delaware's Kids. Report to the Delaware Council on Gambling Problems (2006).

<sup>7</sup> 2008 Youth Survey, Arizona Criminal Justice Commission (2008).

<sup>8</sup> Advancing Health Through System Reform-Problem Gambling. NCPG (2009).

<sup>9</sup> Kagan, R, Whyte, K, et al. Problem Gambling in the 21st Century Healthcare System. NCPG (2014)

<sup>10</sup> Advancing Health Through System Reform-Problem Gambling. NCPG (2009).

unemployment and welfare benefits, bankruptcy, arrest, incarceration, divorce, poor or fair physical health, and mental health treatment.<sup>11</sup> NCPG estimates the social cost of gambling problems was \$7 billion in 2013, including job loss, bankruptcy, criminal justice costs.

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 abuse and mental health systems.

### **Strategic Initiative 3: Trauma & Justice**

Goal 3.2: include gambling addiction. 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.<sup>12</sup> Undetected and untreated gambling problems may exacerbate relapse and recidivism.

### **Strategic Initiative 4: Recovery Support**

Goal 4.1: include gambling addiction. 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, substance abuse and mental health disorders.

### **Strategic Initiative 5: Health Information Technology**

n/a

### **Strategic Initiative 6: Workforce Development**

Goal 6.1: include gambling addiction. Of the \$61 million in public and private funding for problem gambling services in 2013, only 11%, or approximately \$6.5 million, was spent on training or workforce development.<sup>13</sup>

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<sup>11</sup> Gambling Impact and Behavior Study. National Opinion Research Center, University of Chicago (1999).

<sup>12</sup> Gambling and Crime Among Arrestees: Exploring The Link. National Institute of Justice (2014)

<sup>13</sup> Marotta, J, et al. National Survey of Problem Gambling Services. Association of Problem Gambling Service Administrators and National Council on Problem Gambling (2014).

