ASAM Practice Pearls Transcript

Gambling and Sports Betting Addiction: *Screening and Interventions*

Dr. Stephen Taylor: Welcome to the season two finale of ASAM Practice Pearls, where we turn clinical expertise into everyday addiction care, one conversation at a time. I'm your host, Dr. Stephen Taylor, and today I have with me Dr. Timothy Fong, who is a guest that I've been wanting to get on this podcast for a long time.

Dr. Fong is the president of the American Academy of Addiction Psychiatry. He is a clinical professor of psychiatry at UCLA, and he is the co-director of the UCLA Gambling Studies program. My counterpart in presidency of addiction organizations and a good friend of mine. Dr. Tim Fong, welcome to the podcast.

Dr. Timothy Fong: Wow, what an introduction. Thank you so much, Dr. Taylor. It's absolutely an honor to be here. I'm very much looking forward to talking to you about gambling to close out your season of Practice Pearls.

Dr. Stephen Taylor: Man, listen, let's just get right into it because there's gambling stuff going on that is just unbelievable, in the news as we speak.

We both have been working with professional athletes and have a history of it, and professional athletes are in the news regarding gambling. Why don't you alert our listeners to what's been happening?

Dr. Timothy Fong: Well, here's the thing. I've been working in the gambling studies field for about 25 years now, and this is a crucial moment in time where every major professional organization, not just athletes, but hospitals, law firms, schools, university, colleges, are really being impacted by the rapid expansion of gambling.

As we're recording it right now, we don't just have 40 states that have legalized sports betting. We have four million casinos that are available to Americans every single day on their cell phones. I think the athletes are a particularly interesting group because they're more vulnerable. They're also the targets of all this sports betting fervor and interest.

And as we've seen, their mental health and even their physical health have been impacted by gambling behavior. You cannot go one week without another story about gambling in sports. But for our practicing clinicians and physicians, think about how that relates to you. Even if you're not seeing athletes, gambling is already impacting your practice. And let's talk about how that's happening.

Dr. Stephen Taylor: Well, what makes sports betting unique compared to other forms of gambling, and what does this mean in terms of developing an addiction?

Dr. Timothy Fong: So, let's start with some terms I think a lot of times people fail to recognize.

Number one, there's investing, where I'm putting my money into a company in longer term hope that eventually I'll get more money back.

Betting is where I put my money on an outcome of an event, based on my knowledge and understanding of that event.

Gambling is me putting my money on an event of uncertain outcome, usually due to luck. So that's things like slots, craps, blackjack, the lottery. These are all random things done by chance.

Betting on sports, you know, is a combination of I think I know these teams, I think I know these players, I can look at trends. So, there's a little bit of a tiny element of potential skill. But I'm also not betting against the casino. I'm betting against another person.

To tie that all in again, what's happened is sports betting or sports wagering, just in the last nine years, from 2018, has gone from an underground, unregulated, dark part of the web to a modern-day, embedded in everything we do. It's completely normalized. And even more so, not only is it normalized, it's almost, like, expected. People are like, "Oh my gosh, if I have the game on, there's no betting, then I'm not interested in it."

Imagine the last 10 years. If someone was born 10 years ago, they're growing up into a world where they only know sports associated with gambling and betting. That's huge.

So, as we know in the addiction world, when you decrease perception of harm, what happens? More people engage in it. More people think it's not that big of a deal. Parents say, “It's fine,” right? And so, we all know from the lessons of cannabis, we see that also with gambling. We see that the normalization of gambling leads directly to more people gambling and gambling more intensely and with more ferocity and more frequency, which ultimately potentially leads to addiction.

Dr. Stephen Taylor: It's also important that you point out that this isn't just involving sports, but really in every profession. This is a rising issue. So, the decreased perception of harm is throughout our society, and it is impacting all of us.

So, what are your thoughts about how we have experienced this rise in betting? And yes, let's focus on the sports, but also generalize it to other professions to the extent that you're comfortable.

Dr. Timothy Fong: So, let's zoom back out. And here are some facts that every clinician ought to know: We know that the prevalence rate of gambling addiction is about 1% to 2% of the general population. We know that for folks who are entering care for addiction and substance use disorder, that rate is as high as 10% to 15%. We also know, because it's so normalized, that many institutions do not have clear gambling-related policies.

So, homework assignment number one is for anyone listening here today to think about where you work, the clinic you work, the practice, the hospital, the health organization, and say, "How come we don't have a gambling policy?" Because we have smoking policies, we have alcohol policies, we have tobacco, we have cannabis policies at work. But until we have gambling policies, gambling still would not be elevated to the level of, quote, "respect" I think some of these other addictions have. It'll be seen as, "Oh, it's just a game. It's harmless." And it is not.

Again, 1% to 2% of the population developing gambling disorder is a serious, serious condition. And what we've seen over the last six years, with the rise of sports betting and the rise of mobile gambling, digital gambling, digital availability, frictionless gambling, if you want to call it, there's been a rise in gambling problems, as evidenced by more calls to gambling helplines, more demand for gambling treatment, more stories that we just hear about, unfortunately, men and women developing harm from gambling.

So, every marker we have of gambling addiction measurements are rising now compared to just 10 years ago. So, we're talking about a world that's so different than what you and I grew up in, Steve, in terms of what's available. When you have digital gambling available in all sorts of formats, not just betting on sports, but prediction markets where you can wager and bet on elections and on the weather and on politics. You can even place bets on whether or not cannabis is going to be rescheduled to Schedule 3. They have wagers on whether or not psilocybin will become FDA-approved.

So, all this brings kind of a smirk to our faces because they're kind of interesting, but the core of it is still a risky financial activity. And when you have risky financial activities, that's what leads to potential harm for many of our clients, that we see, that are struggling with addiction and mental health conditions

Dr. Stephen Taylor: Yeah. That's the issue here, isn't it? If you're like me and you're risk-averse, and your immediate reaction to thinking about gambling is, "I don't have any money to lose," you may feel as though you are immune to this, that none of this affects you. Except that the entire society is getting to the point where this is the way we live.

The fact that there's a whole generation, that you point out, that is going to come up thinking of the only way to watch an athletic game is to gamble on it or to be prepared to gamble on it is striking. That's totally foreign to my experience.

And so, one of the things we have to understand is gambling as a public health problem. It's not just a fun practice, but it's a public health problem. And you've alluded to addiction, and you've alluded to some of the other harms. But if you want to take a minute and take a deep dive into some of these issues, these adverse consequences like addiction, like the connection with SUD, the connection with mental health, what are some of the things you'd like to highlight for our listeners?

Dr. Timothy Fong: Yeah. And again, public health impact, that's how we look at it. The vast majority of people who do gamble, do so recreationally without any harm, without any long-lasting damage. But again, we start at the very top. About 1 to 2% of the general population meet criteria for gambling disorder. And when we think about gambling disorder, it's in the DSM-5 in the same chapter of our substance-related addictive disorder.

The consequences of gambling disorder are immense. High rates of suicidality. High rates of co-occurring substance use disorder and mental health disorders. Financial strain. Financial strain leading to financial stress, which leads to mental health pain and distress. Increased rates of intimate partner violence, abuse, neglect. Physical violent matters. We see all that.

And you just think about what it's like for a moment to be a person with gambling disorder, to be living your life and then to be under this constant strain of financial concern. To have urges and craving and preoccupation about gambling that infects your day to the point you can't just do your normal things. Chasing losses, not being able to stop, gambling with higher and higher financial amounts to get the same sense of thrill. None of this is fun.

You know, one of the stigmas I faced as a gambling researcher earlier on 20 years ago, they're like, "Oh, that must be amazing. You must get to go to Vegas and talk about games and understand." I'm like, "Yeah, it's incredibly interesting," but imagine having this disorder is not fun at all. It is life-threatening. It is incredibly difficult. And I think for a lot of clinicians, that's hard because if we close our eyes and say, "What does someone with substance use disorder look like?" We kind of have a visual.

But with gambling disorder, we really don't. It's the hidden addiction. It's the disorder that you can hide so well. And I'll tell a quick story of a patient who I saw this week. She's a nurse, and she's been struggling with gambling disorder for 12 years. And if you didn't know any better, she looks terrific. She's well put together. She's thin. She's smart. She's vibrant. She's verbally fluent. She's organized. She has worked very well effectively. But she struggles mightily from the pain of gambling losses and the financial strain, but she hides it so well.

So, again, the public health measures that we look at, there are no "overdoses," right? There are no deaths that are actually labeled gambling disorder on the death certificate. But people do die of suicide. They do die of accidents. But the things we

can measure in public health damage are things like bankruptcy, financial strain, debt, elevated divorce rates, strained relationships, stalled life developments.

So many of the folks I see now, coming to treatment, are in that sweet spot of young men and women, 16 to 24, who have struggled with gambling disorder, COVID hit, gambling disorder, financial losses, and the biggest harm for them is loss of time, is stalled life development, is emotional pain, is hopelessness.

Now, imagine being a 23-year-old man. You failed out of college, you have $200,000 in financial expenditures because of gambling, your parents are upset with you, and you don't have any life skills to build on. That's misery in my mind. That's public health impact. That is a man who's unemployed. That is a man who had not been in school. And that is a man who's psychologically beaten up and traumatized to say, "I don't really matter. My life is kind of meh. My life isn't worth it."

A little bit of an extreme, right? But that's the public health stuff we see. The bankruptcy, the financial strain, the broken relationships, the stalled life development. So that's just a quick snapshot of that. And I think the biggest area, and I'm so glad we're doing this, is that our own folks in addiction care.

For years, we've just never baked into gambling what we do when it comes to reviewing substance use. We know it's there, but we hesitate to ask, or we just don't. Of all the addictions, gambling disorder carries with it, I think, the highest stigma, the highest shame.

And I learned that when I was a medical student, I went to the Rutgers School of Addiction. The year was 1995. And I met a man there who was telling me about gambling disorder, and he says, "Tim, I would much rather have a cocaine problem because I can at least tell my family that I was high and intoxicated when I did that impulsive act. When I lost all this money, I was stone-cold sober. That's really hard emotionally to admit that to my family."

Dr. Stephen Taylor: Wow. That is so powerful. It occurs to me that a stat that I read is also really powerful in this regard, that of all the addictions, gambling is the one that is most closely associated with suicide. And that's actually understandable now when you describe that particular individual expressing that sentiment.

Dr. Timothy Fong: Yeah. And that's on the boards, people. We've seen that on the addiction board. And again, it goes back to financial pain drives so much emotional pain. Financial health is mental health. Financial health is physical health.

And of all the addictions, imagine being in the throes of a gambling disorder episode, and you look up, and you keep thinking gambling is your way out. It's the only addiction where you have that cognitive distortion that, "If I keep going, I might actually win money to solve my problems."

No one ever says, "If I got the perfect line of cocaine, I can erase all my debt. I'll get my promotion at work." We say that with gambling, which is why it makes it really unique to treat.

Dr. Stephen Taylor: That's true. So, most of us, in fact, pretty much all of us, lack the education and the experience of a superb gambling researcher named Dr. Timothy Fong. Most of us mere mortals have no clue what to do when we get that nurse that you just described or that guy who has no idea what to do with his life now.

What steps should a clinician take if we've got a patient in front of us who has gambling addiction or one that we suspect might have a gambling addiction? How do we proceed?

Dr. Timothy Fong: So, this is the practical pearls part of the podcast. Number one is to raise your own awareness about how much gambling and risky financial activities are in the world right now. It's not just going to a brick-and-mortar casino. It's not just the lottery. There's a number of things available on the phone.

So that means for clinicians to bake that into your intake or into your annual assessment of folks, and not just ask about substances, but “Tell me about your relationship or how you view gambling.” “How much time and money do you spend on your phone to try and make more money?"

If you just say, "Oh, do you gamble?" sometimes people will say, "No, I bet on sports," or, "I play poker." And they're not equating gambling with betting on sports because they're using different language, which is why you got to go back. And there are a few screening tools you can use.

The simplest one I like is, "Have you ever lied to anybody about spending money and gambling or betting on the internet or in real person?" Number two, "Have you ever increased your bet, wager, or gambling amounts in order to get that same sense of thrill or that same rush of dopamine?" So, these are just openers.

Oftentimes, I'll even say, "Hey, there's so much stuff out there in the news about sports betting and gambling. What do you think about all that?" “How much time, energy, and money do you spend online, also spending on sports?” So, you're just opening up a conversation.

For other folks who are really into validated screening instruments, things like the South Oaks Gambling Screen, the GI20, the Brief Biosocial Gambling Screen, the Emerging Adult Gambling Screen, these are things you can bake into your templates on your electronic records, or if you're still using paper form in their waiting room.

So, that's number one. As part of your screening and your interview, include questions and curiosities about gambling in their lives.

Number two, just like we do with tobacco, alcohol, and cannabis, when you get a sense that there may be risky behaviors or a signal that there's something deeper going on, that's really where you then go back, and you go through your DSM-5 criteria, and you do your thoughtful interview.

The other major practical pearl is this: if you're providing care for a substance use disorder or for mental health, and if things aren't going as well as you'd hope in recovery, maybe they're substituting the cocaine and cannabis, and now they're gambling more. Or maybe there was an untreated gambling disorder that has always lingered underneath there, and that's why they're not responding to antidepressants. So always keeping in your mind's eye, we're living in a gambling world, and I, the clinician, have to start asking those. Because again, people don't like talking about how much money they lost.

By the time people call me, they know they have a gambling disorder. It's severe. They are desperate to see a specialist. But when they're coming to see someone for alcohol or anxiety or depression, and they have a gambling disorder underneath, they're not really wanting to say, "Hey, you know what? I also have this gambling disorder."

I make this analogy: It's like going to Jiffy Lube. You go there, "I just want my oil changed. That's it. I don't want to pay any more." And then what happens? "Hey, you got to get your tires rotated. It's time for your engine flush." And you're like, "No, I don't want to do that." That's screening, right? And that's kind of our job, to pull out those connections and make those connections.

Another way I do it from a screening question is asking very simply, "Tell me about your financial health these days. How much financial strain are you under?" “Everyone's under financial strain,” but then that requires a few minutes to say, “Well, what's the reason you're living paycheck to paycheck?” “What's the reason you have escalating debt?” “What's the reason you took out more loans on what's happening?" And sometimes you'll uncover, "Well, I've been spending more money on trading," or "I put more money on a prediction market." That's how we kind of uncover. And that's screening and assessment practical points one and two.

If you happen to have a team approach where you have an NP or a medical assistant or a peer support, I think that's the approach. And we're all so cramped for time, but getting the rest of our team members to do the screenings and assessment.

One of the things I love is, you're running, let's say, an IOP or a clinic, is to add in a financial health group and just put that in there. And you can say, "Hey, we're just talking to anyone who's interested in recovery about financial health, and we're going to include some things, how to make sure you stay healthy financially, including manage your gambling, making sure your spending on gambling and sports betting doesn't get out of hand," that sort of thing.

Dr. Stephen Taylor: You know, your comments remind me of the fact that when I was back in medical school, one of our professors was fond of saying, "You can't make the diagnosis that you don't think about." And that's really the first step with all of this, is that so often clinicians don't even think about gambling as a potential concern.

So, if you don't even think about gambling, there's virtually no chance that you're going to consider a gambling screen. You're not even going to ask about people's financial status.

So, challenge number one is to remind people and alert people to the fact that we're now in a gambling society. This is the society that we have. You've got to think about gambling and gambling disorder as a potential problem that patients may have, and then you can think about the validated screening instruments and the questions that you ask. So that's really where we have to start.

Now, here's the problem. There aren't any FDA-approved medications for me to treat gambling addiction, so why should this be a concern of mine? And what interventions are going to be most effective?

Dr. Timothy Fong: Well, and this is why it's so pivotal because I think physicians' role in managing, screening, identifying, and treating gambling disorder is enormous. Just because we don't have an FDA-approved medication doesn't mean we don't have biological treatments. We do.

So, we have some, for instance, naltrexone has been shown to reduce urges and cravings, nalmefene as well, N-acetylcysteine. There's been now some studies of looking at TMS and potentially even GLP-1s, and psilocybin has a potential signal. So, there are things that can be done.

And again, I'm a simple doc. Sleep, food, physical movement, these are biological treatments for addiction, and it's inherent on us as clinicians to emphasize that.

So, I think for a lot of physicians, they're like, "Well, my gosh, gambling, I know it's there. I don't know much about it. How does it really impact?" It has a tremendous impact on physical health. High rates of insomnia. Imagine walking through life. High rates of cortisol every single day, fight or flight. That's going to impact the body in all sorts of ways. Coughs, colds, peptic ulcer disease, elevated blood pressure, heart attack. All this has been shown in the literature very clearly, that folks with gambling disorder have worse overall health.

They use doctors more. They go to more emergency room visits. They die earlier. All this has been shown through the years. And again, physicians haven't really thought about that. We hear about that all the time for all the substances. But behavior addictions have always been like, "Well, I don't know how that affects the body."

But we're our own worst enemy when we manufacture too much dopamine, too much adrenaline, too much serotonin, too little balance. That damages the body. I like to think of this as kind of like the autoimmune condition of addiction. It's our own bodies kind of going against ourselves. So that's why doctors should care.

The other reason why, is that a physician's intervention is exceptionally powerful. Remember, in smoking, right, like three minutes of the physicians telling you that you really ought to stop smoking. It's going to make your lungs better. You're going to live longer. Period, full stop. That's it. And it works. That doubles the natural quit rates.

Well, we seem to forget that our power and position as physicians is enormous. So even saying, "You know what? Based on an early screen and early interview, it really sounds like your relationship with gambling is unhealthy, is risky, is concerning. And, as your physician, it's something we ought to monitor because it's a behavior that impacts your body, your brain, your mind, your spirit, and your wallet. And as your physician, there are things I can do to help you bring it back and manage it so that this thing doesn't spin out of control." That's the sales pitch. That's it.

So, we can make a huge impact on people's behavior by simply a two-to-three-minute discussion and tying it back in. And I think oftentimes when the residents and med students see me interview, they're like, "Gosh, wow, that's really cool. You got this guy to really start thinking about it." I said, "No, I educated him about how behaviors significantly impact bodily function, and I gave him some tools to help regulate that and restore bodily function." That's our job as healers. That's our job as doctors.

Dr. Stephen Taylor: Couldn't agree more. And it's also important to highlight that you described the basics of motivational interviewing, which is a non-judgmental approach, a conversation with a person that simply calls to their attention the fact that this is something that is a concern that could seriously impact your health. Let's talk about how you might find it helpful for you to think about this and to address this.

So, let me just ask, to sum everything up, what are key practice pearls relating to gambling and sports betting addiction that you would like our listeners to take away from this episode?

Dr. Timothy Fong: Here's my list of, again, practical tips for physicians. Number one, I think of gambling disorder as a biopsychosocial condition. So, I say to clinicians, frame it as a biopsychosocial solution. We talked briefly about the medications. From a psychological solution, every state has gambling treatment specialists. So, I would encourage physicians to pull up a directory of gambling-certified therapists that are in their area.

There are also two national telehealth gambling treatment companies. One is called Kindbridge, the second one is called Birches. And these are telehealth companies that

provide licensed therapy for patients who can just get matched up with a therapist and get gambling therapy there.

Number two, I would strongly encourage physicians to have a list of local Gambling Anonymous meetings that occur in your area. Every state in America has these things, in person or now in real life. Gamblersinrecovery.com is one website where you can access these things. There are a couple things I encourage physicians to look at.

One is a mobile app called EVIVE, E-V-I-V-E. It's a digital health tool, and it provides for free, for folks who are curious about their gambling, modules and check-ins and ways to modify and reduce some of their gambling activity. But it also has an online community of other gamblers to talk with, to learn from, to hear their stories of recovery.

The second thing I do with a lot of my own patients is I give them podcasts. Who doesn't love a good podcast? We're doing a podcast here, the ASAM Practice Pearls. You know, if a patient heard this, that's good stuff. So, I oftentimes give them a few podcasts of voices in recovery. So Broke Girl Society, ALL IN, these are two gambling recovery podcasts, again, for free, that have hundreds of episodes that can work for a client.

So, I think, for the clinicians, these are just a few tools that they can use. But the best, honestly, is saying, "You know what? I'm concerned about your gambling. Let's make a plan. I'm going to check in with you again at our next visit." Just like we do for any other addictive disorder. We did this yesterday in our addiction clinic, where we said to a client, "What's your recovery plan around gambling going to look like? Map out what you'd like to accomplish before the next visit when we see you four weeks from now."

So, the patient said back to us, "I know it's going to be very difficult for me to gamble to zero, but I'm going to try and reach a gambling budget of $100 a week, and that's it." So, harm reduction model. We said, "Okay." We made a note of it. That's something we have done as physicians, to say, "This is your goal. We're going to give you some tools to try and achieve that harm reduction goal, and we're going to check back with you a month from now and see where we're at."

So those are some things that physicians can do. I think, again, physicians really need to develop their own gambling addiction toolbox. So, in your office, in your clinic, in your hospital, in your IOP, get those resources built. Every state in America, again, has gambling resources that are available at no cost.

If there's one number to remember, that's 1-800-MY-RESET. That is the national gambling problem helpline that's available in all 50 states. So, easy resources there.

Dr. Stephen Taylor: Dr. Timothy Fong, president of the American Academy of Addiction Psychiatry. You've just been such a helpful resource, an absolute encyclopedia of information. Thank you for appearing on this podcast with us.

For more information on gambling addiction, check out the show notes. Also, don't forget to visit ASAM's e-Learning Center to claim your CE credits for this episode. Finally, make sure to subscribe and share this episode with colleagues who may find this information helpful.

With that, we conclude season two of ASAM Practice Pearls. Thanks for listening, and we'll see you next year for season three of ASAM Practice Pearls, where we turn clinical expertise into everyday addiction care, one conversation at a time.