SMOKING, TOBACCO PROBLEM GAMBLING

Nineteenth Annual Council on Problem Gambling
Statewide Conference, Milwaukee, Wisconsin

Presented by: David “Mac” Macmaster, CSAC, PTTS

March 15th and 16th, 2018
Presentation Outcomes

• Gain knowledge of ASAM Criteria and DSM5 Substance Use Disorders including Problem Gambling Disorder
• Know the relevant prevalence and mortality data of tobacco use and problem gambling and understand the risks involved
• Understand there are scarce resources for TUD and PG treatment and recovery compared to SUD services
• Be able to identify local, state and national resources that address problem gambling and substance use and mental health services advocating and promoting recovery
AND THIS LAST HANDOUT EXPLAINS WHY THERE ARE SO DARN MANY HANDOUTS.

©1996 by J. Wood
Another fine mess you got me into
TOBACCO USE DISORDER

SECTION ONE
Tobacco Prevalence in USA

- According to the DSM-5, the annual prevalence of Tobacco Use Disorder. Cigarettes are the most commonly used tobacco product accounting > 90% of tobacco use
- In the United States, 22% of adults are former smokers, and 21% are current smokers
- About 20% of U.S. smokers are sporadic/occasional smokers
- The prevalence of smokeless tobacco (chew and snuff) use is < 5%, and the prevalence of tobacco use in pipes and cigars is < 1%

American Psychiatric Association, 2013
Tobacco Use Disorder

What Is It?
Who Defines Behavioral Health Disorders?
What Is A Substance Use Disorder?

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.
What Is A Substance Use Disorder?

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence.

Rather it refers to substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual.
What Is Tobacco Use Disorder?

Tobacco Use Disorders occur when the recurrent use of nicotine in tobacco causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

According to the DSM-5, a diagnosis of Tobacco Use Disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.
Risk Factors For Tobacco Use Disorder

• ADD/ADHD
• Conduct disorder
• Depressive Disorder
• Anxiety disorders
• Personality disorders
• Psychotic disorders
• Other substance use disorders
• Low-income levels and low level of Education

There is also a genetic component to Tobacco Use Disorder
American Psychiatric Association, 2013
Tobacco Use Disorder

Prevalence Factors
Co-morbidity & Nicotine Addiction
Interesting Co-occurring Connections

• 73% of gambling addicts are also problem drinkers
• 38% registered positive for a drug abuse disorder
• 60% are practicing nicotine addicts
Top Drugs of Choice by Year
Fiscal Year 1999 to Fiscal Year 2009

Percent of Admissions

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>42.9%</td>
<td>44.8%</td>
<td>42.4%</td>
<td>40.1%</td>
<td>36.7%</td>
<td>34.7%</td>
<td>31.6%</td>
<td>31.7%</td>
<td>31.4%</td>
<td>33.1%</td>
<td>35.5%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>16.2%</td>
<td>16.1%</td>
<td>18.5%</td>
<td>18.3%</td>
<td>23.8%</td>
<td>26.6%</td>
<td>28.1%</td>
<td>30.5%</td>
<td>29.3%</td>
<td>23.9%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>18.7%</td>
<td>17.5%</td>
<td>18.1%</td>
<td>17.2%</td>
<td>17.9%</td>
<td>17.8%</td>
<td>16.5%</td>
<td>15.3%</td>
<td>14.5%</td>
<td>15.2%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Heroin</td>
<td>8.1%</td>
<td>8.2%</td>
<td>7.7%</td>
<td>7.3%</td>
<td>8.7%</td>
<td>8.9%</td>
<td>10.6%</td>
<td>8.5%</td>
<td>10.7%</td>
<td>11.7%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>8.6%</td>
<td>8.3%</td>
<td>7.9%</td>
<td>6.0%</td>
<td>6.8%</td>
<td>6.1%</td>
<td>6.6%</td>
<td>6.8%</td>
<td>6.9%</td>
<td>8.2%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>6.1%</td>
<td>7.0%</td>
<td>6.9%</td>
<td>8.3%</td>
<td>7.3%</td>
<td>6.8%</td>
<td>7.0%</td>
<td>7.5%</td>
<td>6.8%</td>
<td>6.3%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>70.9%</td>
<td>70.5%</td>
<td>68.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Behavioral Causes of Annual Deaths in the United States, 2000

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number of Deaths (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Behavior</td>
<td>20</td>
</tr>
<tr>
<td>Alcohol</td>
<td>85</td>
</tr>
<tr>
<td>Motor Vehicle</td>
<td>43</td>
</tr>
<tr>
<td>Guns</td>
<td>29</td>
</tr>
<tr>
<td>Drug Induced</td>
<td>17</td>
</tr>
<tr>
<td>Obesity/Inactivity</td>
<td>365</td>
</tr>
<tr>
<td>Smoking</td>
<td>435</td>
</tr>
</tbody>
</table>

*Also suffer from mental illness and/or substance abuse*

Source: Mokdad et al, JAMA 2004; 291:1238-1245
Mokdad et al; JAMA. 2005; 293:293
Prevalence Rates* of Tobacco Use in Psychiatric Disorders

*Average prevalence rates (±SD) from published studies of tobacco use in patients with schizophrenia (n=13), bipolar disorder (n=2), major depression (n=3), panic disorder (n=2) and posttraumatic stress disorder (PTSD) (n=2).

Source: George TP (2000)
Tobacco Use Disorder

Mortality Factors
Who is dying from Substance Use Disorders In Wisconsin?

<table>
<thead>
<tr>
<th></th>
<th>Wisconsin Annual Mortality from Drugs, Alcohol, and Tobacco</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Related Deaths</td>
<td>873 (6)</td>
</tr>
<tr>
<td>Alcohol Related Deaths</td>
<td>1,529 (7)</td>
</tr>
<tr>
<td>Tobacco Related Deaths</td>
<td>7,356 (8)</td>
</tr>
<tr>
<td>Annual Wisconsin Substance use Related Deaths</td>
<td>9,758</td>
</tr>
<tr>
<td>Tobacco deaths of those with mental health and substance use disorders (40%)</td>
<td>2,942 (9)</td>
</tr>
</tbody>
</table>
Malpractice?

Treating a person’s heroin addiction or alcohol addiction while you ignore, or even worse, condone their tobacco use is similar to a Physician treating a person’s broken leg, but ignoring the bone cancer discovered while setting the broken bone.
Severity of Illness Determines Intensity of Services

“How sick you are determines How much help you need”
PROBLEM GAMBLING DISORDER

SECTION TWO
Problem Gambling Use disorders occur when recurrent gambling behavior causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

According to the DSM-5, a diagnosis of Problem Gambling Use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.
Tobacco Use Disorder

Prevalence Factors
Behavioral Health
And Problem Gambling

A Dimensional Approach to Mental Illness & Gambling

- Depression
  - People with depression may experience sadness, loss of interest in activities, and difficulty sleeping.

- Anxiety
  - People with anxiety may experience worry, fear, or restlessness, which can interfere with daily activities.

- Substance Use
  - People who struggle with substance use may have difficulty controlling their use, which can lead to negative consequences.

- Trauma
  - People who have experienced trauma may struggle with flashbacks or nightmares, which can affect their daily life.

- Bipolar Disorder
  - People with bipolar disorder may experience mood swings ranging from mania to depression, which can affect their functioning.

- ADHD
  - People with ADHD may struggle with inattention, hyperactivity, and impulsivity, which can interfere with school or work.

GAMBLING

- Involvement
  - People who are involved in gambling may spend a significant amount of time or money on gambling, which can affect their financial stability.

- Compulsion
  - People with gambling addiction may have difficulty controlling their gambling, which can lead to negative consequences.
Problem Gambling and Mental Illness

- **76%** of a gambling addiction treatment group suffered from depression
- **16 to 40%** of pathological gamblers suffered from lifetime anxiety
- **24%** of pathological gamblers had a lifetime prevalence of bipolar disorder
- **20%** had symptoms for a lifetime prevalence of ADHD

Dr. Jon Grant, Professor of Psychiatry & Behavioral Neuroscience at the University of Chicago
Problem Gamblers and Substance Use Disorders

According to *NESARC statistics, an astonishing 73% of gambling addicts are also problem drinkers, while 38% registered positive for a drug abuse disorder. Smoking is also ridiculously common among pathological gamblers, as 60% are practicing nicotine addicts. These rates are all far above the smoking norm in the general population (15%)

*National Epidemiologic Survey on Alcohol and Related Conditions
Tobacco Use Disorder

Mortality Factors
How Gambling Can Kill You Faster Than Drug Abuse or Alcoholism

1 in 5 problem gamblers try to kill themselves. Why gambling may be the most dangerous addiction of all.

*National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)*
What Will Kill Most Problem Gamblers?

- Gambling
- Alcohol
- Illegal Drugs
- Prescription Medications
- Tobacco
- Natural Causes
Why Should We Integrate Tobacco Use Disorders In Behavioral Health?

• Wisconsin residents with substance use and mental health disorders that smoke are getting sick and dying from tobacco at from twice to more than four times the rate of tobacco death in the general population.

• Nearly half of people that smoke cigarettes for 20 years or into early middle age will die from tobacco caused and related diseases.
Problem Gambling Disorder

What Is It?
Problem Gambling Disorder

Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of these symptoms in a 12-month period:
Addictive Disorders/Problem Gambling Disorder

The chapter also includes *gambling disorder as the sole condition in a new category on behavioral addictions*. DSM-IV listed pathological gambling but in a different chapter. This new term and its location in the new manual reflect research findings that gambling disorder is similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology, and treatment.
Problem Gambling Disorder Symptoms

- Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed)
- After losing money gambling, often returns another day to get even (“chasing” one’s losses)
- Lies to conceal the extent of involvement with gambling
- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
- Relies on others to provide money to relieve desperate financial situations caused by gambling
Problem Gambling Disorder Symptoms

• Needs to gamble with increasing amounts of money in order to achieve the desired excitement
• Is restless or irritable when attempting to cut down or stop gambling
• Has made repeated unsuccessful efforts to control, cut back, or stop gambling
• Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)
How Serious Is a Problem Gambling Disorder?

As scored from DSM5 diagnostic criteria

MILD – (4-5 criteria)
MODERATE – (6-7 criteria)
SEVERE – (8-9 criteria)
Who Needs What Services?

Severity of Illness Determines Intensity of Services

“How sick you are determines how much help you need”
Does Gambling and Smoking Go Together?
Sometimes Things Go Well Together
Sometimes Not So Much
“ADDICTION” CONNECTION: Gambling & Substances

**SIMILARITIES**
- Loss of control
- Denial
- Depression & mood swings
- Progressive
- First win (high) remembered
- Use as an escape
- Preoccupation
- Similar “highs”

**DIFFERENCES**
- Hidden addiction
- Can’t overdose-no “saturation point”
- Can’t be tested
- Doesn’t require ingestion
- Fewer resources available
- Societal perceptions
This isn’t going to be easy!
Problem Gambling Recovery and Tobacco Free Recovery

We Can Make It Happen?

P.A.I.N.S
Positive Attitude In Negative Situations.

e-buddhism.com
What Negative Situation?
Issue: Not Enough Support For Problem Gambling Disorder and Tobacco Free Recovery
Who Needs What Services?

SI > IS

Severity of Illness Determines Intensity of Services

“How sick you are determines How much help you need”
• **Discrimination**: Problem Gambling Disorder not accepted as a legitimate disorder equivalent to substance use disorders denied access to Substance Use Disorder treatment services
2013 National Survey of Problem Gambling Services Gaps

• “Inadequate funding” was most frequently identified as the largest gap
• Second most commonly endorsed service gap was a lack of public awareness about problem gambling
• Problem gambling treatment availability
• Need to increase the number of treatment providers
• Improve research
• Increase the number of prevention providers
• Improve information management services
• Increase the size of administrative staff
The issue of level of care placement is more complicated than with substance use disorders because of the absence of adequate resources and reimbursement.

With substance use disorder treatment, even while short of ideal, the resources available are much greater than those that exist for the treatment of gambling disorders.
Getting Real about Levels of Care for Gambling Disorder

- In urban areas, there might be dozens of addiction treatment programs at all levels of care, and hundreds of self-help meetings available each week; but at best only a handful of such professional and peer-support services exist are prepared to treat persons with gambling disorders.

- The situation is much more critical in rural areas—even though many casinos have been constructed in the last several decades in rural areas.
ENCOURAGING DEVELOPMENTS

- DSM5 includes Problem Gambling Disorders in its section on Substance Use Disorders
- American Society of Addiction Medicine includes Gambling Disorder in a chapter in its new ASAM Criteria manual
- Wisconsin is revising DHS75 rule governing AODA/Substance Use Disorders proving input from the community and stakeholders
- Wisconsin Recovery Community Organization has created a support center manual with a Big Tent Recovery policy that includes Problem Gambling
ASAM, Substance Use Disorders
Includes Problem Gambling Disorders
DSM5'S Substance Use Disorders
Includes Problem Gambling Disorders
IS THIS A RARE OPPORTUNITY?
Tobacco Use Disorders
Problem Gambling Disorders
Tobacco Use Disorders
Problem Gambling Disorders

- Denied access to existing substance use disorder treatment services
- Not included as equals in substance use recovery support programs
Successfully integrate tobacco, problem gambling recovery in Wisconsin substance use treatment services
Improve Treatment and Recovery For Problem Gambling Disorder
One potential solution is to encourage and incentivize already-existing addiction treatment programs to develop gambling treatment services, a relatively easy shift given the similarities between the disorders.
The WINTIP Story

WiNTiP
Wisconsin Nicotine Treatment Integration Project
WINTIP MISSION STATEMENT

Saving Wisconsin lives by integrating evidence-based nicotine dependence treatment into alcohol and other drug dependence and mental health services
It is WINTIP’S sincere belief in the right of this population to receive the same level of health care assessment and treatment in regard to the use of nicotine that is the expectation for the general population.

Eric Heiligenstein, M.D. WINTIP Co-founder
BASIC WINTIP STRATEGIC PLAN

• Form a new coalition with partners from AODA, Mental Health, Tobacco and the 2 agencies responsible for them and create WINTIP (2008)

• Obtain primary funding from the Division of Public Health Tobacco Prevention & Control Program and secondary funding from the Division of Care & Treatment

• Coordinate WINTIP through the UW-School of Medicine’s Center for Tobacco Research & Intervention
Support What Is Already Working
Example: Tobacco’s Public Health Model
Improve What Is Already Working For Those With Tobacco Use Disorders

- Integrate Tobacco Use Disorder Treatment in Wisconsin AODA/Substance Use Disorder prevention, treatment and recovery services
- Integrate Tobacco Use Disorder treatment in Wisconsin mental health services

Complete the WINTIP mission that expands the treatment and recovery services for those with tobacco use disorders so they have equal access to substance use disorder services as those with alcohol and other drug disorders already enjoy and have been either denied or scarce for those with TUD.
Proposed Next Steps for Problem Gambling Advocacy In Substance Use Disorder Services

• Request membership in Governors State Council on Alcohol and Other Drug Abuse (SCAOADA) Intervention & Treatment Committee

• Request official disparity population status in Tobacco Prevention & Control Program

• Apply for membership in Wisconsin Voices For Recovery
Recovery Resources

Training for Systems Change: Addressing Tobacco and Behavioral Health

To see why this training is important watch this 40 second video.

Start Program

© UW CTRI
Helpusquit.org

BEHAVIORAL HEALTH AND QUITTING SMOKING

3 Behavioral Health Patients on Quitting Smoking

BEHAVIORAL HEALTH LINKS
- NEW! ONLINE TRAINING
- CME
- MEDS INTERACTIONS
- UW-CTRI WEBINARS
- TOOLKITS/MANUALS
- FACT SHEETS
- HELPUSQUIT.ORG HOME
MUTUAL HELP RESOURCES

• **Gamblers Anonymous** (www.gamblersanonymous.org)
  Is fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from a gambling problem.

• **Gam-Anon** (www.gam-anon.org)
  Is a self-help organization for the spouse, family or close friends of compulsive gamblers.

• **GamTalk** (www.gamtalk.org)
  Is a 24/7 moderated online peer support forum.
Tobacco and Nicotine Free Recovery

Nicotine Anonymous

nicotine-anonymous.org

Welcome to Nicotine Anonymous (NicA)

Nicotine Anonymous ("NicA") is a non-profit, 12-step fellowship of men and women helping each other live nicotine-free lives. Nicotine Anonymous welcomes all those seeking freedom from nicotine addiction, including those using cessation programs and nicotine withdrawal aids. The primary purpose of Nicotine Anonymous is to help all those who wish to cease using tobacco and nicotine products in any form. The fellowship offers group support and recovery using the 12 Steps as adapted from Alcoholics Anonymous to achieve abstinence from nicotine.

Folletos en español

Ocho folletos están disponibles en nuestra tienda online.

OTHER FEATURED LITERATURE:

ABSTINENCE: WHAT IS IT?

Explains the Nicotine Anonymous fellowship definition of abstinence from nicotine based on five of our Traditions. Order now.

OUR POLICY OF OPENNESS: OUR HIGHER POWER AS WE MAY EACH COME TO UNDERSTAND

Explains our open policy regarding each member's own understanding of a Higher Power and spiritualities. Order now.

DID YOU KNOW?

You do not have to have stopped smoking to come to Nicotine Anonymous meetings! All you need is to have a desire to stop smoking.

What's New in NicA

• 33rd NicA Conference held in Long Island

New NicA face-to-face meetings:

ALMATY, KAZAKHSTAN
@ 8:00 PM LOCAL TIME SUNDAYS
Office 305

WEST BABYLON, NY
@ 7:00 PM EST TUESDAYS
West Babylon Public Library
211 Rte. 109 in Quiet Study Room

CEDAR PARK, TX
@ 7:00 PM EST WEDNESDAYS
120 Commercial Road
Yellow House, 12th Floor

EASTHAMPTON, MA
@ 7:00 PM EST THURSDAYS
Easthampton Community Center
14 Clark St., Second Floor
“Go through quitting gambling - then die from smoking? Oh hell, no. I quit both.” - Destiny

www.HelpUsQuit.org
FREE CME, Toolkit, Videos, Research, Case Studies

WiNTiP Wisconsin Nicotine Treatment Integration Project
“My gambling and smoking triggered each other. I realized, ‘man, I have to quit both.’” - Cory
A New Small Beginning

thebiblemotivator.blogspot.com
Solutions?
I know you’re in there somewhere
Cessation - Tobacco Use Disorder Training and Technical Assistance

University of Wisconsin
Center for Tobacco Research and Intervention

608-262-8673
infoctri@ctri.wisc.edu
Substance Use Disorder Training and Technical Assistance

David “Mac” Macmaster, CSAC, PTTS
WINTIP Managing Consultant
608-393-1556
creativerep@mac.com
dmac1956@charter.net