

# MARCH 2021 PGS TREATMENT ONLINE LEARNING SERIES

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**Session 5 with  
Rick Berman, LPC, CGAC-II**



# Welcome!

**David Corse**

Oregon PGS

Treatment & Recovery Specialist



**Julie Hynes**

Oregon Council on Problem Gambling

Executive Director



Oregon  
Health  
Authority

ocpg

OREGON COUNCIL on PROBLEM GAMBLING



# Resources



All sessions are recorded. You will be able to access sessions **and evaluations** via the series hub

[www.oregoncpg.org/learn](http://www.oregoncpg.org/learn)

No passwords needed!



# CEUs



All participants must complete presentation evaluations to receive CEUs.

Visit the **session page following** the training to complete the evaluation.



# Zoom Webinar



-  Chat: General comments
-  Q&A: for typed questions
-  Raise hand: If you want to be unmuted for a question (please be brief)

Audio Settings ^



Leave Meeting



# Today's Presenter

**Rick Berman, LPC, CGAC-II**

**Adjunct faculty,  
Lewis & Clark College  
School of Education & Counseling**





# Problem Gambling in the COVID/Opioid Epidemic

Rick Berman LPC, CGACII  
eberman@lclark.edu



# Opioids & Problem Gambling????????????????

Isn't that like  
talking about  
going ice  
fishing in  
Hawaii?







*"Never, ever, think outside the box."*



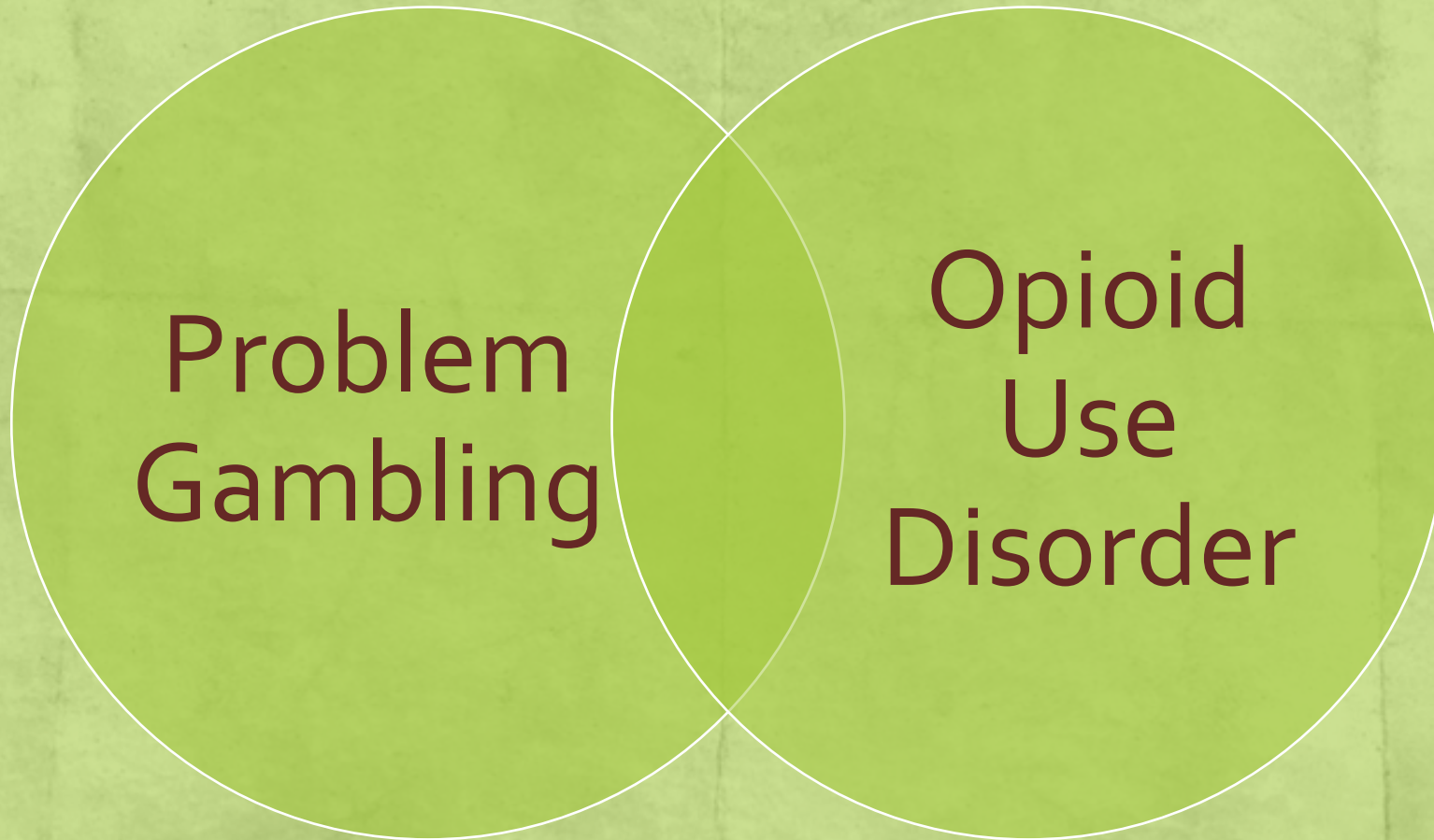
# PG recovery advocates need to begin to think like SUD Tx folks

“Ask not what SUD treatment can do for problem gambling; ask what problem gambling recovery support can do to help curb the opioid epidemic.”



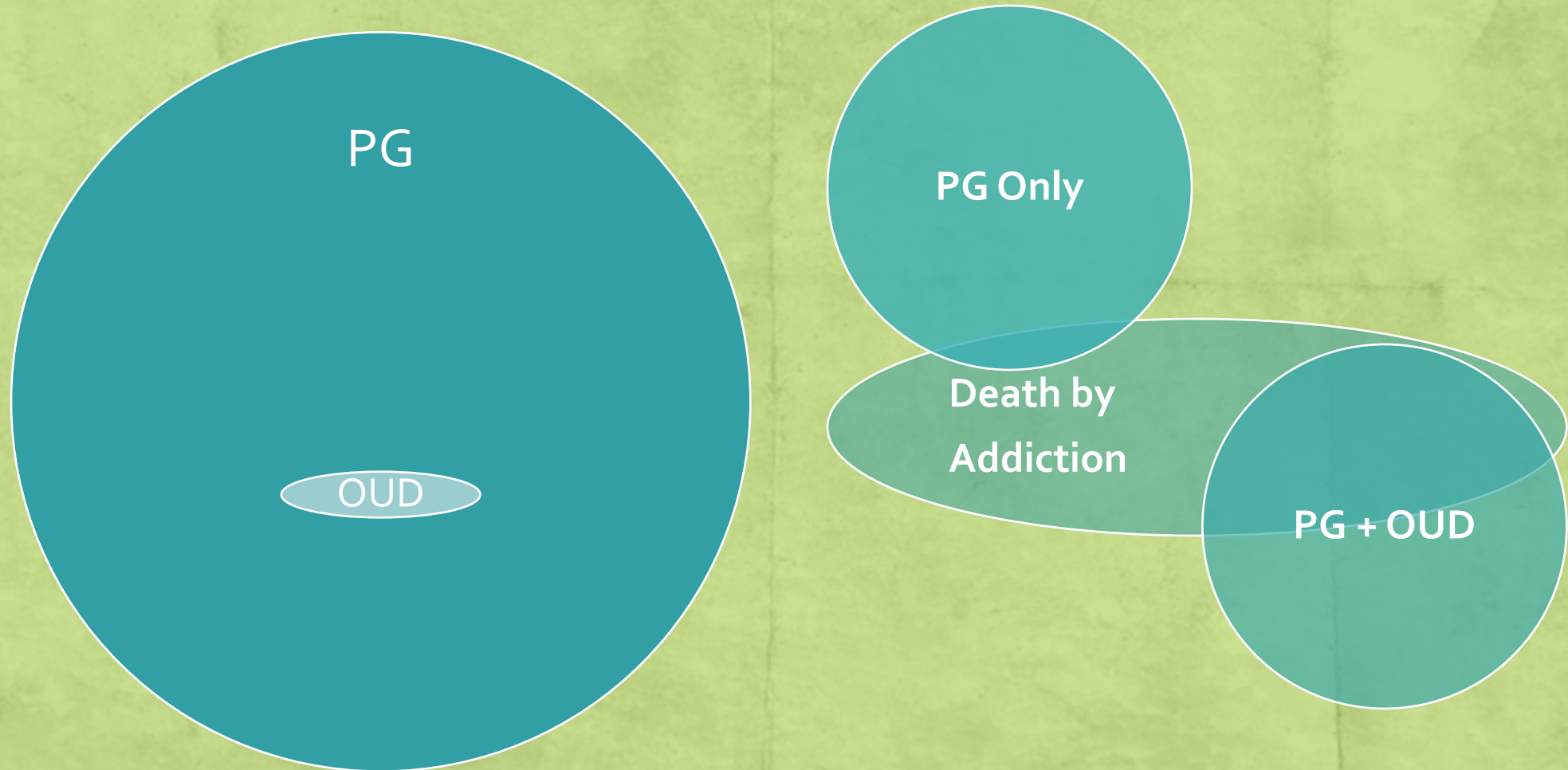


# Co-morbidity





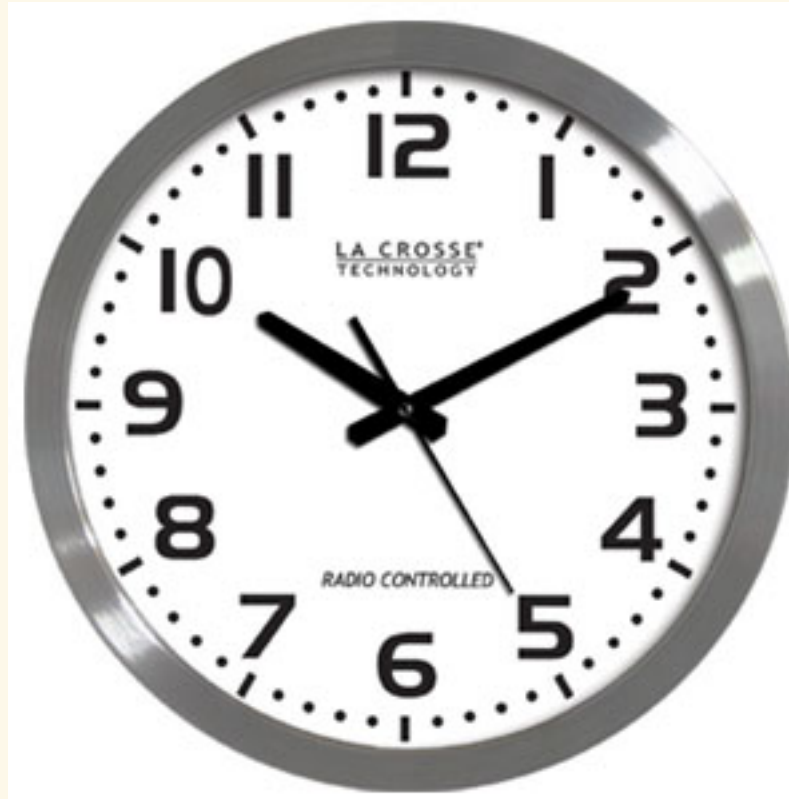
# Looking at Risk in PG Population



# Cost of the Opioid Epidemic in the U.S.

- Every 11 minutes:  
someone dies from  
an opioid overdose
  - Actual OUD death rate  
likely double this

*Estimating the impact of  
drug use on US mortality,  
1999-2016*  
*Glei & Preston (2020)*
- Every 15 minutes: a  
baby is born  
suffering opioid  
withdrawal





# Some opioid addiction characteristics

- Rapid progression to addiction
- Often used with other drugs like benzodiazepines for synergistic effect
- Opioid addiction tends to become “career”
- Overdose rapidly leads to death
- **Very difficult withdrawal combined with ↑ tolerance**

# Opioid Epidemic = 3 Epidemics in 1



Pills

Heroin

Fentanyl



**Imagine what it would be like to live with PG + OUD**



# Types of OUD treatment

## **Treatment without medication:**

- ≈7 day Medical Withdrawal Management followed by outpatient and/or residential psychosocial treatment

## **Medication for Addiction Treatment (MAT):**

- ≈7 day Medical Withdrawal Management followed by Vivitrol prescribed by MD with or without psychosocial treatment
- Buprenorphine prescribed by specially accredited MD (waivered) with or without psychosocial treatment
- Methadone prescribed by MD as part of a psychosocial treatment program beginning with daily dosing at the program



# MAT superior to treatment without medication



Arrests



Employment

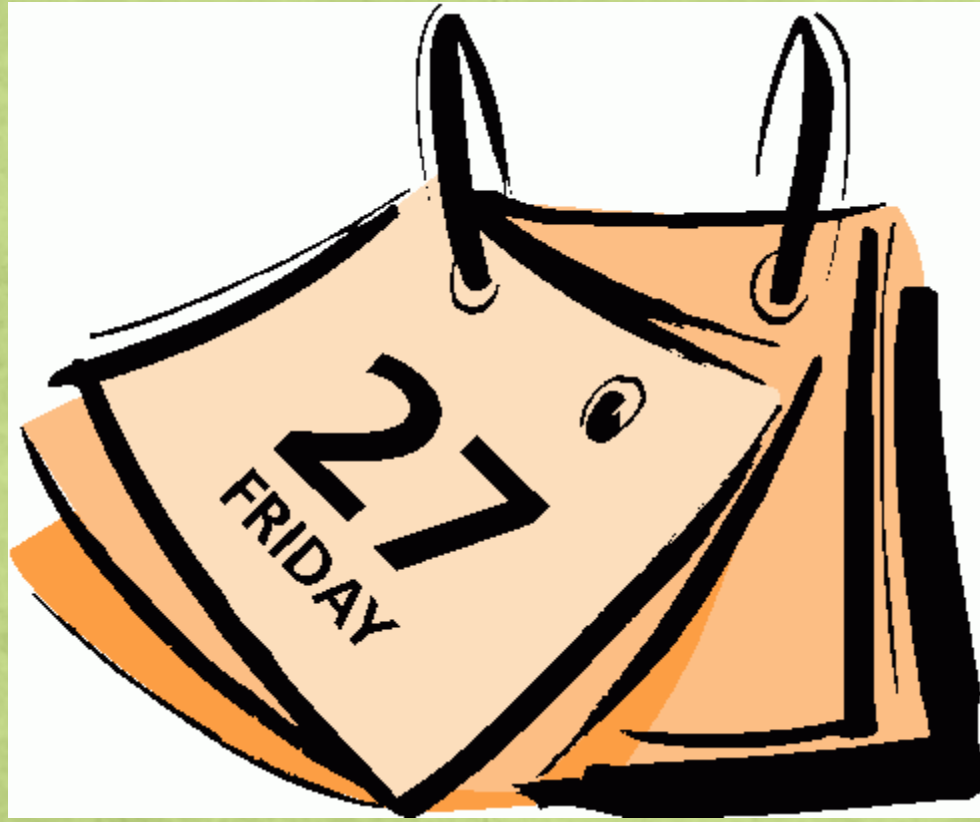


Deaths



Pre-natal care

Key to success is staying in MAT treatment for a long time





# Individuals who have PG are more likely to drop out early from OUD treatment

*Relationship between problem gambling and substance use in a methadone maintenance population*

**Ledgerwood & Downey (2002)**

*Twelve-Month Prevalence of DSM-5 Gambling Disorder and Associated Gambling Behaviors Among Those Receiving Methadone Maintenance*

**Himmelhoch et al. (2016)**





**We don't know how many people who have Opioid Use Disorder (OUD) also have a gambling problem (PG) or how many people who have Gambling Disorder (GD) misuse opioids**





# We know more about people who are in PG TX or OUD TX

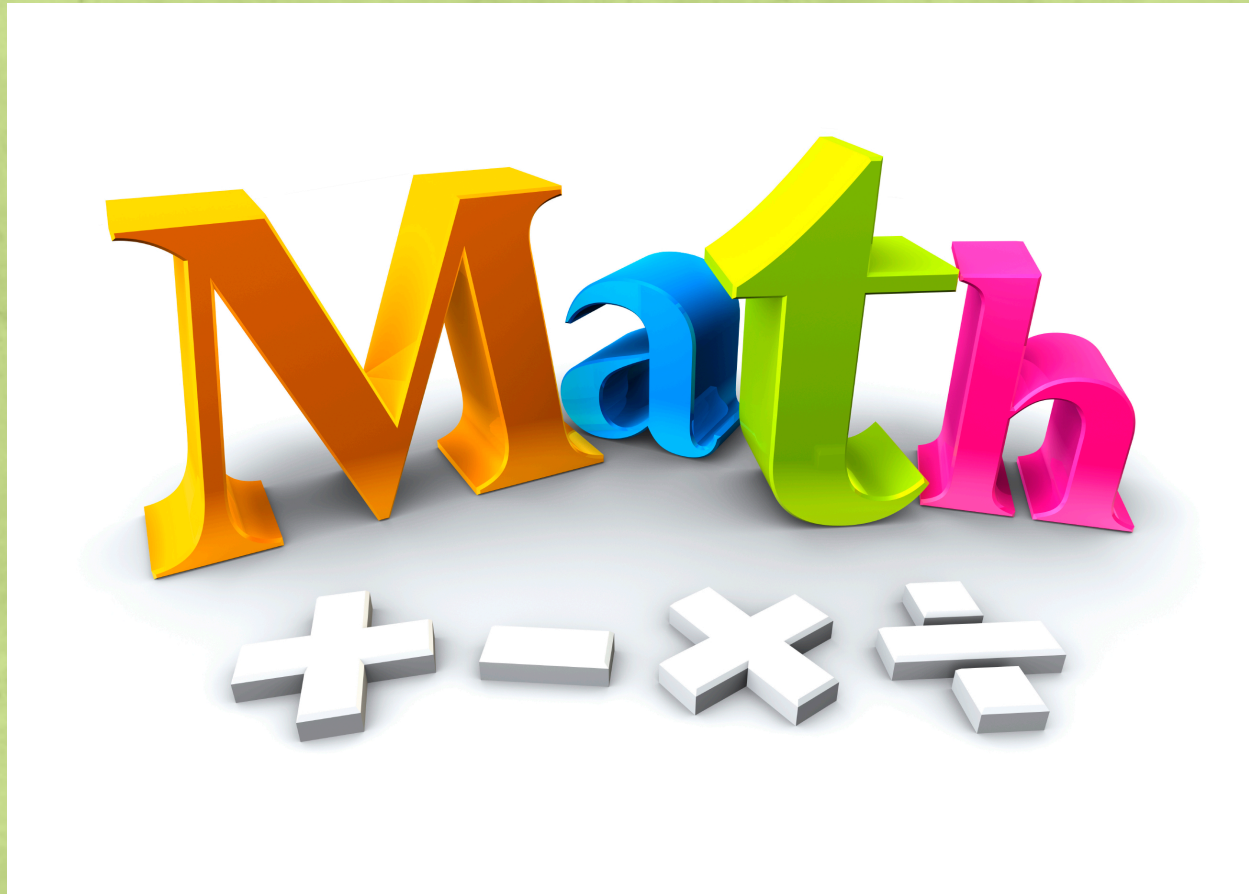
## In OUD treatment:

7% - 46.2% have PG  
(avg.  $\approx 15\%$ )

In PG treatment:  $<1\%$   
(not well-studied)



What does that suggest about state-funded PG tx and MAT tx in Oregon?





# Individuals with gambling problems or OUD in Oregon state-funded treatment

Problem Gambling

≈900

Medication-Assisted Opioid Use Disorder

≈20,000

# Where individuals with gambling problems receive Oregon state-funded treatment\*

## Problem Gambling Services

≈ 900 individuals

## OUD MAT Services

≈ 20,000 X .15 =

≈ 3,000 individuals

\*If in Oregon PG in MAT matches national average



# People with co-morbidity more likely to seek help at SUD treatment than specialized PG treatment

*Prevalence of psychiatric co-morbidity in treatment-seeking problem gamblers: A systematic review and meta-analysis*

**Dowling, et al, (2015)**





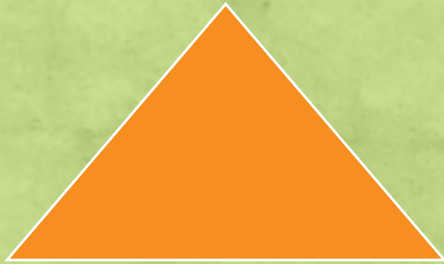
# Why do they go to OUD Tx and not PG Tx???

- Legal mandates
- Fear of opioid withdrawal
- Fear of overdose death
- More availability of OUD Tx
- Stigma
- **OPIOID PROBLEM IS MORE SEVERE THAN THE GAMBLING PROBLEM**

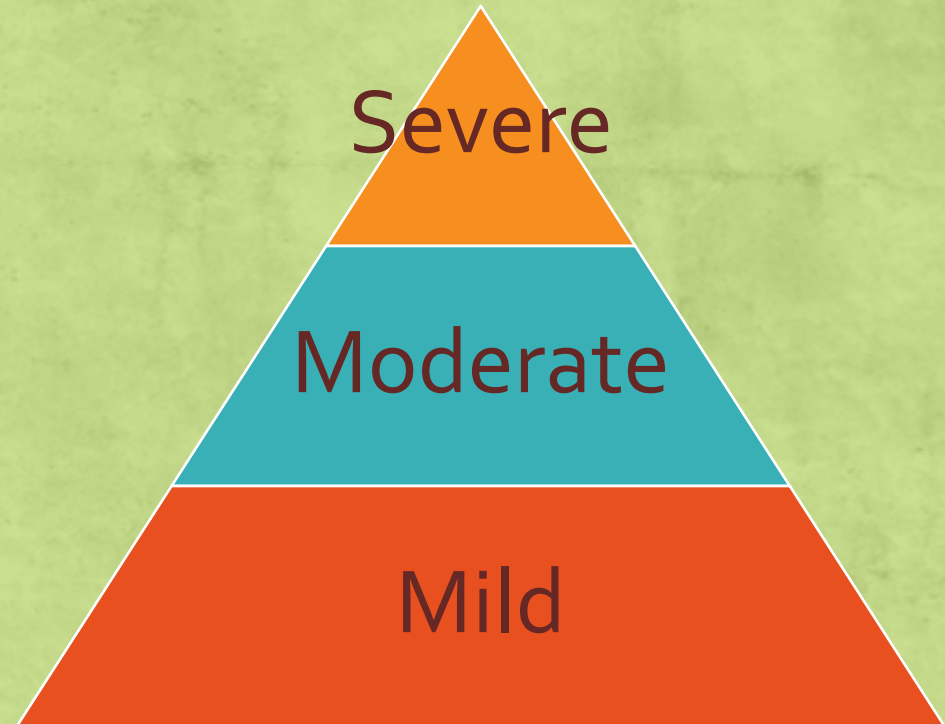


# Who do we think of when we think about individuals who suffer from problem gambling?

These Folks?

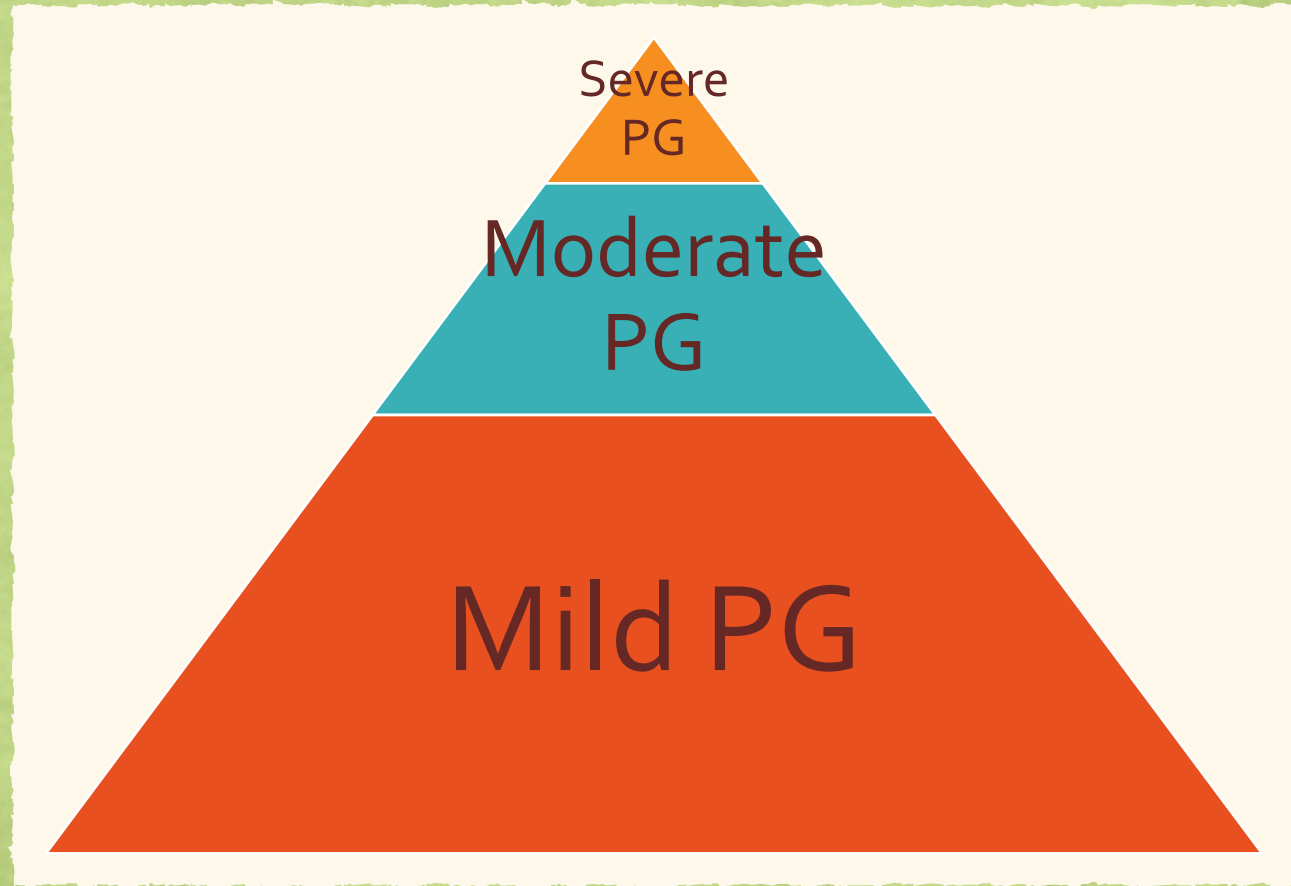


Or All These Folks?



# Problem Gambling Prevention Paradox

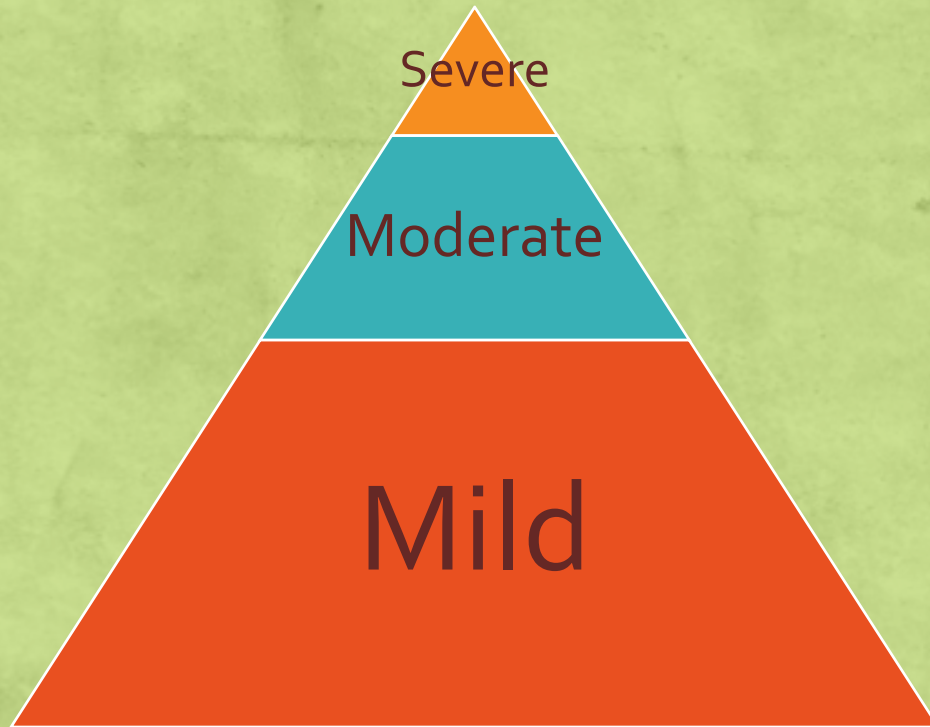
*Strategy of prevention:  
lessons from  
cardiovascular disease*  
**Rose (1981)**



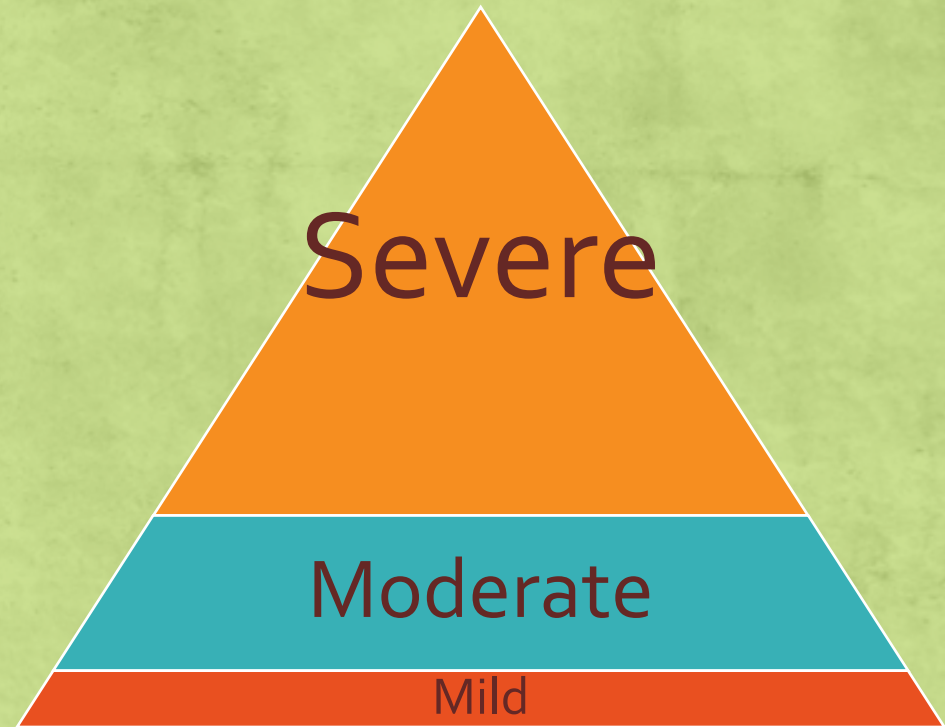


# Addiction: Fast & Slow

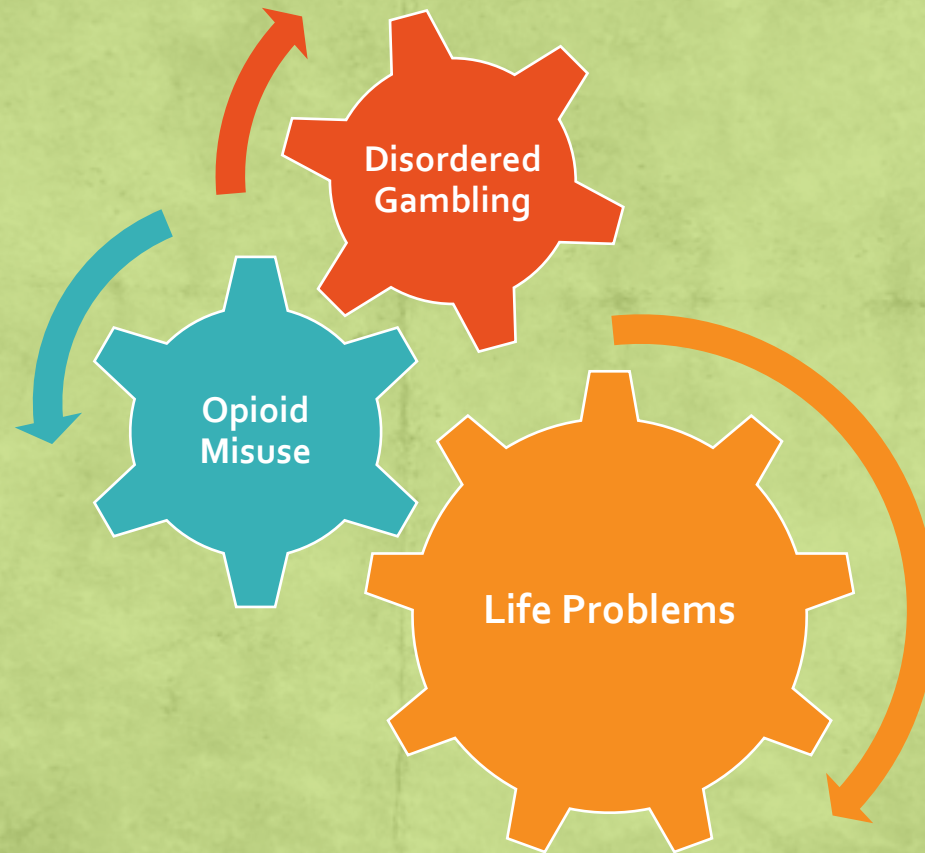
## Gambling



## Opioids



# PG makes it more difficult to recover from OUD





# 40 Years of OUD Research Shows . . .

Number and  
severity of **Life  
Problems**  
stronger  
predictor of  
treatment  
outcome than  
**Opioid  
Addiction  
Severity**



# ***Mild*** PG creates serious life problems that can impede OUD recovery

*Latent class analysis of gambling subtypes and impulsive/compulsive associations: Time to re-think diagnostic boundaries for gambling disorder?*

**Chamberlain et al. (2017)**

*Is subclinical gambling really subclinical?*

**Weinstock, April & Kallmi (2017)**

*Gambling-related problems across life domains: an exploratory study of non-treatment-seeking weekly gamblers*

**Eby et al. (2016)**





# MAT clients who have PG have worse physical and mental health than OUD-only clients

*Health correlates of pathological gambling in a methadone maintenance clinic*

**Weinstock, Petry & Blanco (2006)**





# Individuals with co-morbidity rarely receive comprehensive support they need from OUD Tx

*Illicit Drug Use and  
Problem Gambling*  
**Ferentzy, Skinner &  
Matheson (2013)**





# Individuals with PG in MAT programs . . .

Not only have PG-related problems to overcome, but tend to have additional life problems that make treatment success less likely



# What's the magic of MAT?

By preventing withdrawal symptoms it removes the struggle to obtain opioids from the individual's center of existence

Allows normal functioning, addressing the challenges & problems of everyday living.

Disordered gambling keeps the individual mired in those problems





# COVID-19

Effect on  
gambling,  
problem  
gambling  
and Opioid  
Use Disorder



**First caution: Look at both U.S. and international research**





## Second caution:

Response to pandemic evolves over time & micro location





# Let's first look at gambling. . .





# Some COVID trends

1. Most people with gambling problems continued to gamble; people with PG who were in tx report less gambling, ↑ quality of life, ↓ cravings
2. Some people who previously gambled regularly on EGMs report increased savings and money to pay bills
3. Very small percentage of people report increase in gambling
  - Increased activity in those who primarily gamble online
  - New online account holders primarily 19-34 y/o males
4. Continuing migration to online gambling and mobile platforms  
e.g. Google Play Store removed restrictions on selling gambling apps (≈15% of online U.S. gambling on Android devices)
5. Gambling industry pushing for cashless gambling

# Some COVID trends

7. Regular gamblers report increased substance use, anxiety, depression
8. More than half regular gamblers report employment disruption during COVID
9. More report gambling online while under the influence of substances
10. Rate of new gamblers decreasing
11. Sports betting legalization in U.S. getting another push forward
12. No evidence of individuals moving from sports betting to other online gambling when professional sports were shut down
13. Rise in E-Sports betting, small-time stock investing



# Let's look at COVID and Opioids



# Opioid COVID trends

1. Overdose cardiac arrests attended by emergency medical services increased by 48.5%
2. Overdose deaths continue to climb, trending more to Western States: 60% increase in Oregon in 2<sup>nd</sup> quarter, 70% in 1<sup>st</sup> quarter
3. ER overdose admissions climbing: e.g. 10-fold at VCU Medical Center; 31% increase in Houston
4. Disruptions in both medication access and psychosocial tx
5. Rise in urine drug samples positive for opioids
6. Sharp rise in percentage of Black overdose victims



# (IMHO) New Direction for PG TX/Recovery Advocates



# We need to begin to think like SUD Tx folks

“Ask not what SUD treatment can do for problem gambling; ask what problem gambling recovery support can do to help curb the opioid epidemic.”



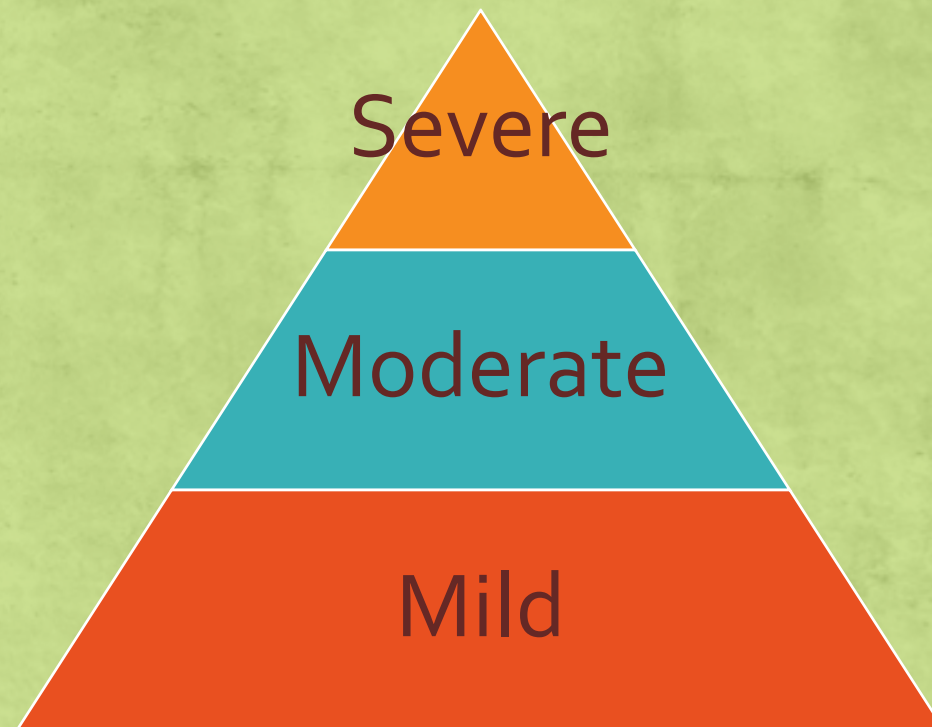


# Who takes the lead in providing services for different levels of PG severity?

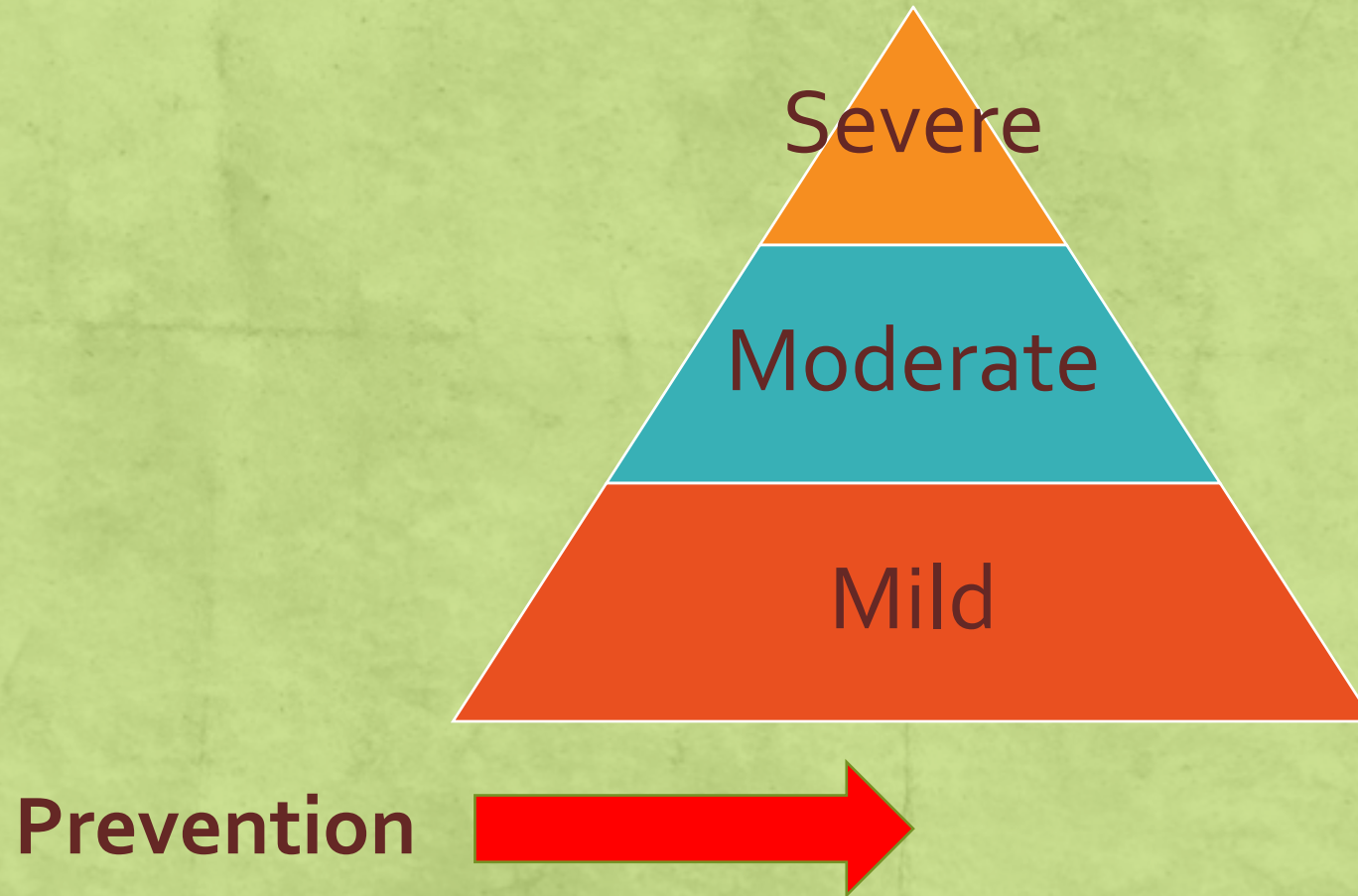
## Provider



## PG Severity

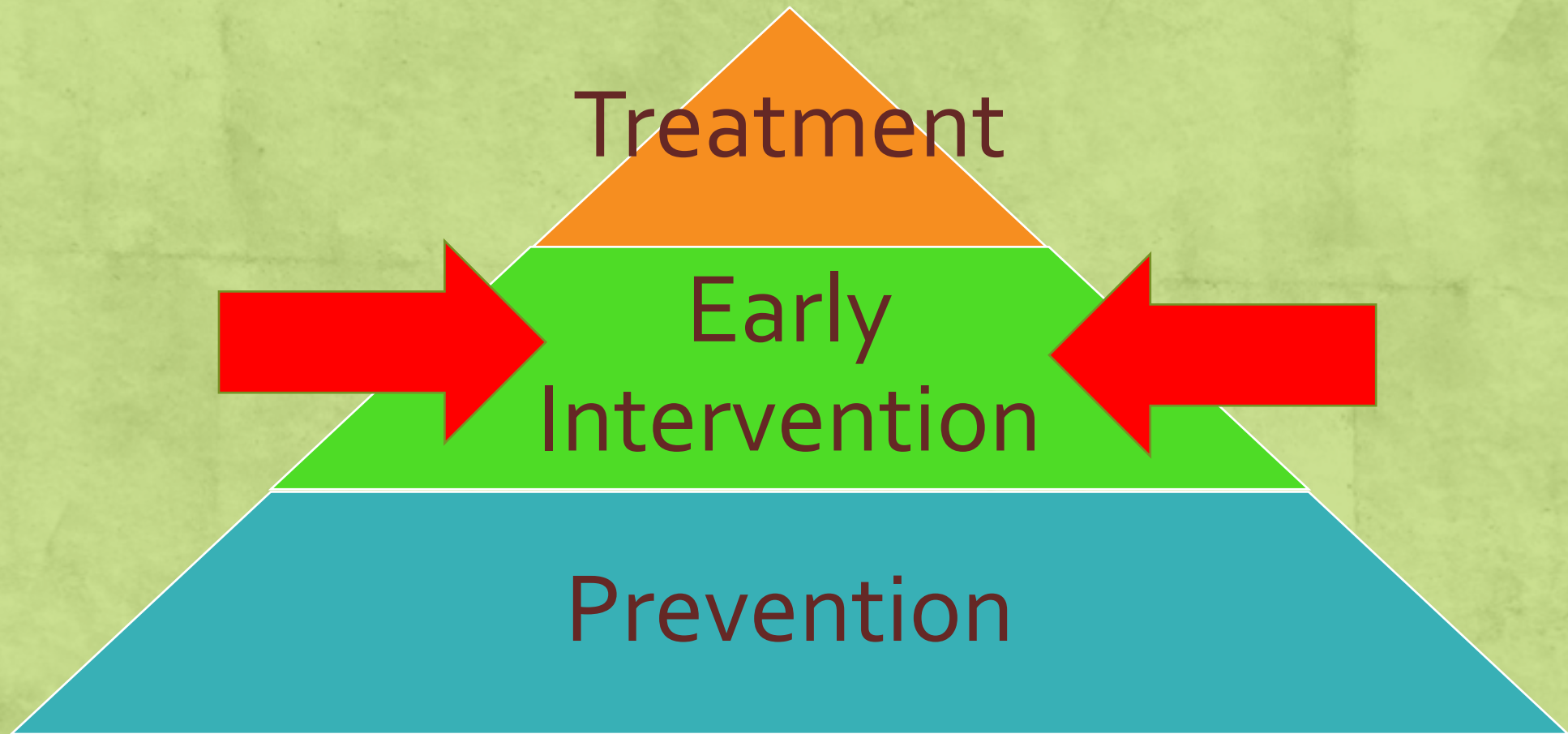


**Prevention system** geared for individuals, primarily youth, who do not yet have PG at any level





What's missing from current system and needed for many individuals who have both PG and OUD...

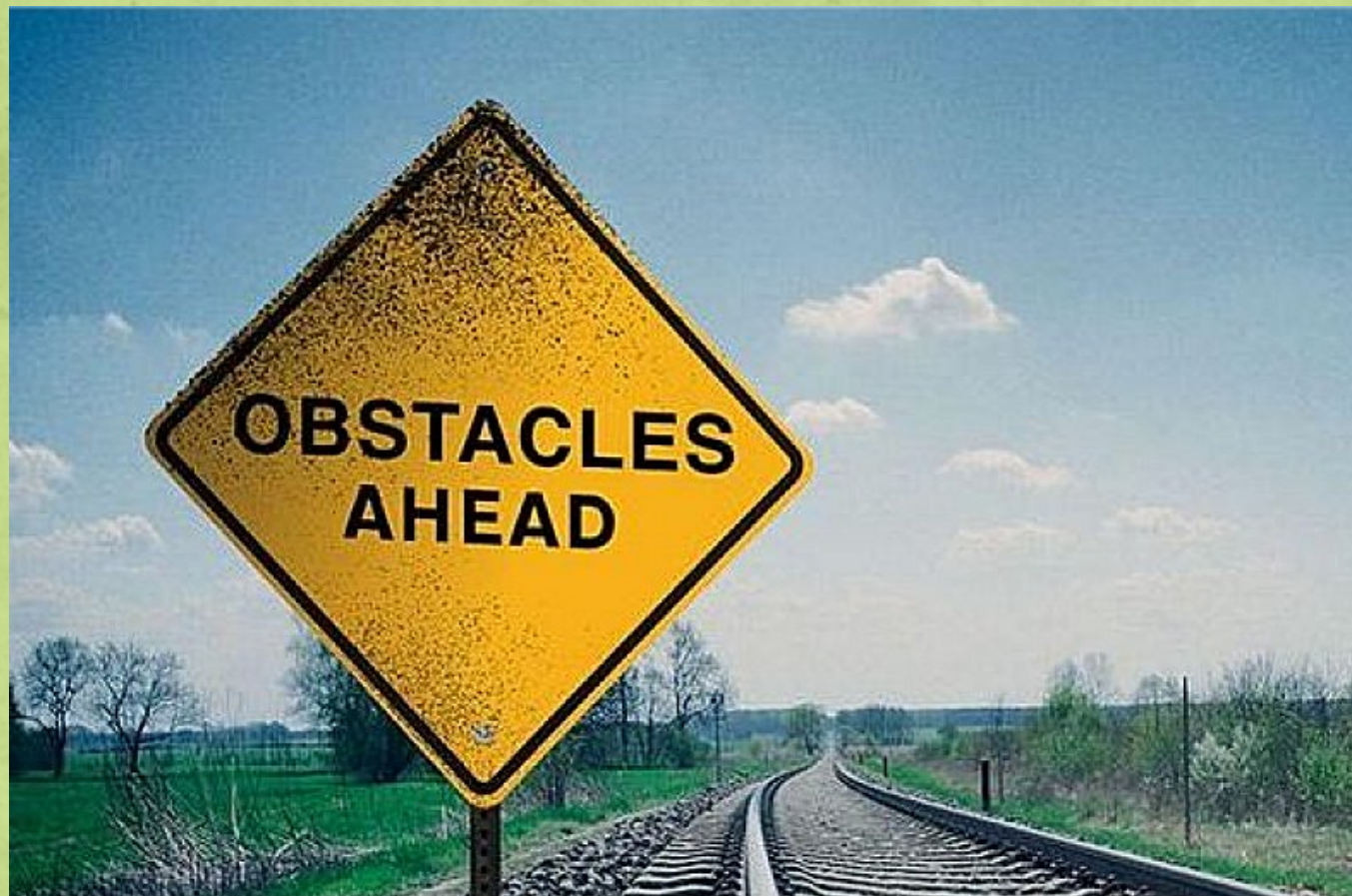


# Early intervention =

1. De-stigmatizing
2. Thorough screening
3. Education geared to level(s) of risk and stage(s) of change
4. PG-capable individuals in MAT staff
5. Skilled referral to treatment when appropriate



What are current obstacles that keep MAT programs from addressing PG effectively?





# What are the obstacles that keep MAT programs from addressing PG effectively?

Tx systems siloed

MAT program ignorance of PG's role in maintaining OUD

PG programs seeing MAT programs as primarily a referral source

MAT programs can't afford to assign adequate targeted resources to it

Lack of Medicaid funding for PG

MAT programs inadequately staffed for thorough psychosocial interventions in general

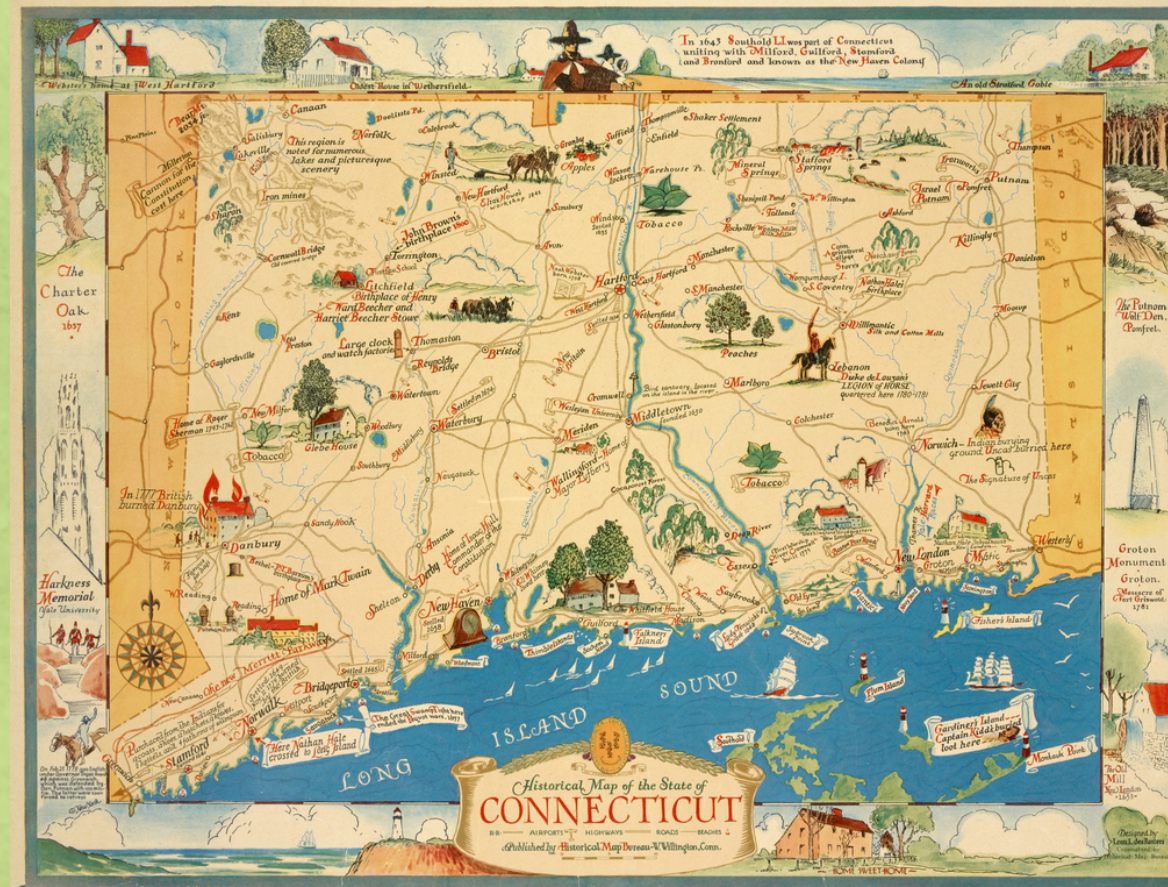


# Success and Challenges: 2015 VOA Example

- Did most effective screening in Oregon
  - 7% of new OP A&D admits enrolled in PG treatment
  - Strong early intervention messages
- Not continued due to:
  - Financially unsustainable
  - Personnel changes & leadership issues



# Connecticut example: fund, train, supervise, monitor





# PG recovery community can . . .

- Become part of OUD recovery community
- Advocate for additional funding earmarked for PG screening and early intervention in MAT programs
- Partner with MAT treatment agencies to provide expertise and support
- Develop ability to implement Gambling Brief Intervention & Referral to Treatment (GBIRT)
- Research prevalence of PG in Oregon MAT programs
- Investigate ways to use technology to identify and reach individuals who have both PG and SUD



*That's all Folks!*



# Thank you! Reminders:

Access recording, resources  
and evaluation

(required for CEUs!) for each session via:

**[www.oregoncpg.org/learn](http://www.oregoncpg.org/learn)**



# Problem Gambling Awareness Month

[www.oregoncpg.org/problem-gambling-awareness-month](http://www.oregoncpg.org/problem-gambling-awareness-month)

Got events? Please send us a note so we can signal boost you! → [julie@oregoncpg.org](mailto:julie@oregoncpg.org)





# Next session: Wed 3/17 2-4pm

## Oregon Roundtable Discussion: Opioids and PG in the Oregon PGS System

**Separate registration!**

**<https://bit.ly/opioids-PGS>**





# Wrap-Up Session

## March 18 from 3-4pm

- Wrapping up key takeaways from our presentations
- Preview of OHA PGS On Demand, In Depth Problem Gambling Training for SUD and MH Providers
- State of the PG Treatment System in Oregon, and Future Vision for the System