Tribal MAT
A unified response to the opioid crisis in California Indian Country

Project ECHO
University of California Los Angeles
Integrated Substance Abuse Programs

Addressing Gambling Problems in the Latino/a Community

Tuesday, September 19th, 2023

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Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.

Whose land are you on?

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Option 2: Enter your location at https://native-land.ca

Option 3: Access Native Land website via QR Code:

September 2023

988
SUICIDE
& CRISIS
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SUICIDE
PREVENTION
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MONTH

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SEPTEMBER 15 – OCTOBER 15

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ATTC

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What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.

Addressing Gambling Problems in the Latino/a Community

California Department of PublicHealth CDPH

CalGETS California Gambling Education and Treatment Services Office of Problem Gambling

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UCLA Gambling Studies Program

Fernando Carrillo, BA
Visión y Compromiso

Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

INTRODUCTION

Gambling is a Large and Growing Industry in the US

- **Revenue data (American Gaming Association, 2023) for commercial gaming indicate consistent and steady growth for the industry.**
  - Gross gaming revenue in calendar year 2022 was approximately $60 billion; an increase of about 14% from calendar year 2021.
  - The largest share of revenue in 2022 came from slot machines (~$34 billion), followed by table games ($10 billion), sports betting ($7.5 billion), and internet gambling ($5 billion).
  - Between 2021 and 2022 all categories of gaming showed an increase, but internet (35%) and sports betting (72%) showed marked increases.
  - This represents the regulated, legal gambling revenue and does not include informal or unregulated gambling.

Problem-Gambling-Related Harms and Correlates

- While most who gamble do so without negative consequences, some develop serious psychosocial impairments due to their gambling behavior.

- These consequences go beyond the financial impact of gambling losses and can involve mental/physical health, substance use, employment, family, and legal problems.

- **Among the correlates of gambling problems are:**

  - substance use disorders, mood disorders, personality disorders (Petry et al., 2005)
  - suicidality (Ledgerwood et al., 2005)
  - intimate partner violence (Korman et al., 2008; Muelleman et al., 2002)
  - reduced quality of life (Black et al., 2003)
  - excessive fatigue, insomnia, respiratory and internal dysfunctions, migraine headaches, hypertension/cardiovascular disease (Larimer et al., 2006; Meyer et al, 2000)
  - criminal activity motivated by gambling-related debt (Ledgerwood et al., 2007)

DSM-5 Criteria for Gambling Disorder

Construct	Criteria
Tolerance	Increasing amounts of money wagered in order to achieve the desired excitement
Withdrawal*	Is restless or irritable when attempting to cut down or stop gambling
Loss of Control	Has made repeated unsuccessful efforts to control, cut back, or stop gambling
Preoccupation	Is often preoccupied with gambling (e.g., reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)
Escape	Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed)
Chasing	After losing money gambling, often returns another day to get even ("chasing" one's losses)
Lying*	Lies to conceal the extent of involvement with gambling
Lost Opportunities	Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
Borrowing Money*	Relies on others to provide money to relieve desperate financial situations cause by gambling

Prevalence Rates by Racial/Ethnic Groups: Alegria et al., 2009

Prevalence of Problem/Pathological Gambling	Native Americans/ Asians	African-Americans	Latino/as	Non-Latino Whites
General Population, Lifetime	2.3%*	2.2%*	1.0%	1.2%
Conditional Prevalence, Lifetime	8.2%*	9.0%*	5.5%	4.0%

Prevalence of Pathological Gambling	Native Americans/ Asians	African-Americans	Latino/as	Non-Latino Whites
General Population, Lifetime	0.56%	0.9%*	0.3%	0.4%
Conditional Prevalence, Lifetime	2.2%	3.2%*	1.4%	1.3%

Statistically equal prevalence for disordered and pathological gambling among NLW and Latinos.
Statistically higher prevalence for disordered gambling among NA/A and AA relative to NLW.
Statistically higher prevalence for pathological gambling among AA relative to NLW.

Comorbidity by Racial/Ethnic Groups: Alegria et al., 2009

- Comorbidities among problem gamblers showed some variation in the lifetime alcohol use disorders and nicotine dependence, but not in regards to lifetime mood or anxiety disorders.

Comorbidity Among Problem Gamblers	US General Population	Native Americans/ Asians	African-Americans	Latino/as	Non-Latino Whites
Lifetime Drug Use Disorder	9.9%	30.5%	31.1%	22.5%	39.9%
Lifetime Alcohol Use Disorder	29.1%	57.6%	51.3%*	55.5%	73.5%
Lifetime Nicotine Dependence	24.0%	48.4%	35.6%*	22.0%*	55.4%
Lifetime Mood Disorder	21.4%	34.7%	43.3%	47.8%	35.8%
Lifetime Anxiety Disorder	31.1%	34.7%	41.3%	24.3%	40.0%

Comorbidity in Gambling Disorder

- Multiple disorders common in GD; 30 times greater odds for multiple (3 or more) psychiatric diagnoses lifetime.
- Most psychiatric diagnoses occurred before GD
- Mood, anxiety, AUD post GD depending on the severity of gambling behavior
- Psychiatric disorders can be risk factors, maintaining factors, or a consequence of GD
- DUD with GD impacts gambling treatment outcomes; ~2.5 times increase in 3 month gambling abstinence w/o DUD

Rash et al., 2016

Suicide and Gambling Problems

- Karlsson & Håkansson (2018). Gambling disorder, increased mortality, suicidality, and associated comorbidity: A nationwide register study. Journal of Behavioral Addictions, 7(4), 1091-1099.

  - Risk for death during the study time frame (2005 to 2016) was 1.8 times greater for those with gambling disorder relative to the general population; Risk for death by suicide was about 15 times greater and suicide was the leading mortality cause (31%)

  - Risk was greater among those aged 20 to 49 (19.3 times greater) than among those aged 50 to 74 (9.6 times greater)

  - Comorbid depression increased the risk for suicide after controlling for gender, age of first gambling disorder diagnosis, substance use disorder, and anxiety.

Why Address Gambling Problems in SUD Treatment?

- Individuals seeking treatment for SUD may be particularly vulnerable to developing GD (Toneatto & Brennan, 2002)

- Cowlishaw et al., 2014
  - Prevalence rates of GD and problem gamblng in SUD treatment range from 14% (gambling disorder) to 23% (problem gambling)
  - General population prevalence of GD = ~1% (DSM-5; American Psychiatric Association, 2013)
  - SUD comorbidity studies have rarely included problem gambling
  - The prevalence of problem gambling increases with the intensity of SUD treatment services

- Problem gambling is associated with poorer treatment response to SUD treatment (Rash et al., 2016)

- Screening and treatment of problem gambling improves treatment outcomes for SUD treatment (Ledgerwood & Downey, 2002)

SCREENING FOR PROBLEM GAMBLING

Brief Biosocial Gambling Screen (BBGS; Gebauer et al., 2010)

Construct Assessed	During the past 12 months…	Screening Procedures
Withdrawal	Have you become restless, irritable, or anxious when trying to stop and (or) cut down on gambling?	
	I do not gamble.	Exit, not a gambler
	Yes	Exit, positive screen
	No	Continue
Lying	Have you tried to keep your family or friends from knowing how much you gambled?	
	Yes	Exit, positive screen
	No	Continue
Borrowing Money	Did you have such financial trouble as a result of gambling that you had to get help with living expenses from family, friends, or welfare?	
	Yes	Exit, positive screen
	No	Exit, negative screen

Test	Disease: Positive	Disease: Negative
Positive	True Positive (a)	False Positive (b)
Negative	False Negative (c)	True Negative (d)

Sensitivity = a / (a + c)
Specificity = d / (b + d)

Positive Predictive Value = a / (a + b)
Negative Predictive Value = d / (c + d)

Adapted from: Grimes, D. A. & Schulz, K. F. (2002). Uses and abuses of screening tests, The Lancet, 359, 881-884.

Sensitivity and Specificity Example: BBGS

	Disease Present	Disease Absent
Test Positive	76 [True Positives]	135 [False Positives]
Test Negative	3 [False Negatives]	10,892 [True Negatives]
	Sensitivity = TP/(TP+FN)	Specificity = TN/(TN+FP)

Gebaur et al. (2010) BBGS Sensitivity and Specificity

TP = 76 Sensitivity = 76/(76+3) = 0.96
FN = 3

TN = 10,892 Specificity = 10,892/(10,892+135) = 0.99
FP = 135

PPV = 76/(76+135) = .36
NPV = 10,892 / (3 + 10,892) = .99

THE CALIFORNIA GAMBLING EDUCATION AND TREATMENT SERVICES PROGRAM (CalGETS)

What is CalGETS?

- The California Gambling Education and Treatment Services program
- Who does CalGETS serve?
  - California residents age 18 years or older who meet at least one of the criteria for a gambling disorder in the past 12 months or who are persons (e.g., partner, child, parent, grandparent, business associate, etc.) who are impacted by another's gambling problem
- CalGETS services are provided at no cost to consumers; however, services are time limited.

Service Modality	Description	Population Served	Providers
Outpatient	Community-based, individual psychotherapy	Gamblers, Affected Individuals	Private, licensed mental health providers.
Enhanced Outpatient	3 hours per day, 3 days a week group, individual, and family therapy. Culver City, San Diego, and Los Angeles	Gamblers	Beit T'Shuvah Union of Pan-Asian Communities (UPAC) Westside Gambling Tx
Residential Treatment	Daily groups, once per week individual therapy, 12-step work encouraged: Culver City	Gamblers	Beit T'Shuvah
Problem Gambling Telephone Intervention	Telephone-based therapy in English, Spanish, and Asian languages	Gamblers, Affected Individuals	Licensed mental health providers from Telus
Outpatient Group	Open format, group services	Gamblers, Affected Individuals	Private, licensed mental health providers; UPAC

Health Disparities

- Disparities in mental health service utilization exist for Latino/as.

- For example, despite similar rates of psychological distress, Latino/a individuals aged 18 or older were about half as likely to have received mental health services in the past year (SAMHSA, 2020. Results from the 2019 National Survey on Drug Use and Health: Mental Health Detailed Tables. Table 8.17B https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables).

- Also, for those with a past year major depressive episode, fewer Latino/as than Non-Latino/a Whites received treatment for depression (58% vs. 70%)(SAMHSA, 2020. Results from the 2019 National Survey on Drug Use and Health: Mental Health Detailed Tables. Table 8.39B https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables).

Problem Statement and Action Plan

- Problem Statement:

  - The prevalence of problem gambling among Latino/as (~1%) is at least equal to that seen for non-Latino/a Caucasians (~1.4%). The percentage of Latino/a clients in CalGETS has been approximately 17%, which is lower than their representation in the adult California population (~36%). There is a need to implement program changes to better engage Latino/as in treatment for problem gambling to reduce the burden of gambling harms in this community.

- Action Plan:

  - Train promotores about gambling problems, including how to identify those who may benefit from CalGETS services
  - Develop information and resources on gambling problems and CalGETS for the Latinx community
  - Implement a plan for promotores' activities in Los Angeles and San Diego Counties
  - Assess the project impact by tracking promotore outreach activities, calls to the CalGETS Helpline (1-800-GAMBLER), and CalGETS utilization rates

Project Progress

- UGSP created a focus group guide including questions, a demographic survey, and procedures for conducting the groups.
- Visión y Compromiso conducted 3 Spanish-language focus groups with just over 40 promotore/as from SD and LA counties.
- Focus group transcripts (English/Spanish) were coded for key themes and a report on focus group findings was delivered to OPG.
- UGSP created a 150-slide presentation on gambling problems, gambling in the Latinx community, screening for gambling problems using the BBGS, and referral to CalGETS treatment for those screening positive for problem gambling.
- Visión y Compromiso adapted the slide set for a 2-day, in-person, Spanish language training for promotore/as from SD and LA.

Project Progress

- Visión y Compromiso conducted two trainings with promotore/as; one in LA (17 attendees) and one in SD (11 attendees).
- UGSP conducted and evaluation of these trainings and delivered a report on them to OPG.
- Promotore/as field activities began on September 1, 2022.
- UGSP developed a program evaluation plan for this project that includes data from three sources: (1) tracking of promotore/as activities; (2) helpline call data from Lifeworks; and, (3) CalGETS utilization data.

VISIÓN Y COMPROMISO: THE PROMOTOR MODEL

Visión y Compromiso

Established in 2000, Visión y Compromiso (VyC) is dedicated to improving the health and well-being of underrepresented communities. We are the only organization in California providing comprehensive and ongoing leadership development, capacity building, advocacy training, and support to over 4,000 Promotores and Community Health Workers.

MISSION: Visión y Compromiso is committed to community well being by supporting promotores and community health workers.

Visión y Compromiso

- Promotores and Community Health Workers are links between their communities and health and social service providers.
- Because they share the same language, culture, ethnicity, status and experiences of their communities, Promotores can reduce the barriers to health education and services that are common for native-born and immigrant communities. The result is better health for more individuals, families and communities.
- Promotores may be volunteers or paid workers, and are also known as patient liaison, peer educator, health advocate, family educator, outreach worker or system navigator. Regardless of what they are called, Promotores build and maintain relationships of trust and respect within their communities and understand the reality of how people live and the obstacles that keep them from success.
- Promotores work to improve conditions so that their children, and all children, will be healthy, better educated and productive citizens.

Promotor Model

The benefits:

- removing language barrier
- Bringing cultural awareness
- gender approach (when necessary)
- organic
- time (flexibility of approach and availability)

The barriers:

- cultural awareness (gambling not an actual issue)
- privacy (issues of legal status, insurance, family knowledge)
- gender (cultural biases)

Hours of Outreach Activity

LA County		San Diego County	
June	168	June	169
July	164	July	162
August	156	August	176

Common Locations for Outreach

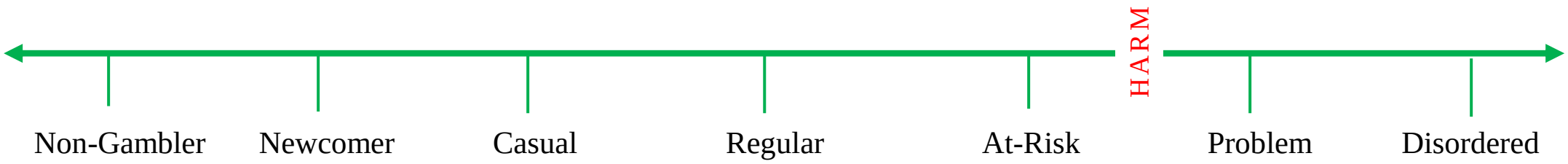
LA County		San Diego County	
Libraries	Health Fairs	School Fairs	
Churches		Libraries	
Food Banks			

Number Reached and Referred to CalGETS

LA County	Adults Reached	Adults Referred	San Diego County	Adults Reached	Adults Referred
June	2,656	372	June	1,331	168
July	1,972	141	July	1,050	140
August	1,368	79	August	1,542	219

Understanding the Range of Gambling Behavior

Range of Gambling Behavior



The Las Vegas Vacationers

Mary (a 45 year old, married, female with two children who are both in their 20s) goes to Las Vegas once per year with her husband for vacation. She and her husband budget approximately $500 for gambling. Mary says that she gambles to relax and to have fun while on vacation, but does not expect to win big. She plays the slot machines and has not learned the rules for table games. While in Las Vegas, the two often attend shows, go to dinner, and socialize with friends who sometimes join them on their trip. She says that they always stick to their budget when gambling and that they money they spend is discretionary. She has never experienced problems as a result of her gambling, nor has her husband.

- Where are Mary and her husband on the continuum of gambling behavior?
- What information helped you to place them on the continuum?

The Las Vegas Vacationers: Casual Gamblers

Mary (a 45 year old, married, female with two children who are both in their 20s) goes to Las Vegas once per year with her husband for vacation. She and her husband budget approximately $500 for gambling. Mary says that she gambles to relax and to have fun while on vacation, but does not expect to win big. She plays the slot machines and has not learned the rules for table games. While in Las Vegas, the two often attend shows, go to dinner, and socialize with friends who sometimes join them on their trip. She says that they always stick to their budget when gambling and that the money they spend is discretionary. She has never experienced problems as a result of her gambling, nor has her husband.

The Park Player

Mauricio (a 56 year-old, divorced male with three children in their 30s) goes to park to play card games for money with friends. He used to play for $5 dollars a hand; however, he now says that small stakes are not exciting so he plays for $50 a hand. He recently lost $700 in a card game. The next week, he used some of his rent money to play cards in an effort to win back his loss. After losing, he went to his ex-wife, who had divorced him due to his gambling, telling her that he had medical expenses and asked her for money. She declined to help him. He then went to his children to ask for a loan, but they too declined because when they had done so in the past, he used the money to gamble. He promised himself that he would cut back on his gambling, which was a promise he had made and was unable to keep many times before.

- Where is Mauricio on the continuum of gambling behavior?
- What information helped you to place him on the continuum?

The Park Player: Gambling Disorder

Mauricio (a 56 year-old, divorced male with three children in their 30s) goes to park to play card games for money with friends. He used to play for $5 dollars a hand; however, he now says that small stakes are not exciting so he plays for $50 (tolerance) a hand. He recently lost $700 in a card game. The next week, he used some of his rent money to play cards in an effort to win back his loss (chasing). After losing, he went to his ex-wife, who had divorced him due to his gambling (lost relationship), telling her that he had medical expenses (lying) and asked her for money. She declined to help him. He then went to his children to ask for a loan, but they too declined because when they had done so in the past (bailouts), he used the money to gamble. He promised himself that he would cut back on his gambling, which was a promise he had made and was unable to keep many times before (loss of control).

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CalGETS
California Gambling Education and Treatment Services
Office of Problem Gambling

Cognitive Distortions in Problem Gamblers

Differences in Cognitive Distortions Between Problem and Social Gamblers. Joukhador, et al., 2003. Psychological Reports, 92, 1203-1214.

- Convenience sample of 56 (36 men and 20 women) treatment seeking problem gamblers and 52 (15 men and 37 women) social gamblers.
- Treatment seeking problem gamblers had a mean score of ~13 on the South Oaks Gambling Scale and social gamblers had a mean score of ~1 on this measure. The cutoff for problem gambling used was a mean score of 10 or more.
- Surveyed using the Gambling Belief Questionnaire – a 65 item measure assessing 12 categories of irrational and distorted cognitions, and erroneous perceptions about gambling.

Distortions Assessed via Survey

- **Illusion of control** – belief that the individual is able to influence the outcome of a chance-determined event through the use of strategies or systems. (Skill and insight are a big determinant of winning.)
- **Erroneous beliefs of winning** – belief that the individual is on a winning streak or can win at gambling. (When I begin winning I keep going because I know that I will be on a roll.)
- **Gamblers fallacy** – continued gambling despite losses due to the belief that a win is imminent. (I have to keep gambling so I don't miss out on a win.)
- **Superstitions** – belief that ritual behaviors or lucky objects (e.g., a rabbit's foot or lucky shirt) influence gambling outcomes. (My hunches have a big influence on my winning.)
- **Impaired control** – belief that the individual has no control over gambling. (I have no control over my gambling.)
- **Near miss** – belief that a near win or near miss signals that a win is close. (The closer I come to winning, the more likely it is that I will win next time.)

Distortions Assessed via Survey (continued)

- **Memory bias** – tendency to recall wins and to forget losses. (Thoughts of my wins outweigh my losses when gambling.)
- **Biased evaluation** – attributing wins to personal skill factors and losses to external of chance factors. (When I lose it's because of bad luck.)
- **Positive state** – belief that gambling induces a positive or relaxed state. (I gamble simply because I enjoy it.)
- **Relief** – belief that gambling will relieve an unpleasant affect or mood state such as stress or boredom. (I need to gamble to deal with my problems.)
- **Money equals solution to problems** – belief that winning money at gambling will solve the individual's life problems. (All my stress would disappear when I win the big one.)
- **Denial** – belief that the individual does not have a gambling problem. (Apart from money problems, gambling does not affect any other part of my life.)

Cognitive Distortions Findings

- Problem gamblers obtained higher scores on all cognitive distortion scales relative to social gamblers except the denial scale.
- No gender differences were seen between the two groups on gambling beliefs.
- This study supports the hypothesis that problem gambling is associated with a broad range of irrational beliefs and distorted cognitions and that problem gamblers seeking treatment endorse more distorted beliefs across all domains than do non-treatment seeking social gamblers. (Joukhador et al., 2003, pp. 1211)

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