



# GAMBLING RESEARCH REVEALS

## Highlights from the 6th Annual Institute Conference—Addressing gambling-related harm through evidence-based practices

by Rhys Stevens

The Institute's 6th annual conference took place on Friday, March 30th and Saturday, March 31st amidst the inspiring mountain surroundings at the Banff Centre in Banff, Alberta. A selection of national and international gambling experts introduced conference delegates to many of the most significant evidence-based developments in problem gambling treatment and research. Presenters and attendees alike expressed their satisfaction with the conference topic, facilities and opportunities to network with colleagues.

The following summaries provide a sampling of the types of material delivered at the conference. Additional presentations are accessible from the *Conference 2007 — Completed Program* page on the Institute web site.

**CONTINGENCY MANAGEMENT – Dr. Jeremiah Weinstock**  
(Department of Psychiatry, University of Connecticut Health Center)

In a presentation entitled *Contingency Management (CM) in problem gambling treatment*, Dr. Jeremiah Weinstock of the University of Connecticut noted that adherence to a program of gambling treatment is critical for treatment success. Contingency management (CM) is an approach which has been successfully used by Weinstock to encourage problem gamblers to stay longer in treatment. This is accomplished by offering clients small rewards and incentives (e.g., food and movie vouchers) to continue their participation.

In several studies, CM was found to reinforce compliance with completion of treatment homework, improve session attendance, and initiate behavioural activation (i.e., re-engagement with other favourite non-gambling activities). Weinstock acknowledged that sufficient funds for treat-



Dr. Jeremiah Weinstock

The Alberta Gaming Research Institute is a consortium of the Universities of Alberta, Calgary, and Lethbridge. Its primary purpose is to support and promote research into gaming and gambling in the province.\*

#### OUR MISSION

To significantly improve Albertans' knowledge of how gambling affects society



Dr. Jeffrey Marotta

"Dr. Jeffrey Marotta provided research evidence to suggest that problem gamblers are notorious for avoiding treatment and that there is a particularly high prevalence rate of problem gambling within prisons."

ment rewards may not always be available to therapists. He did, however, advise treatment providers to, "Think creatively about what people might want and how you can potentially provide that... examples might include using donations from the community or simply providing free parking spaces for clients." In his conclusion, Dr. Weinstock pointed out that CM offers a simple way to make treatment more palatable for individuals.

**TREATMENT OF GAMBLING IN PRISONS – Dr. Jeffrey Marotta** (Oregon Department of Human Services, Addictions and Mental Health Division)

Dr. Jeffrey Marotta of the Oregon Department of Human Services introduced conference delegates to a treatment initiative taking place in an Oregon correctional institution in his presentation *Treatment of gambling in prisons*. He provided research evidence to suggest that problem gamblers are notorious for avoiding treatment and that there is a particularly high prevalence rate of problem gambling within prisons. There also happen to be few prison-based interventions in existence.

Marotta described a treatment program that he developed for inmates at the Coffee Creek women's facility in Oregon that targeted those in a "pre-release" program. The program was adapted from the Alberta self-help gambling manual "Becoming a Winner" and offered interested inmates six ninety-minute classes. An analysis of results from clients who completed the program indicated that the intervention was successful in reducing problem gambling from the time of intake. It was noted by Marotta that this program is best considered to be a problem gambling prevention strategy which also provides a significant educative component.

**PHARMACOLOGICAL TREATMENT – Dr. Jon Grant** (Department of Psychiatry, University of Minnesota Medical Center)

Dr. Jon Grant, Associate Professor of Psychiatry at the University of Minnesota Medical Centre and Editor-in-Chief of the *Journal of Gambling Studies*, expertly presented the latest in medical developments as part of his presentation *Neurobiology and pharmacological treatment of pathological gambling*. Grant was careful to note that existing pharmacological treatments are not themselves "magic pills... though they can reduce the urges to gamble and allow people to become better able to effectively participate in other interventions." Additionally, he pointed out that no medications have yet been approved by the U.S. Food and Drug Administration (FDA) for the treatment of gambling addiction.

According to Grant, research indicates that there are numerous independent biological processes going on in the brain of problem gamblers which can all be considered "little pieces of a much larger puzzle." These pieces of interest now include dopamine, glutamate, serotonin, norepinephrine, and the opioid system. Each provides a promising target for pharmacological intervention. As people have been found to gamble for profoundly different



Dr. Jon Grant

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reasons, Grant recommended that medication should be targeted based on an individual’s motivation for gambling. Grant has found that the best results to date have been obtained when pharmacological treatments are combined with a range of other types of problem gambling interventions.

**ALBERTA LEISURE, LIFESTYLE & LIFECYCLE PROJECT – Dr. David Casey**  
(Research Project Coordinator, LLL Project, University of Calgary)

In the presentation *Gambling behavior among a sample of adolescents and adults in Alberta*, Dr. David Casey highlighted findings from year one of the Alberta Leisure, Lifestyle and Lifecycle (LLL) longitudinal project. Casey is coordinating the project which involves the collection of data from 1,800+ Albertan participants in Edmonton, Calgary, Lethbridge and Grande Prairie over the course of five years.

According to Casey, the first full year of data collection provided a number of challenges. These included: reduced effectiveness of random digit dialing (RDD) to recruit participants due to call-blocking devices and do-not-call lists; poor success when contacting individuals in July and August; finding sufficient numbers of at-risk and high-risk gamblers, and; poor follow-through from telephone interviews to face-to-face interviews. On a more positive note, participants were very satisfied with their face-to-face interactions with research assistants who administered

the survey instruments.

**ADDRESSING COMORBIDITIES – Dr. Nady el-Guebaly** (Addiction Centre, Foothills Medical Centre, Calgary Health Region & Addictions Division, Faculty of Medicine, University of Calgary)

University of Calgary Professor Dr. Nady el-Guebaly included an informative clinical case study as part of his presentation entitled *Addressing comorbidities in the treatment of gambling problems*. He indicated that there have been very few evidence-based research investigations relating to comorbidities and problem gambling to date. He did, however, predict that, “Clinical wisdom will inform practice guidelines and vice-versa” in the not-too-distant future.

Dr. el-Guebaly indicated that a combination of problem gambling with other comorbid behaviours appears to produce a cumulative negative effect. This finding is based on his recently completed analysis of a Statistics Canada health survey which included a sub-sample of gamblers and problem gamblers. To further illustrate the complex nature of how problem gambling often interacts with other comorbid behaviours, el-Guebaly presented an illuminating case history of an Albertan problem gambler who also suffered from depression, childhood trauma and physical pain.

## Presentations & Presenters

### *Use of contingency management*

*(vouchers) in problem gambling treatment* by Dr. Jeremiah Weinstock (Department of Psychiatry, University of Connecticut Health Center)

### *Cognitive motivational behaviour therapy*

by Dr. Edelgard Wulfert (Department of Psychology, SUNY Albany)

### *Treatment of gambling in prisons by*

Dr. Jeffrey Marotta (Oregon Department of Human Services, Addictions and Mental Health Division)

### *Neurobiology and pharmacological management of pathological gambling*

by Dr. Jon Grant (Department of Psychiatry, University of Minnesota Medical Center)

### *Practical issues in conducting longitudinal research*

by Dr. Jim Anthony (Department of Epidemiology, College of Human Medicine, Michigan State University)

### *Gambling behaviour among a sample of adolescents and adults in Alberta: Early results from the Alberta Leisure, Lifestyle and Lifecycle longitudinal project*

by Dr. David Casey (Research Project Coordinator, LLL Project, University of Calgary)

### *Advancements in the understanding of genetic factors in problem gambling*

by Dr. Daniela Lobo (Centre for Addiction and Mental Health, University of Toronto)

### *Online and telephone-based counseling—Lessons from the substance abuse field*

by Mr. Eric Tyssen (Turning Point Alcohol and Drug Centre)

### *Motivational enhancement therapy*

by Dr. Kate Diskin (Addiction Centre, Foothills Medical Centre, Calgary Health Region)

### *Addressing comorbidity in the treatment of gambling problems*

by Dr. Nady el-Guebaly (Addiction Centre Foothills Medical Centre, Calgary Health Region & Addictions Division, Faculty of Medicine, University of Calgary)

### *Focus on anger in the treatment of gambling problems*

by Dr. Lorne Korman (BC Provincial Youth Mental Health and Addiction Program)

### *Subtyping gamblers on the basis of underlying motivations for gambling: Implications for treatment matching*

by Dr. Sherry Stewart (Departments of Psychiatry, Psychology, and Community Health and Epidemiology, Dalhousie University)

### *Community Reinforcement and Family Training (CRAFT) for concerned significant others (CSOs) of problem gamblers*

by Ms. Nicole Peden (Department of Psychology, University of Calgary)

### *Casino based programs (exclusion, information centres)*

by Mr. Rob d'Hondt (Jellinek Consultancy)

### *Almost heaven: Innovations in helpline services and their evaluation*

by Ms. Mia Moran-Cooper (The Problem Gamblers Help Network of West Virginia)

### *Oregon gambling treatment system*

by Dr. Jeffrey Marotta (Oregon Department of Human Services, Addictions and Mental Health Division)

### *Panel session: An evidence-based approach to minimizing harm—Kent Verlik*

(Alberta Gaming & Liquor Commission, Social Responsibility Division), Darlene Gartner (Alberta Alcohol and Drug Abuse Commission, Specialized Services Branch) & Paul Burns (Canadian Gaming Association)

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# Poster presentations @ conference 2007

by Angela Binnie

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An informative collection of research posters relating to the theme of “Addressing Gambling-related Harm through Evidence-based Practices,” were displayed at the Institute’s 6th annual conference on gambling research. Poster presentations highlighted the diverse nature of gambling-related research undertaken by researchers from around the world. Commonalities among poster presentations included discussions on comorbidities and problem gambling, the effect of personality disorders in problem gambling behaviour, culture and game-type preferences, service provider awareness and host responsibility, and prevention and treatment program models.

## Comorbidity and problem or pathological gambling

Discussions on comorbidity considered the relationship between pathological gambling and suicidal behaviours (Andronicos et al: Center for Pathological Gambling—University Hospital of Lausanne, Switzerland), and pathological gambling and Parkinson’s Disease (Asal et al: Center for Problem Gambling—University Hospital of Lausanne, Switzerland). Presentations highlighted a need for early identification of gambling problems associated with suicidal behaviors and pathological gambling, and provided insight into the complex relationship between problem gambling and Parkinson’s Disease with regards to psychosocial factors and treatment challenges.

## Effect of personality disorders in problem gambling behaviour

Studies examining the effect of personality included an examination into the role of personality characteristics of pathological gamblers (Arnestad et al: Dept. of

Psychosocial Science—U. of Bergen, Norway), the prevalence of impulsivity and pathological gambling behaviours (Holub & Hodgins, U. of Calgary), variation of craving levels in gambling tendencies (Young et al: Carleton U.), and affect-regulation expectancies and categorization on the CPGI (Shead & Hodgins: U. of Calgary). Findings identified common personality profiles associated with pathological gambling, associations between impulse control problems and attention difficulties, and that relief expectancy gamblers are more likely to be categorized as problem gamblers on the CPGI.

## Culture, world beliefs and game-type preference

Approached from varying angles, discussions on culture, world beliefs, and game-type preference in association with gambling behaviour proved to be diverse. Examination of the cultural aspects of gambling provided insight into the connections between leisure, lifestyle, and lifecycles of Albertans and gambling (Casey et al: U. of Alberta, U. of Calgary, & U. of Lethbridge), between immigration status and gambling (Lai et al: U. of Calgary), and between older South Asians in Calgary and gambling participation (Suroid & Lai: U. of Calgary). Discussions on the role of world beliefs examined the influence of just world beliefs and personal deprivation on gambling (Callan et al: U. of Calgary), and the level of stigmatization related to disordered gambling (Horch & Hodgins: U. of Calgary). Discussion on game-type preference examined the differences between poker and non-poker playing gamblers (Shead & Hodgins: U. of Calgary).



### **Service provider awareness and host responsibility**

Posters detailing the perceptions among newcomer service providers in Ontario (**Dinshaw & Martela:** COSTI Immigrant Services), and the connection between machine gambling users and the implications for host responsibility (**Townshend & Stansfield:** Problem Gambling Foundation of New Zealand) represented a service-centered insight into problem gambling issues. Findings indicated that there were gaps in newcomer service providers' knowledge of problem gambling issues. This suggested that delivery of future training for service providers in this field is necessary. Also, the duration of time spent machine gambling was identified as being the most practical trigger for host responsibility interventions.

### **Prevention and treatment program models**

Presentations on methods and treatment models examined potential early indicators of disorders gambling for prevention in the general population (**Rihs-Middel et al:** University Hospital of Lausanne, Switzerland), the differences between gamblers who provided collateral reports and those who didn't in treatment (**Cassidy et al:** U. of Calgary), evaluation of the Manitoba Gambling Research Rehabilitation program (**Mackay et al:** Addictions Foundation of Manitoba & U. of Calgary), and the shift from an addictions model to a public health model of treatment and prevention in New Zealand (**Stansfield & Townshend:** Problem Gambling Foundation of New Zealand). Findings indicated that depressive behaviors

and smoking are good candidates for early identification of gambling problems, that failure to identify a collateral does not indicate a desire to minimize gambling, the success of the Manitoba Gambling Rehabilitation Program includes a 50% abstinence rate at the one-year mark, and that embracing a public health approach to gambling requires that an organizational view of gambling be embraced.

*Angela Binnie is a student at the School of Library and Information Studies (SLIS) at the University of Alberta. She has been involved with the selection of gambling-related materials for the library collections of the Winspear Business Reference Library at the U. of Alberta since October, 2006.*