

If gambling treatment was evidence based, what would it look like?

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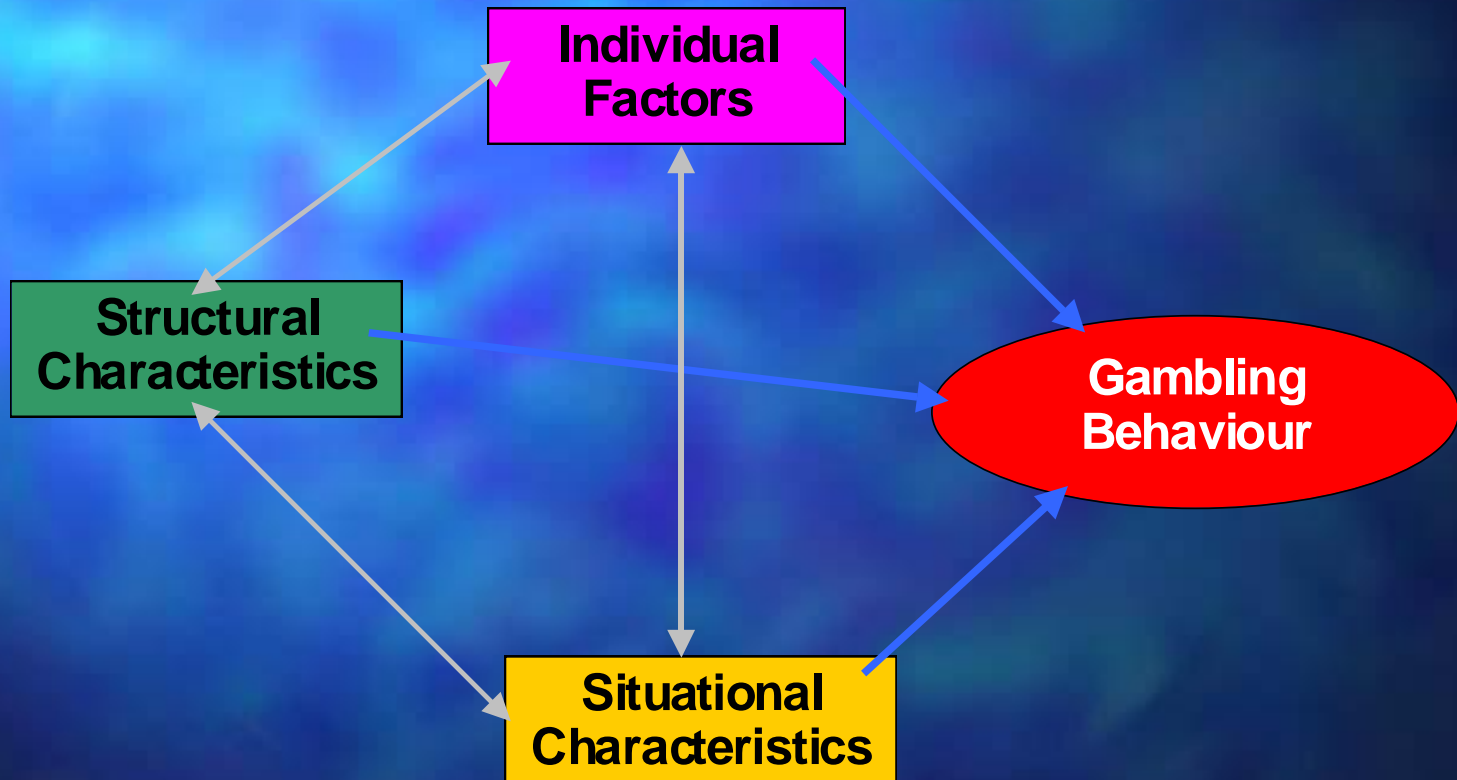
If gambling treatment was evidence based, what would it look like?

- In short, there wouldn't really be any gambling treatment available!

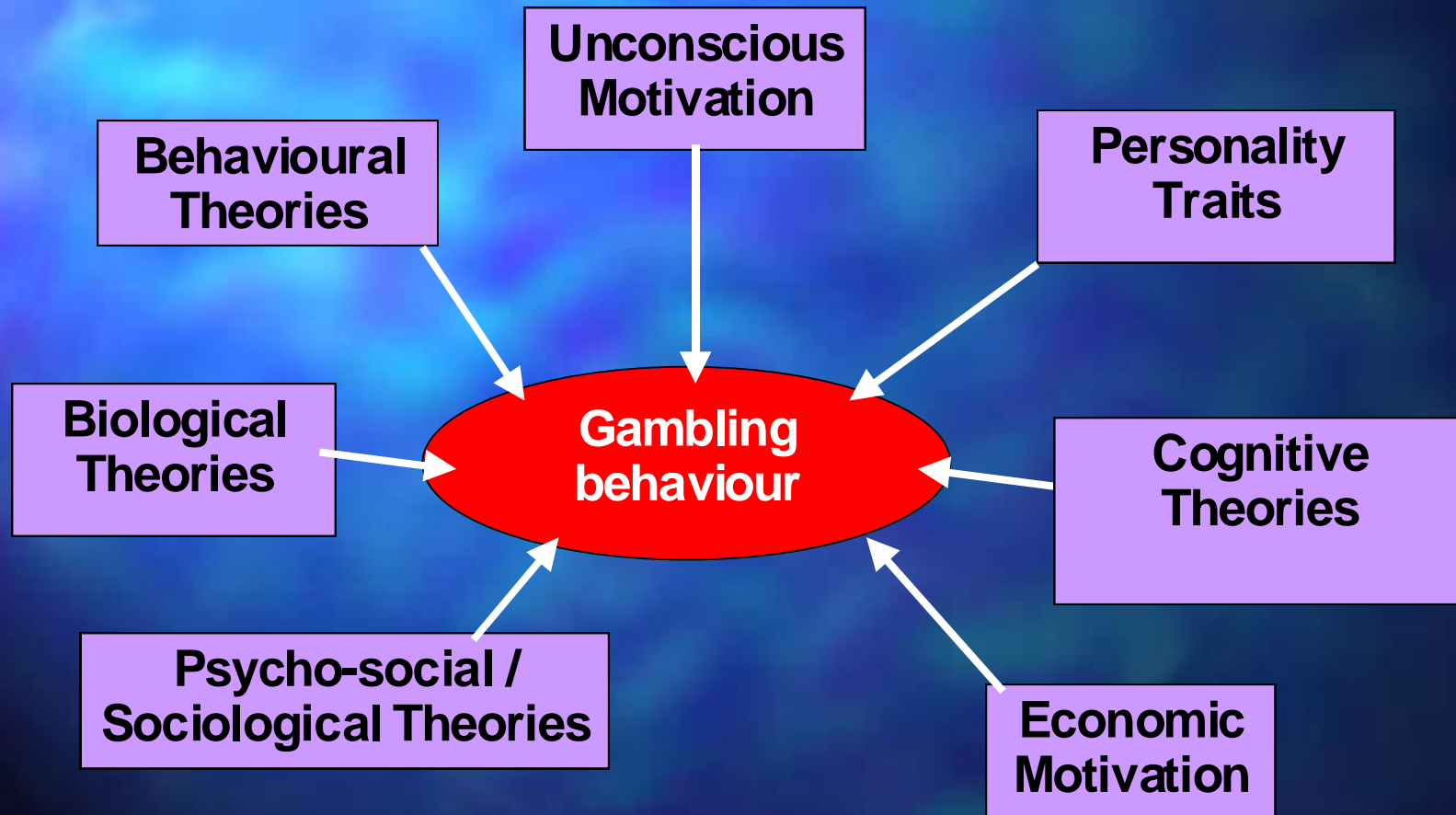
Gambling addiction: An eclectic approach

- Addictive behaviour results from an interaction and interplay between many factors :
 - biological and/or genetic predisposition
 - social influences/ environment
 - psychological constitution
 - the activity (situational/structural)
- Research and clinical interventions are best served by a biopsychosocial approach which incorporates the best strands of contemporary psychology, biology and sociology

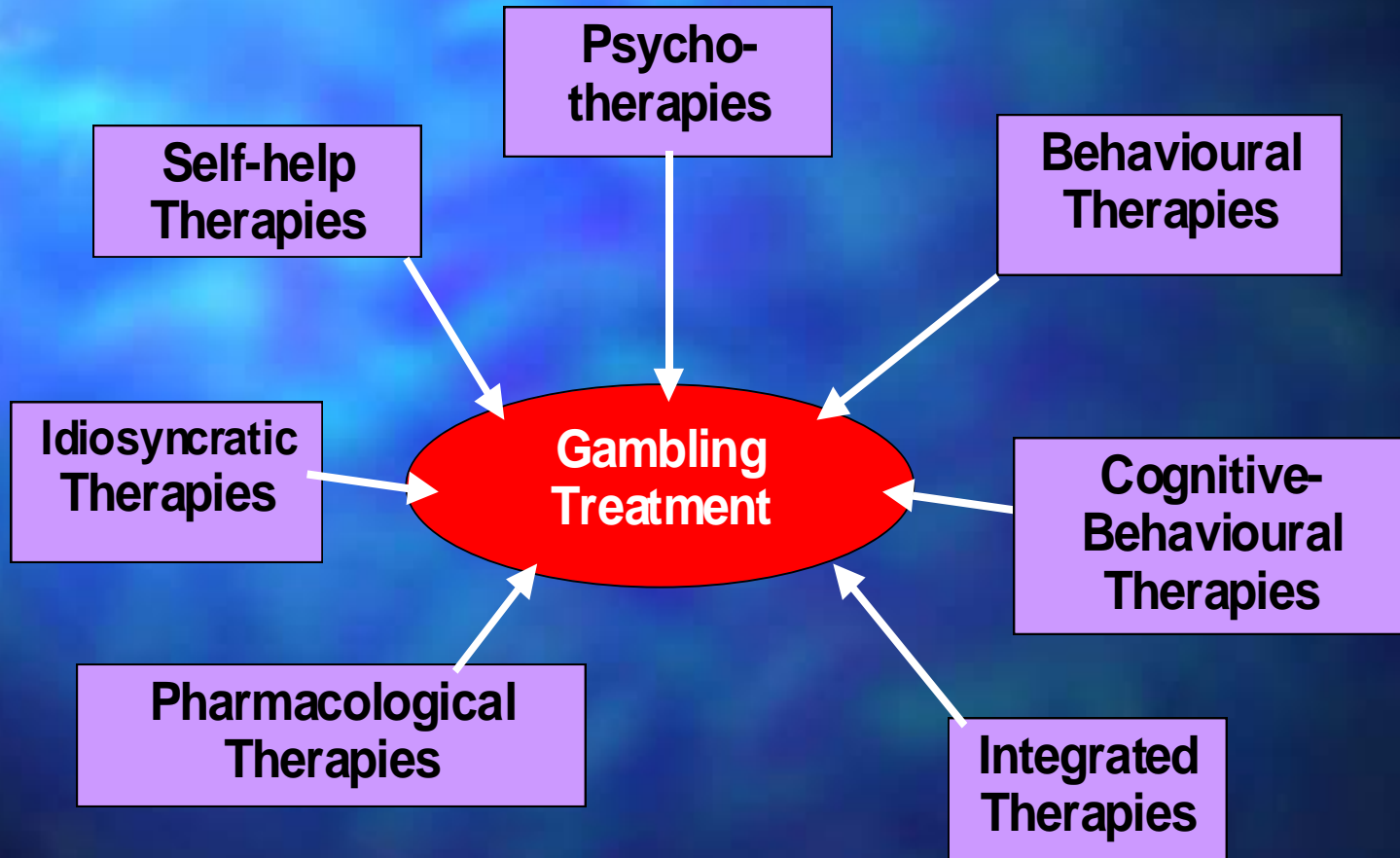
Influences on gambling behaviour



Perspectives on why people gamble excessively



Gambling treatments



Pharmacological treatments

- Role of pharmacotherapy in treatment of PG appears to show promise and is clinically active :
- **Opioid antagonists**
 - e.g., naltrexone (reduces cravings)
- **Selective serotonin re-uptake inhibitors (SSRIs)**
 - e.g., fluoxetine (reduces obsessive pre-occupation and anxiety/depression)
- **Mood stabilisers**
 - e.g., amitriptyline (reduces depression, mania etc. for those with concurrent mood disorders)
- Other drugs have also been used (e.g. Ritalin) but all of these are case study reports

Problems/concerns

- Doses for opioids and SSRIs that are effective with PGs much higher than chemical addictions - contraindications?
- There may be placebo effects
- What happens when the medication is stopped?
Pharmacotherapy treats the symptoms, not the person.
- However, two of these (opioid antagonists and SSRIs) have been deemed “promising” by the US Substance Abuse and Mental Health Services Administration

Psychotherapies

- These treatments include everything from Freudian psychoanalysis and transactional analysis to more recent innovations like dramatherapy, family therapy and minimalist intervention strategies.
- Therapy can take place as an individual, as a couple, as a family, as a group and is basically a "talking cure".
- Most psychotherapies view maladaptive behaviour as the symptom of other underlying problems.
- If the problem is resolved, the addiction should disappear.
- There has been little evaluation of its effectiveness although most gambling addicts go through at least some form of counselling during the treatment process

Self-Help Treatments

- The best known self-help treatment is Alcoholics Anonymous (AA) who use the 12 step **Minnesota Model**
- Basic philosophy is addiction is progressive and that it can only ever be arrested (but not cured).
- There is no blame attached to the addict. To arrest the disease they have to give themselves up to a "higher power" and use the group who are all addicts for support
- Therapeutic aims (*Chappel, 1992*)
 - to instil hope, openness and self-disclosure
 - develop social networks
 - focus on abstinence and loss of control
 - to rely on others for help; to develop spiritually

- Although some people are indeed "cured" by this model there are many problems :
- There are huge drop out rates (over 80%)
- There are at present few records kept (although this is beginning to change)
- The philosophy does not attract everyone
- Does not help those developing a problem only those at "rock bottom"
- It constantly criticizes other treatments
(e.g. controlled drinking, controlled gambling)

Behavioural treatments

- Theoretical base is classical and operant conditioning.
- Typical treatments use an aversive stimulus (electric shock, emetics, etc.) and is given when the person engages in gambling.
- Evaluation is limited by very small sample sizes and lack of control groups
- Success with these techniques appears to depend upon the therapist and the patients desire to succeed.
- Does this form of therapy get to the underlying problems?

Cognitive-Behavioural treatments

- Based on the social learning model of problem gambling, CBT attempts to educate PGs about their irrational thoughts and erroneous perceptions
- CBT is rarely used alone. There are many other therapeutic tools that can be used including motivational interviewing, development of social skills, problem-solving techniques and relapse prevention
- CBT is the only approach that has received rigorous evaluation (although this has been fairly minimal) and has borrowed from other addiction treatment approaches.
- US Substance Abuse and Mental Health Services Administration, CBT is a “promising” evidence-based approach in treating PG

Problem gambling :

Idiosyncratic treatments

- Hypnotherapy
- Brief interventions and therapeutic adjuncts
 - Bibliotherapy/workbooks
 - Single session consultations
 - Telephone counselling
 - Online counselling
- Logotherapy (aka 'Paradoxical Intention')
- Residential therapy
- “Controlled gambling”
- Audio playback therapy

Some problems and challenges

- Very few of the many proposed treatments have failed to demonstrate effectiveness
- Minimum requirement is usually randomised controlled trials (RCTs)
- Furthermore, the APA advises that at least two RCTs need to be conducted by separate investigators to be regarded as effective
- A recent literature review (*Oakley-Browne et al, 2004*) identified only four RCTs. However these were seen as of poor methodological quality, low sample size, and/or short follow-up

- Most gambling treatment programmes primarily employ abstinence-based approaches (rather than harm minimisation)
- Emerging research on ‘natural recovery’ suggests some may be helped through brief interventions

Knowledge gaps

- Gambling treatment field lacks adequate knowledge base to formulate optimal, cost-effective services for PGs
- What benefits are obtained by providing treatment and are those benefits worth the cost?
- What are the most important elements of multi-modal treatment programmes?
- How effective are 'established' programmes like GA?
- Why are some groups under-represented in treatment (women, youth, older adults, ethnic groups etc.)?

Conclusions

- Much of the research has been based on self-selected samples of treatment-seekers or those recruited via adverts
- Little is known about the relative effectiveness of different approaches because most studies have methodological shortcomings
- Lack of sound theoretical understanding of causes of PG hinders the ability to design effective interventions of PG
- Review of the limited research that exists on PG treatment suggests inadequate knowledge to answer questions about PG gambling service effectiveness

- Many countries have substantially more advanced PG treatment services and funding than the UK (Canada, USA, Australia, NZ, South Africa)
- Growing number of European countries providing PG treatment services although little has been done to examine extent and impact of PG
- Those seeking treatment tend to be male (18-45 years) betting on horses or playing fruit machines

- The National Research Council (1999) say that:

"current research indicates pathological gamblers who seek treatment generally improve. The research is inadequate to determine whether any particular approach is more effective than any other or the extent to which people recover on their own"

...and finally

- (1) It is better to be treated than not to be treated
- (2) It does not seem to matter which treatment you go for, no one treatment (as yet) is better than any other
- (3) A variety of treatments simultaneously appear to be beneficial
- (4) Individual needs have to be met
- (5) Treatment should be fitted to the individual