

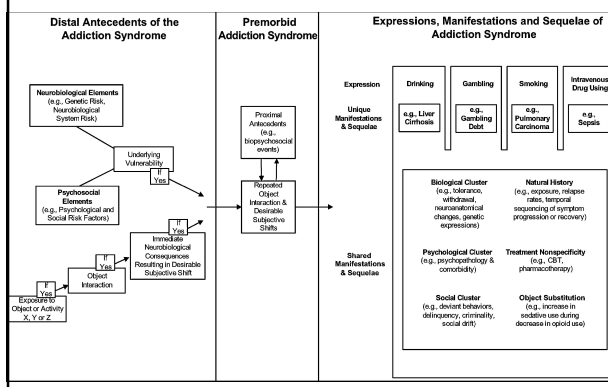
Can Behaviors Be Addictive?

I. The Debate

Disagreement on whether substance needs to be ingested to have addiction.

Many have argued that behaviors can be just as addictive as substances (e.g., Glasser, 1976; Peele, 1980).

Addiction Syndrome Model (Shaffer et al., 2004)



II. Diagnostic Criteria the Same?

III. What Leads to Specific Addictions?

Pathological Gambling: What Is It & Should It Be Considered an Addiction?

I. Definition & Nomenclature

- A. DSM-IV diagnostic criteria for Pathological Gambling (disorder of impulse control).
 - 1. Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:

- (1) is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
- (2) needs to gamble with increasing amounts of money in order to achieve the desired excitement

- (3) has repeated unsuccessful efforts to control, cut back, or stop gambling
- (4) is restless or irritable when attempting to cut down or stop gambling
- (5) gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)

(6) after losing money gambling, often returns another day to get even ("chasing" one's losses)

(7) lies to family members, therapist, or others to conceal the extent of involvement with gambling

(8) has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling

(9) has jeopardized or lost a significant relationship, job, educational or career opportunity because of gambling

(10) relies on others to provide money to relieve a desperate financial situation caused by gambling

2. The gambling behavior is not better accounted for by a Manic Episode.

B. How does this compare with "dependence" in DSM-IV?

1. Tolerance
2. Withdrawal
3. Using more or for longer periods than intended
4. Desire to or unsuccessful efforts to cut down
5. Considerable time spent in obtaining the substance or using, or recovering from its effects
6. Important social, work, or recreational activities given up because of use
7. Continued use despite knowledge of problems caused by or aggravated by use

Q: Is it a good fit?

C. "Compulsive" gambling?

From DSM-IV: Compulsions are defined by 1 and 2:

1. repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
2. the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive

Q: Is it a good fit?

II. Who are the Pathological Gamblers?

A. Prevalence (National Gambling Impact Study Commission)

- >5 million in U.S.
- >15 million are at risk
- >5% will develop problem in lifetime
(2x rate of cocaine addiction)
- >1/3 are women (up from 5%)

By the time they seek treatment:

- Ø Hugely in debt
- Ø Families in shambles
- Ø 80% seriously consider suicide
- Ø 13-20% attempt or succeed
(higher rate than depression)

B. Starts:

1. Early for men (often by age 14)
9.4% have problems in adolescence (Shaffer, 1998)
2. Later for women (many never gambled in youth)

C. Co-morbidity:

~50% who enter treatment also have substance abuse problem.

III. Etiology

Relatively little research.

- A. Most non-problem gamblers set limits on their gambling (time or amount of \$) and stop when the limit is reached.

B. Problem gamblers:

1. Become totally immersed in the game (can become form of escape).

2. Have irrational beliefs

- a) Gambler's fallacy (can predict outcome of chance events based on previous outcomes).
- b) "I'm on a roll," "I'm feeling lucky"
- c) That they have control over the outcome.
- d) If losing, keep betting (or increase bet) because luck is bound to change.

3. Self-esteem is tied to outcomes.

C. Pathology is related to not stopping regardless of outcome.

1. If winning: feels good (reinforcing), make internal attributions, want to take advantage of lucky streak.
2. If losing: "chase" losses, believe luck will change, feel bad & then gamble as escape.

D. If they cope by gambling, can become vicious cycle:

1. Experience negative affect.
2. Gamble and lose.
3. Escalate bets to make up losses.
4. Lose more than can afford.
5. Back to Step 1.

IV. Cultural Factors

- A. Increasingly acceptable and legal.
- B. Problem gambling rate is also increasing.
E.g., pathological gambling rates increased dramatically in Niagara Falls, Ontario.
- C. Ill prepared to prevent or treat the problem.

V. Treatment

A. Currently only about 40 treatment centers in the U.S.

Little is known about what is effective.

B. Treatment options in Buffalo.

1. Jewish Family Services
Gambling Recovery Program
(716) 883-1914
2. Gamblers Anonymous
www.gamblersanonymous.org
